Working with Men and Boys –
A Child Protection Strategy

Report of the ISPCAN Denver Thinking Space 2013

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Working with Men and Boys - a Child Protection Strategy

Report of the Denver Thinking Space 2013

Contents List

Executive summary

Section 1: Introduction and background

1. Introduction

2. Who should read this report

3. Background
   - ISPCAN
   - Denver Thinking Space concept and methodology

4. Statement of the problem/challenge
   - Evidence base

5. Key definitions and concepts used in the report
   - Child sexual abuse
   - Child sexual exploitation
   - Violence
   - A public health approach to prevention

Section 2: The survey

1. Survey of key informants
   - Survey goal and methods
   - Survey questions

2. Analysis of responses received

3. Who completed the questionnaires

4. Summary of key findings

Section 3: The programmes

1. Programmes overview
2. Some similarities and differences between programmes
   - Programme goals
   - Target audiences
   - Gender of target audience
   - Age of target audience
   - Delivery: location and who delivers
   - Methods
   - Duration and intensity
   - Focus
   - Theoretical basis of different programmes
   - Cultural relevance
   - Children, young people and adults with special needs
   - Participation by children and young people

3. Assessing the evidence base of the programmes
   - What is good enough evidence of effectiveness?

4. Selected programmes in detail
   - Primary prevention programmes involving work with men and boys that are effective or promising
   - Secondary prevention programmes involving work with men and boys that are effective or promising
   - Tertiary prevention programmes involving work with men and boys that are effective or promising

5. Summary of key findings

Section 4: The debate

1. Essential supports

2. Barriers and challenges

3. Issues and dilemmas for further debate

Section 5: Developing a child protection strategy involving work with men and boys

1. A conceptual framework

2. Strategies for preventing child sexual abuse
3. Law and policy

4. Ensuring the relevance of strategy

5. Addressing cultural barriers

6. Implementing strategy

7. The workforce required to implement prevention strategies

Section 6: Key messages and next steps

1. Key messages for all

2. Key messages for politicians and policy makers

3. Key messages for senior managers and advisors

4. Key messages for practitioners and clinicians

5. Key messages for researchers and evaluators

6. Key messages for funders and grant-makers

7. In conclusion

Acknowledgements

Tables

Table 1: Regional participation and response rates

Table 2: Countries that responded to the survey by income and development status

Table 3: Analysis of individual responses by region and experience

Table 4: Programmes of work with men and boys by prevention levels and country's gross national income (GNI)

Table 5: Examples of preventive strategies involving work with men and boys

Appendices

Appendix 1: List of respondents
Appendix 2: List of participants in Denver Thinking Space event
Appendix 3: Survey questionnaire
Appendix 4: Individual responses by country
Appendix 5: Towards a comprehensive prevention strategy
Appendix 6: Table of programmes of work with men and boys to prevent child sexual abuse
Appendix 7: Selected questionnaire responses
Appendix 8: Presentations to Denver Thinking Space event
Appendix 9: Understanding demand for CSEC and engaging men and boys in prevention
EPCAT2014
Appendix 10: 'Screening tests' – a good idea? Richard Roylance.
WORKING WITH MEN AND BOYS - A CHILD PROTECTION STRATEGY

REPORT ON ISPCAN DENVER THINKING SPACE 2013

Executive summary

1. Introduction

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) organised the ISPCAN Denver Thinking Space 2013 to focus on the neglected issue of preventing child sexual abuse and the commercial sexual exploitation of children through work with men and boys. This built on the first Denver Thinking Space, convened in 2011, which focused on responding to child sexual abuse1.

The aim of the ISPCAN Denver Thinking Space is to bring international experts together in order to debate a specific child protection challenge, share theory, research and evidence-based practice on the topic and then develop a report that will provide the international community with a ‘snap-shot’ of high-level clinical and policy advice that is:

- informed by multi-cultural, multi-lingual and multi-disciplinary input;
- universally applicable or adaptable across language and culture;
- sensitive to the realities of resources; and
- a practical resource for the use of senior practitioners hoping to influence policy-makers and senior officials in their own geographical and cultural areas.

This report is based on an international survey, undertaken with the support of the Public Health Agency of Canada, presentations and critical thinking on current research, policy and practice that took place at the Denver Thinking Space event in March 2013, and subsequent feedback and contributions from the wider professional network. The resulting findings and recommendations are summarised here in order to inform the development of future global policy, strategy, decisions on resource allocation, practice and research to protect all children from child sexual abuse and exploitation.

This executive summary is designed primarily for politicians, government officials, those responsible for developing international, national and local policy and strategy, funders and advocates who are interested in finding solutions to the scourge of child sexual abuse and exploitation through focusing on preventive work with men and boys. For more detailed discussion and dissemination of the findings and their practice implications readers should see the full report.

2. Summary of key messages

The following key messages are particularly relevant to politicians and those responsible for developing policy and strategy in relation to child sexual abuse and exploitation, for funders and advocates. They are based on expert contributions to the Denver Thinking Space 2013 from every region of the world. Messages for other audiences are in the full report.

### Messages for all

- Preventing a significant proportion of child sexual abuse and exploitation is possible. Such offences are not inevitable.
- Prevention can happen at any stage in the life cycle, but the earlier the better.
- Men and adolescent boys, although responsible for the majority of sexual abuse, should be seen, not just as a problem, but as a part of the solution.
- It is important to apply a gender perspective to the development and implementation of all child sexual abuse prevention work.
- Fathers have been marginalised in some cultures and need to be better engaged, encouraged and supported in the care and upbringing of their children.
- Label the behaviour not the person.
- Many but not all perpetrators of sexual abuse have experienced physical and/or sexual abuse as children. However, the vast majority of survivors of sexual abuse do not go on to become abusers.
- Preventing child sexual abuse is not just a problem for professionals. Solutions are in the hands of everyone. The scale of the problem requires that all play their part in prevention.
- Advances in the use of technology present new challenges for young people to learn safe and healthy boundaries with peers and adults.
- Limited resources are not necessarily a bar to undertaking primary prevention work.

### Messages for politicians and policy makers

- Sexual abuse of children and sexual violence in general are key public concerns and as such become key concerns for politicians and those who develop law and policy at national and local levels.
The financial costs for victims and society resulting from child sexual abuse are substantial and make a strong argument for investment in prevention.

The support of politicians and other policy makers for prevention programmes at every level is essential. A legal and policy mandate and support for these activities is important, as is providing resources for an aspect of child protection work that is not always a priority for the general public, whose concern and empathy is usually with the victim.

The focus on developing appropriate responses to victims and survivors has drawn attention to services for victims and to prosecution, punishment and imprisonment for offenders. This has diverted attention away from prevention strategies and programmes.

Child sexual abuse has no single cause and therefore no single solution. A multi-layered strategy is therefore required, which includes primary, secondary and tertiary prevention. The use of the Smallbone et al.\(^2\) framework incorporating different audiences and prevention levels is of value in planning a comprehensive prevention strategy (see appendix 5 to full report).

Where countries lack basic data on the prevalence of sexual abuse and exploitation and associated risk and protective factors, obtaining this data is an important step in developing a prevention strategy. However, the absence of such data should not deter initial development and implementation of a prevention strategy.

The root causes of sexual violence against children can be addressed by investing in healthcare, education, family support and community development services; by addressing gender inequalities; by challenging attitudes and behaviour which foster violence; and, intervening early wherever possible.

Aligning child sexual abuse prevention activities with other violence prevention activities which have common root causes can maximise impact and cost effectiveness. Adapting mainstream programmes to include child sexual abuse prevention outcomes and content can also be cost effective.

Without a well implemented and resourced legal framework preventive efforts will fail. Legislation and policy on child sexual abuse can change attitudes and behaviour, even where resistance to change is strong, however law and policy alone are insufficient.

Examples of law and policy that support prevention of child sexual abuse do exist – however these remain 'paper tigers' unless decision-makers commit to the allocation of

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budget and implementation.

- Early intervention with children with high risk factors for sexual offending should be part of a preventive strategy.

- Criminalising and labelling young people who sexually offend too early can be damaging and can propel them into long term offending. Most juveniles who sexually harm others will not go on to become adult sex offenders. Children who offend should be treated as children first and their welfare needs should be a priority, especially as many of them will themselves have experienced violence and abuse in the course of their childhood.

- Imprisonment of sex offenders is not the whole solution. There is also a need to explore ways of treating men who voluntarily seek help for sexually abusive thoughts or behaviour, without them necessarily going into the criminal justice system.

**Messages for funders and grant-makers**

- Funders face difficult choices about where to allocate limited resources. This paper and the full report offer information on child sexual abuse prevention strategies and programmes at primary, secondary and tertiary levels which can help inform these decisions.

- Donors and funders need to see meaningful returns on their investments in child protection programmes. The particular challenges in measuring outcomes of primary prevention programmes are outlined with discussion of how to assess their impact on the protection of children from sexual abuse.

- There are a number of promising evidence-based programmes, which with the help of funding could be adapted for use in different countries, cultures and contexts.

- All sexual abuse prevention programmes that are funded should include an explicit gender and victim perspective, as well as evidence of their effectiveness.

- Sustainable funding is needed not just to pilot programme but to adapt, test and then, if found to be effective, bring them to scale. Investing only in innovation can be wasteful.

- Funding for evaluation is as important as funding for development of new programmes. Without it we will never know what works. Long term evaluation of the impact of primary prevention programmes is a priority.

**3. Summary of the problem/challenge**
Child sexual abuse is a significant global public health and social problem, with an estimated 150 million girls and 73 million boys under 18 worldwide having experienced forced sexual intercourse or sexual violence involving physical contact in 2002. 20% of all women and 5-10% of men worldwide report being sexually abused as children. It occurs in every society, country and community and has profoundly harmful effects on the health, development and well-being of children.

Although both boys and girls are abused, more girls report sexual abuse and, without ignoring the fact that girls and women commit sexual offences, in the vast majority of reported cases, the perpetrators of such abuse are men and adolescent boys.

Historically in the child protection field, more attention has been paid to the management of the victim or potential victim of child abuse than to the potential or actual perpetrator of violence. A focus on girls as potential victims of sexual abuse has resulted in programmes across many countries that aim to empower girls and women as a prevention strategy. At best, their effectiveness is unclear. Over recent years an extensive knowledge-base in relation to the assessment and treatment of sex offenders has been developed.

While sexual abuse of girls is more frequently reported this may under-estimate the true incidence abuse of boys. A major prevalence study in the UK found near gender symmetry for the sexual abuse of children under the age of 17 by family members. Boys are less likely to report sexual abuse than girls, possibly due to embarrassment, as being a victim is not congruent with masculinity in many cultures, or due to service providers’ lack of sensitivity to the needs of male victims.

There is considerable evidence to support the theory that boys who are victimised during childhood, both as direct victims of physical or sexual violence and through exposure to domestic/intimate partner violence, have an increased propensity to repeat acts of violence in adolescence and adulthood. Although there are high rates of sexual victimisation among adult sex offenders, it is important to note that most victims do not go on to abuse. Skuse and colleagues identified three main factors associated with boys who had been sexually abused

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going on to become abusive:
- an experience of inter-familial violence;
- witnessing inter-familial violence; and
- discontinuity of care.

Of these, it is the witnessing of interfamilial violence that seems the most potent factor.

Societal norms and traditional beliefs about masculinity and sexual entitlement contribute to the risk of violence and to the silence of boy victims. Patriarchy and male dominance norms reflect gender inequality and legitimise intimate partner violence and sexual violence perpetrated by men.

“Juveniles are responsible for an alarming portion of the sexual abuse of children.” Victim surveys, meta-analyses and official reports, show that the prevalence of sexual abuse by children and young people is between 20% and 50% of all child sexual abuse. In the light of this, any strategy to prevent child sexual abuse has to include measures to identify, assess and work with boys who are displaying sexual harmful behaviour.

The Optimus Foundation Landscape Analysis concludes that due to the under-reporting of child abuse, focusing on the treatment of child victims of abuse is inadequate and that, “(the) focus on prevention is the best approach to address sexual violence and abuse”. Working with men and boys as a preventive strategy is therefore a logical step to take. A focus on developing and providing both broadly based and specific programmes and strategies that assist in the development of nurturing and protective masculinities should impact on the prevalence and incidence of violence against children. However, although increased attention is being paid globally to engaging men and boys in the prevention of gender-based violence, there is as yet no clear and coherent body of evidence-based practice research on strategies to prevent child sexual abuse that target men and boys. This report brings together examples of such programmes and strategies from various countries, contexts and cultures around the world.

The value of taking a public health approach to the prevention of violence has been widely recognised in recent years. As described in the World Report on Violence and Health, the public health approach is a science-driven, population-based, interdisciplinary, inter-sectoral approach based on the ecological model which emphasises primary prevention. This approach recognises that violence, rather than being the result of any single factor, is the outcome of multiple risk factors and causes, which interact at four levels: the individual, close

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13 Optimus Foundation Landscape Analysis (2012) op. cit. page 27.

ISPCAN Report of the Denver Thinking Space
relationship/family, community, and wider society. Attention is focused on decreasing risk factors and bolstering protective and resilience factors at each of these levels.

Public health approaches emphasise the importance of prevention and distinguish three levels of prevention: primary, secondary and tertiary. These are defined in this report as follows:

**Primary prevention** – aims to prevent violence before it occurs, through interventions directed at the general population. These may be universal interventions or may focus on a particular group, such as children or boys.

**Secondary prevention** – aims to prevent violence before it occurs through selected interventions targeting those individuals, families, organisations and communities where there is a heightened risk of violence.

**Tertiary prevention** – takes place after violence has occurred and aims to minimise future harm and to prevent its recurrence.

### 4. The survey

A questionnaire with seven questions was sent by ISPCAN to 148 professionals in 94 countries. This included countries in every region of the world. Those contacted had been identified through ISPCAN’s network and with the help of UNICEF as people with experience or expertise on the topic.

Forty (40) people responded to the survey (27% of those contacted). Responses were received from twenty eight (28) different countries (10.8% of the world’s countries) with at least one response from each major region. The survey elicited responses from countries with high, medium and low incomes per capita and with very high, high, medium and low levels of development, using the World Bank and United Nations Development Programme classifications respectively.

Roughly a quarter of those who responded (11 out of 40) were not able to describe any preventive work with men or boys. Five (5) were able to make some comment on provision in this area of practice or refer to work they were aware of, but not in specific detail. Twenty four (24) were able to provide descriptions of evidence-based preventive programmes involving work with men and boys.

Taken together, the eleven (11) negative responses to the survey and the absence of any responses from 112 of the 148 people contacted might suggest that work with men and boys to

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16 See main report for questions.
prevent sexual violence is a relatively neglected area of work in both highly developed and
developing countries. However, on a more positive note, examples of work with men and boys
have been identified in every region. Some of these are local and small scale, some cover a
whole country, while others have been extended to many other countries once their
effectiveness has been demonstrated. And there is much to learn from the programmes that
have been identified.

Key findings from survey

- There are promising examples of preventive work with men and boys in all five major
  regions;
- There are many countries and parts of the world where preventive work with men and
  boys is absent or in early stages of development;
- There are many positive examples of collaboration which have enabled work begun in
  one country to be adapted and extended to other countries and regions.

Comment

Politicians, policy makers and advocates may wish to check whether their country was able to
provide information to the survey about preventive work with men and boys. If not, was this
because work in their area is under-developed or absent?

If relevant work is underway ISPCAN would welcome information on this so a comprehensive
picture can be developed and shared more widely.

5. The programmes

Sixty nine (69) programmes have been identified through the survey and these cover the whole
of the prevention continuum, with:
- thirty six (36) primary prevention programmes taking place in twelve (12) different
countries;
- eighteen (18) secondary programmes in nine (9) different countries:
- fifteen (15) tertiary programmes in three (3) different countries;
- one (1) programme which covers all three levels of prevention; and
- eleven (11) programmes best described as international being delivered in several
countries.

Countries with high, medium and low incomes per capita have described programmes at
different prevention levels. Information has been provided from Cambodia, a country with a
low income per capita, about programmes with men and boys at both primary and secondary
levels of prevention, showing what is possible even with limited resources. The full report provides examples and examines similarities and difference between programmes and emerging themes. Detailed descriptions are provided of eleven (11) programmes which rigorous evaluations have shown to be effective or promising.

**Key findings in relation to the identified programmes**

The following findings are based on the selection of programmes described in response to the survey and on further information shared about programmes during and after the *Thinking Space* event. Given the selective nature of the sample, these findings may not necessarily reflect the full international picture.

- Tertiary programmes of work with men and adolescents who sexually offend are the most well developed and are extensive in the UK, USA and Australia, but also exist in developing countries;
- Work with boys with sexually worrying or harmful behaviour are the most widely described secondary interventions;
- Primary prevention interventions exclusively for men and boys are the least well developed and evidenced. The majority of primary programmes described are for mixed gender groups and focus on the development of self-protection skills;
- Upstream/primary prevention programmes described are more likely to be for mixed gender groups; downstream programmes are more likely to be solely for men and boys;
- The majority of primary prevention programmes described target children and people young people aged 5-14;
- The youngest starting age for interventions for children with sexually harmful behaviour is 6 years of age;
- Where there are higher levels of identified risk of abuse being perpetrated, programmes are more likely to be delivered in secure settings, by qualified professionals. However there are interesting exceptions involving work by volunteers and para-professionals which look promising;
- Primary prevention programmes described are all group-based; secondary and tertiary programmes are based on individual assessments and involve one-to-one work and group work;
- Programmes draw on an eclectic mix of theories but there are some common threads, such as the use of the Good Lives model in work with adult sex offenders and the use of
Cognitive Behavioural Therapy (CBT) in treating both perpetrators and victims of abuse;

- The extent to which programmes aim to prevent all forms of violence or to focus on some specific aspect of sexual abuse varies;

- The evidence of children and young people's participation in programme development, delivery and evaluation is generally weak, although this appears to be much more developed in work to combat commercial sexual exploitation of children;

- Although some programmes have been successfully adapted, tested and then replicated in different countries, the cross-cultural transferability of programmes should not be assumed;

- There is a strong commitment demonstrated to developing and implementing evidence-based programmes, but many lack the capacity or resources for systematic or longer term evaluations of impact;

- Programmes with men and boys have been identified at primary, secondary and tertiary levels which demonstrate effectiveness in changing attitudes, knowledge and behaviour and, in some cases, reduced re-conviction rates for sexual offences.

6. Supports, challenges and dilemmas in preventive work with men and boys

Four main supports that are critical to preventive work with men and boys have been identified and these are universally applicable:

- embedding the work in a legal and/or policy framework;
- having a clear and well understood mandate from government backed by resources and lines of accountability for delivery;
- reliable long-term financial support from government, charitable and private organisations; and
- intra- and inter-country cooperative arrangements between individuals and organisations.

Considerable challenges to preventive work with men and boys have also been identified, and these include:

- absence of relevant legislation and policy; lack of implementation or enforcement of the law; failure of law to protect some groups; child-hostile judicial processes; criminalisation and labelling of young boys who sexually harm others;
- a lack of priority given to prevention – resources being drawn to tackling problems downstream;
- lack of resources, including for training, trained staff, facilities, services and evaluation;
- not being an attractive area of work for many donors, so funding is limited and short term;
cultural and social attitudes, including a lack of belief that sexual abuse of boys is an issue and discriminatory attitudes towards boys and men;

- social norms and constructs of masculinity that support aggressive sexual behaviour and a sense of male entitlement;

- taboo and difficult nature of the subject of sexual abuse, leading to a lack of confidence in talking about what is acceptable and not acceptable behaviour and a reluctance by professionals to work in this area;

- absence of sex education in some countries and resistance to addressing this because of cultural and religious beliefs;

- lack of sufficient research and evidence of effectiveness, particularly for primary prevention;

- use of internet, mobile technology and social media is changing the nature of children's access to and experiences of pornography and violence and the risks they face;

- problems working across disciplines and services, due to hierarchies and different approaches;

- problems of geography and accessibility of services; and

- absence of government strategy, supported by resources and accountability.

Comment

Politicians, government officials and policy makers may wish to consider whether there is a robust legal and policy framework in place to support the prevention of child sexual abuse and exploitation. Is it being implemented and enforced? Is the judicial system child friendly?

Politicians, government officials and policy makers may wish to review whether the balance is right between criminal justice focused approach to sexually abusive behaviour by children and young people and a child welfare approach? Is unintended harm being done to children by overly punitive approaches?

Is there a coherent, comprehensive and adequately resourced government strategy to prevent child sexual abuse and exploitation? Does this address the implications of new technologies?

There is a pressing need for funding of long term research on the impact of primary prevention.

7. Developing a child protection strategy involving work with men and boys

The importance of programmes of work with men and boys being part of a comprehensive mandated strategy, which is supported by law, policy, resources and a trained and well supported workforce, has been highlighted above. The strategy must also be relevant to each country's political and economic context, culture and stage of development in relation to child sexual abuse.

There is extensive research evidence, published literature and expert opinion supporting the
development of strategies to prevent child sexual abuse and exploitation which:
- take a public health approach, including primary, secondary and tertiary levels of prevention;
- emphasise the value of investing in upstream/primary prevention;
- take a four level ecological approach, addressing societal, community, relationship and individual factors that increase risk or protective factors;
- take a developmental approach, and
- are guided and informed by theoretical understanding of behaviour change.

In addition, based on thinking and contributions to the Denver Thinking Space, strategies should:
- take a gendered approach and include specific work with men and boys; and
- be adaptable to different political, social and cultural context.

The conceptual framework developed by Smallbone, Marshal and Wortley17 is recommended as particularly useful in planning such a strategy to prevent child sexual abuse. This framework integrates public health and ecological approaches and also identifies three priority audiences:
- abusers or potential abusers;
- children and young people;
- communities and families.

This conceptual framework in the form of the simple matrix (below) can help with reviewing, planning and communicating strategies (see also the full report and Appendix 5 for completed versions). Existing programmes can be mapped against the framework and this will quickly show where there are gaps and any significant imbalance between levels or audiences. It is important to have some interventions in each area of the framework and to ensure resources are not disproportionately targeted at the tertiary end of the continuum, but also go to upstream/primary prevention measures.

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<tr>
<th>Situations</th>
<th>Primary prevention</th>
<th>Secondary prevention</th>
<th>Tertiary prevention</th>
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<tr>
<td>Abusers and potential abusers</td>
<td></td>
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<td>Children and young people</td>
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<tr>
<td>Communities and families</td>
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</table>

In developing their integrated approach to prevention the authors\textsuperscript{18} consider situational prevention measures to be essential. The concept of situational prevention measures is based on the theory that a person’s desire to sexually abuse a child, combined with their belief that they can abuse without getting caught, makes it more likely that they will abuse. This likelihood varies with the situation, so some places are safer and some more risky. By modifying situations through the introduction of situational preventive measures, the risk of abuse can be lowered, “creating safer environments rather than safer individuals\textsuperscript{19}.” Such measures have had a positive impact on preventing abuse in the UK, for example, where they were introduced following high profile cases of abuse in schools and children’s care homes.

**Ensuring relevance of strategy to context and culture**

There are a range of programmes, services and approaches with which to develop a strategy and examples of these are provided in the full report. In deciding which are relevant there will be a number of considerations including resources, the nature and extent of sexual abuse risks and protective factors in a particular country, community or setting, and its particular culture and religions. To assist in addressing any cultural barriers, the following suggestions from the *Denver Thinking Space* may prove helpful:

- guided by behavioural change theory, be clear about purpose and what most needs to change and the resulting benefits;
- carry out high quality research on prevalence and nature of risks to influence decision makers and challenge denial of the problem;
- embed the prevention of child sexual abuse in other programmes, including mainstream programmes. Make linkages with other work to prevent different forms of gender-based violence.
- involve people who understand the cultural norms and know how to communicate sensitively on this subject;
- consider working with people with social and media communication expertise;
- consult parents and children to understand better what changes are needed and what approaches are likely to work best. Involve them as advocates;
- use language, tools and methods that are culturally acceptable to integrate prevention messages;

\textsuperscript{18} Smallbone et. al. (2008) op.cit.  
\textsuperscript{19} Smallbone et. al. (2008). op.cit.  
ISPCAN Report of the *Denver Thinking Space*
work in partnership with local NGOs;
work with community leaders and identify champions of change whose views will be respected.

Comment

Politicians and policy makers may wish to review their child sexual abuse prevention strategies using the recommended framework, to check the spread and balance of activities between levels and audiences and to ensure they are not disproportionately focused on tertiary measures.

8. In conclusion

The ISPCAN Denver Thinking Space 2013 has enabled professional expertise on work with men and boys to prevent child sexual abuse from around the world to be captured and shared. An iterative process of dissemination and debate on findings and key issues from preliminary research has taken place, with discussions in every region of the world. This has revealed considerable international consensus about the necessity of working with men and boys to prevent child sexual abuse and about the challenges and essential supports for undertaking this work. The key messages and findings in this report have found widespread support from all parts of the world.

Promising programmes of work with men and boys at all levels of prevention have been identified and these are taking place in all regions of the world. The quality and rigour of the evidence base for these varies, but there are strong foundations on which to build. For treatment programmes with adult and adolescent sex offenders the evidence base is relatively strong. This is not yet the case for many of primary prevention programmes, where promising attitude change and the acquisition of relevant knowledge can be shown but the longer term impact on reducing the incidence of child sexual abuse is much harder to demonstrate.

Child sexual abuse takes many forms and occurs in very different contexts. It has no single cause nor solution, so strategies must be multi-layered and multi-sectoral as well as culturally relevant. ISPCAN is recommending the use of the conceptual framework developed by Smallbone, Marshal and Wortley20 to help organise planning and communication about primary, secondary and tertiary prevention programmes for different audiences. It is vital that strategies address gender as a central issue and include programmes that actively and constructively engage with men and boys. To achieve significant change men and boys must be treated not simply as a problem but as part of the solution to child sexual abuse.

ISPCAN hopes this report will further stimulate creative thinking and discussion on how working with men and boys can contribute to preventing child sexual abuse and exploitation and will assist countries, organisations and individuals around the world to plan and implement effective, culturally relevant child protection strategies.

WORKING WITH MEN AND BOYS - A CHILD PROTECTION STRATEGY
Section 1: Introduction and background

1. Introduction

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN) organised the ISPCAN Denver Thinking Space 2013 to focus on the neglected issue of preventing child sexual abuse and the commercial sexual exploitation of children through work with men and boys. This built on the first ever Denver Thinking Space, convened in 2011, which focused on responding to child sexual abuse.21

The aim of the ISPCAN Denver Thinking Space is to bring international experts together in order to debate a specific child protection challenge, share theory, research and evidence-based practice on the topic and then develop a report that will provide the international community with a ‘snap-shot’ of high-level clinical and policy advice that is:

- informed by multi-cultural, multi-lingual and multi-disciplinary input;
- universally applicable or adaptable across language and culture;
- sensitive to the realities of resources; and
- a practical resource for the use of senior practitioners hoping to influence policy-makers and senior officials in their own geographical and cultural areas.

This report is based on the results of preliminary research undertaken with the support of the Public Health Agency of Canada and on presentations and discussions that took place at the Denver Thinking Space event in March 2013. Further feedback and contributions from participants and the wider professional network have been obtained through workshops at ISPCAN conferences in 2013/2014 in each region of the world. The resulting findings and key recommendations are summarised in this report in order to disseminate and build on the knowledge and experience that has been shared and to inform the development of future global policy, strategy, practice and research to protect all children from child sexual abuse and exploitation.

Child sexual abuse is a significant global public health and social problem, with an estimated 150 million girls and 73 million boys under 18 worldwide having experienced forced sexual intercourse or sexual violence involving physical contact in 2002.22 20% of all women and 5-10% of men worldwide report being sexually abused as children.23 It occurs in every society, country and community and has profoundly harmful effects on the health, development and well-being of all children.

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of children. It also results in substantial financial costs to individual victims and to society\textsuperscript{24}. The prevention of and appropriate response to sexual violence against children remain an on-going worldwide concern and challenge.

An examination of data on the gender component of child abuse reveals that, although both boys and girls are abused, more girls report sexual abuse\textsuperscript{25} and, without ignoring the fact that girls and women commit sexual offences, in the vast majority of reported cases, perpetrators of such abuse are men and boys. 75\% of trafficked people worldwide are women and girls, with sexual exploitation being the main reason for trafficking\textsuperscript{26}. Historically more attention has been paid to management of the victim or potential victim of child sexual abuse than to the perpetrator or potential perpetrator of such abuse against children.

The need to focus on boys and men, and the development of positive constructs of masculinity that promote protective and nurturing attitudes towards children in particular, is the emphasis of the 2013 Thinking Space and of this report. This reflects the statement by the United Nations Committee on the Rights of the Child on the importance of a gender dimension in relation to violence against children: “Men and boys must be actively encouraged as strategic partners and allies, and along with women and girls, must be provided with opportunities to increase their respect for one another and their understanding of how to stop gender discrimination and its violent manifestations.”\textsuperscript{27}

### 2. Who should read this report

This report is intended for:
- those responsible internationally, nationally and locally for the development and implementation of policies, strategies and programmes to prevent child sexual abuse and violence against children in all regions of the world;
- senior managers and key decision makers who allocate resources;
- advisers, managers and senior practitioners/clinicians who seek to influence policy makers and senior officials in relation to violence against children and particularly child sexual abuse;
- those working in the fields of child sexual abuse and violence against children, in different professions, such as social care, child welfare, education, health, juvenile and criminal justice, and in different sectors;
- funders and grant-makers;
- advocates for children’s rights and the prevention of violence against children;

\textsuperscript{24} [Http://www.cdc.gov/violence](http://www.cdc.gov/violence) prevention/childmaltreatment/economiccost.html


researchers and evaluators working in the field of violence prevention.

3. Background

ISPCAN

The International Society for the Prevention of Child Abuse and Neglect (ISPCAN), founded in 1977, is the pre-eminent non-government multi-disciplinary international membership organization working in the field of child protection.

ISPCAN brings together a worldwide cross-section of committed professionals to work towards the global prevention and treatment of child abuse, neglect and exploitation globally.

ISPCAN’s mission is to prevent cruelty to children in every nation, in every form: physical abuse, sexual abuse, neglect, street children, child fatalities, child prostitution, sex trafficking, children of war, emotional abuse and child labor.

ISPCAN’s mission is to support individuals and organizations working to protect children from abuse and neglect worldwide.

ISPCAN’s objectives are to:

- increase awareness of the extent, causes and possible solutions of all forms of child abuse;
- disseminate academic and clinical research to those in positions to enhance practice and improve policy;
- support international efforts to promote and protect the Rights of the Child;
- improve the quality of current efforts to detect, treat and prevent child abuse;
- facilitate the exchange of best practice standards being developed by ISPCAN members throughout the world; and
- design and deliver comprehensive training programs to professionals and concerned volunteers engaged in efforts to treat and prevent child abuse.

**Denver Thinking Space concept and origins**

As many forms of violence against children extend across borders and many children move from country to country as refugees and are vulnerable to all forms of violence, it is essential to create forums in which both intra- and inter-country expertise and mechanisms for prevention and management are debated and motivated. The ISPCAN Executive Council identified in 2011 the lack of opportunities afforded for senior practice experts in child protection from around the world to gather in one place to discuss important areas of their practice. As ISPCAN’s unique membership composition and credibility offers a platform for international leadership with a mechanism to facilitate such an undertaking, the ISPCAN Executive Council conceived biennial Practice/Policy Workshops, under the auspices of ISPCAN, to consider emergent topics
of relevance within the field of child protection, in order to provide the international community with a snap-shot of high-level best-practice and policy advice that would be informed, multi-cultural, multi-lingual, multi-disciplinary, broadly applicable, sensitive to the realities of resources and practical for senior practitioners and policy makers in their own geographical and cultural areas.

In developing the Denver Thinking Space, ISPCAN identified that:

- there was a need to re-examine the best practice in published literature, from the perspective of different countries and cultures, in terms of priorities and/or resources;
- the published evidence-based/evaluated literature in the area of child abuse was predominately in English, and based upon the experience of countries which have invested in the management and prevention of child abuse and neglect;
- it was timely to review what is known about the outcomes of these efforts and to present available evidence as to what interventions are available and should be considered from an international perspective;
- for those purposes, the multicultural and multidisciplinary perspectives of a group of experts with diverse cultural, language, and regional expertise in the management and prevention of child sexual abuse are welcomed and supported by ISPCAN and their partners.

The Denver Thinking Space 2013 drew on the experience and critical thinking of people from a broad range of countries, cultures, organisational and professional backgrounds. This was done initially through preliminary research and then through an event held in Denver in March 2013 to hear expert presentations and to debate together key issues and dilemmas, drawing on the findings of the preliminary survey. An interim report was then disseminated and discussed at ISPCAN conferences and workshops in Chile, Melbourne, Dublin and San Diego. Before going on to summarise the resulting conclusions and insights from this iterative process, the next section outlines the problems that this Denver Thinking Space set out to address, with relevant supporting evidence. Key concepts used in the report are then defined.

4. Statement of the problem/challenge

Historically in the child protection field, more attention has been paid to management of the victim or potential victim of child abuse than to the potential or actual perpetrator of violence against children.

Even when the focus is on the prevention of violence, particularly with regard to sexual violence, the effort has been directed towards teaching protective behaviours to children – giving them the responsibility for stopping the violence rather than focusing on potential offenders. Children respond well to practising protective thinking and behaviour in the

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28 This analysis of the problem and evidence was originally developed by Joan van Niekerk, ISPCAN President Elect.
classroom and these messages are retained over time. However, in a situation of abuse, children are often unable to use the skills they have learned due to:

- the power differential between older and usually bigger persons and children;
- the fact that adults usually control access to needed or desired resources;
- the onset of sexual violence in particular may be insidious and not recognised as such until far advanced; and
- the universal norm of respect that children must display to older persons (Childline South Africa 2012).

The focus on girls as victims of sexual abuse and exploitation has resulted in numerous programmes across many countries that seek to empower girls and women as a prevention strategy. Again these programmes focus on potential victims and at best their effectiveness is unclear. Some professionals who work in the field of gender-based violence state that where these programmes target only girls and women, they result in further alienation of men and boys from the cause of gender equality. The World Health Organisation, in their analysis of the evidence base for programmes designed to reduce sexual violence, note that confrontational rape prevention programmes are probably harmful in their impact and may even result in an increase in its perpetration.

Whilst the sexual abuse of girls is more frequently reported than that of boys (150 million girls as compared to 73 million boys in 2002), this may not reflect the reality of the sexual abuse of boys. A large EU funded epidemiological project on the magnitude and features of child maltreatment in the Balkans found almost equal incidence of reports of adverse sexual experiences for males and females aged 11, 13 and 16 years old in Greece. A major prevalence study in the UK found that for children under the age of 17 who were being sexually abused by family members there was near gender symmetry between males and females. Ciatfrica in researching the sexual experiences of children aged 12 to 18 in South Africa, found that the same percentage of boys had experienced sexual abuse of some kind during their childhood, but were less likely to report the abuse to the child protection system as compared to girls, possibly due to embarrassment (being a victim is not congruent with masculinity in many cultures) or possibly due to service providers not being as sensitive to the needs of male victims compared with girls.

31 World Health Organisation/London School of Hygiene and Tropical Medicine (2010). op.cit. page 40.
33 See website: www.becan.eu.

ISPCAN Report of the Denver Thinking Space
Studies in three countries in South Asia concluded that, “boys were not found to report sexual exploitation and sexual violence for fear of showing any signs of weakness or because of confused feelings about sexual attraction and social sanctions related to homosexual behaviour. In the study in Bangladesh, where 50 boys were involved in prostitution were interviewed, 68% of them admitted to have been sexually abused before becoming involved in prostitution; however none of them had reported this abuse.”

It is of note that during the 1980s and early 1990s some centres established to assist female child victims of sexual abuse would not consider the admission of male victims. In South Africa, teenage boys remain excluded from shelters for women and children who are escaping domestic violence, despite the fact that they have been exposed to the violence in the home, subjected to physical violence themselves, and are in need of both supportive and remedial services.

Evidence Base

There is considerable evidence to support the theory that boys who are victimised during childhood, both as direct victims of physical or sexual violence and exposed to domestic/intimate partner violence, have an increased propensity to repeat acts of violence in adolescence and adulthood. Although there are high rates of sexual victimisation among adult sex offenders, most victims do not go on to abuse. Vizard summarises as follows: “Overall the research shows that only a minority (12%) of sexually abused children go on to sexually abuse others and that around 50% of juvenile perpetrators of sexual abuse have themselves been sexually abused.”

Skuse and colleagues identified three factors associated with boys who had been sexually abused going on to become abusive:

- an experience of intra-familial violence;
- witnessing intra-familial violence; and
- discontinuity of care.

It is exposure to a climate of intra-familial violence, particularly witnessing and experiencing violence including domestic violence, that seems the most potent factor.

Societal norms and traditional beliefs about masculinity and sexual entitlement also contribute to the risk of perpetrating acts of violence and to the silence of boy victims. Patriarchy and male

36 ECPAT response to this survey. See appendix 8.

ISPCAN Report of the Denver Thinking Space
dominance norms reflect gender inequality and legitimise intimate partner violence and sexual violence by men\textsuperscript{39}.

Prentsky\textsuperscript{40} noted that a key antecedent of negative masculinity (viz. aberrant male socialisation) derives from role-modeled, distorted attitudes and behaviors about what it means to be a man. These attitudes are typically demeaning to women and often misogynistic. These behaviors include role-modeled violence directed at women. Most reported sexual and intimate partner violence is perpetrated by men and adolescent boys. This does not imply that women and girls do not commit acts of violence on children or expose children to acts of violence. However the greater number of reports of men and adolescent boys as perpetrators cannot be ignored.

"Juveniles are responsible for an alarming portion of the sexual abuse of children\textsuperscript{41}.” Victim surveys, meta-analyses and official reports conclude that the prevalence of sexual abuse by children and young people is between 20% and 50% of all child sexual abuse\textsuperscript{42}. "The majority of these young sexual perpetrators are males (19%) compared with girls (1%) (Cooper and Roe, 2012)\textsuperscript{43}.” In the light of this, any strategy to prevent child sexual abuse has to include measures to identify, assess and work with boys who are displaying sexual behavioural problems and indicators associated with an increased risk of them going on to sexually harm others. This should include measures to prevent the occurrence of the first sexually abusive act, as well as to prevent sexually harmful behaviour, once initiated, becoming established. There is encouraging evidence to suggest that juvenile recidivism is significantly lower than that of adults, even without treatment, and is very low after treatment.

Given the above, working with men and boys as a preventive strategy, encompassing all levels of prevention, is a logical approach to take. This is emphasised in the Optimus Foundation Landscape Analysis\textsuperscript{44} which states that, “(the) focus on prevention is the best approach to address sexual violence and abuse”. The Foundation cites the fact that due to the under-reporting of child abuse, focusing on the treatment of child victims of abuse is inadequate. Prevention, however, addresses all potential cases. Furthermore, “by averting problems before they develop, prevention is a highly cost-effective way to address child sexual violence and abuse. Investing in prevention – especially primary prevention activities that operate “upstream” of problems – is more cost-effective and has large and long lasting benefits.”

\begin{thebibliography}{99}
\bibitem{43} Vizard, E. (2013) op. cit.
\bibitem{44} Optimus Foundation Landscape Analysis (2012). op. cit. page 27.
\end{thebibliography}
It therefore follows that a focus on developing and providing both broadly based and specific programmes and strategies that assist in the development of nurturing and protective masculinities to prevent abusive behaviour of children and violence in the home will impact on the prevalence and incidence of violence against children.

However, although increasing attention is being paid globally to engaging men and boys in the prevention of gender-based violence, there is no clear and coherent body of evidence-based practice research on strategies to prevent child sexual abuse which target men and boys. This report seeks to provide clarity on the state of evidence, what is and isn’t known, and the questions that remain to be answered. Although policy and practice in this area are at different stages of development in different parts of the world, there are various countries around the globe that have developed very promising strategies and programmes. This report provides examples from different countries, contexts and cultures, of evidence-based programmes to reduce sexual violence against children and promote positive masculinities.

5. Key definitions and concepts used in the report

Child sexual abuse

Definitions of child sexual abuse vary between disciplines, nations and cultural groups, and they evolve over time. For more detailed discussion see ISPCAN Denver Thinking Space 2011\(^45\) which can be found on the website www.ispcan.org. In this report we use the following widely accepted definition:

“Sexual abuse is the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give consent to, or for which the child is not developmentally prepared, or else violates the laws or social taboos of society. Children can be sexually abused by adults or other children who are – by virtue of the age or stage of development – in a position of responsibility, trust or power over them\(^46\).”

Child sexual abuse takes place in a wide variety of settings, including within the family, in out of home care settings such as orphanages and care homes, organisations, communities, in the context of different religions, sport and leisure activities, travel and tourism, in war and conflict zones, and through the medium of the internet, mobile technology and social media.

Article 34 of the UN Convention on the Rights of the Child (UNCRC) requires:

“States Parties undertake to protect the child from all forms of sexual exploitation and sexual abuse. For these purposes, States Parties shall in particular take all appropriate national, bilateral and multilateral measures to prevent:
(a) The inducement or coercion of a child to engage in any unlawful sexual activity;”

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(b) The exploitative use of children in prostitution or other unlawful sexual practices;
(c) The exploitative use of children in pornographic performances and materials.”

The commercial sexual exploitation of children (CSEC) is defined by ECPAT as follows:

‘The commercial sexual exploitation of children consists of criminal practices that demean, degrade and threaten the physical and psychosocial integrity of children. There are three primary and interrelated forms of commercial sexual exploitation of children: prostitution, pornography and trafficking for sexual purposes. Other forms of commercial sexual exploitation of children include child sex tourism, child marriages and forced marriages.

The commercial sexual exploitation of children (CSEC) is a fundamental violation of human rights and children’s rights. The key element is that this violation of children and their rights arises through a commercial transaction of some sort. That is, there is an exchange in which one or more parties gain a benefit – cash, goods or kind – from the exploitation for sexual purposes of someone aged below 18.'

Violence

The definition of violence is included in article 19 of the Convention on the Rights of the Child:

“...All forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse...”

In this report the term sexual violence is used to refer specifically to the behaviours defined above as sexual abuse or exploitation. The term violence is used more inclusively to refer to all forms of violence, including non-physical and non-contact violence.

A public health approach to prevention

Public health models have been used in many countries to control and prevent endemic diseases. The value of taking a public health approach to the prevention of violence has been widely recognised in recent years. As described in the World Report on Violence and Health, the public health approach is a science-driven, population-based, interdisciplinary, inter-sectoral approach based on the ecological model, which emphasises primary prevention. This approach recognises that violence, rather than being the result of any single factor, is the outcome of multiple risk factors and causes, which interact at four levels: the individual, close relationship/family, community, and wider society. Attention is focused on decreasing risk factors and bolstering protective and resilience factors at each of these levels.

Public health approaches emphasise the importance of prevention and distinguish three levels

47 ECPAT website http://www.ecpat.net/ei/Csec-definitions.asp
of prevention: primary, secondary and tertiary. This provides a helpful conceptual framework for organising thinking about violence prevention programmes, although it is important that these levels are thought of not as mutually exclusive categories but rather as being on a continuum. The websites[^49] listed below provide useful introductions to the public health approach to prevention.

The following definitions are used in this report. We examine later in the report how they apply specifically to child sexual abuse prevention.

**Primary prevention** – aims to prevent violence before it occurs, through interventions directed at the general population. These may be universal interventions or may focus on a particular group, such as children or boys.

**Secondary prevention** – aims to prevent violence before it occurs through selected interventions targeting those individuals, families, organisations and communities where there is a heightened risk of violence.

**Tertiary prevention** – takes place after violence has occurred and aims to minimise future harm and to prevent its recurrence.

The prevention of child sexual abuse has twin aspects: preventing children becoming victims of abuse and preventing boys and men (in this context) from perpetrating abuse. The focus of this study is on preventing child sexual abuse and exploitation by men and boys, with an emphasis on primary prevention.

**Section 2: The survey**

Prior to the Denver Thinking Space event, preliminary research was undertaken through a survey designed to encourage and facilitate the sharing of good practice in preventive work with men and boys around the world and to provide a starting point on which to build. In this section the goals and methods of the survey are outlined and the responses received are analysed to provide a snapshot of current developments in this field in different regions and countries.

**1. Survey goal and methods**

The **goal** of the survey was to gather information on evidence- and practice-based policies, strategies and programmes related to work with men and boys which target the prevention of child sexual abuse and sexual violence.

Experts and experienced professionals who work in this field in different countries and regions throughout the world were identified through ISPCAN's international network and with the help of UNICEF. The aim was to reach as many informed professionals in as many countries as possible who could answer questions on preventive work with men and boys in their country. Some of the potential respondents were ISPCAN councillors or members, others represented professional organisations and a few represented UNICEF regional offices.

A focused questionnaire developed by ISPCAN was initially distributed to over 120 potential respondents in November 2012 with a request for responses by January 2013. These were named individuals who had been identified as knowledgeable in relation to work with men and boys to prevent child sexual abuse and exploitation. Further experts were identified through this process and the original sample was extended to a final total of 152. Four questionnaires proved to be undeliverable, giving a total distribution to 148 in 94 countries.

As many as four reminders were sent to potential respondents. The closing date for replies was extended by a week to maximise responses and to recognise that the survey took place over the Christmas and New Year holiday period when many offices were closed. Responses have continued to be received after the closing date and these have been included in this report.

**Survey questions**

The questionnaire consisted of the following questions:

1. What programmes working with boys and men do you know of that are directed at the prevention (consider primary, secondary and tertiary prevention) of sexual abuse and commercial exploitation of children and that have an evidence base, or show promise?

2. Describe the:
   - theoretical approach which underpins the programme;
   - the programme content in summary;
   - target group;
   - elements such as appropriate context (for example residential versus community based), modality of implementation, etc.;
   - level of the evidence base;
   - references to any research published on the programme using the standard reference format;
   - further comments.

3. Is there any formal framework (legislation, policy, formal and/or informal agreements) that supports the implementation of this/these programme/s?

4. What professions, agencies institutions and/or organisations are responsible for programme implementation?
5. What challenges to programme implementation are experienced in your country or region?

6. What/who supports programme implementation in your country or region?

7. Any further comments on the topic?

2. Analysis of responses received

Table 1 summarises the response rates for each of the world's five major regions. From this it can be seen that potential respondents in all regions and in 39% (94) of all 240 countries in the world were contacted.

The sample of actual respondents to the survey represented all five major regions of the world. Responses were received from individuals in 28 countries in all (10.8% of the world's countries). This means that a response was received from just under a third (29.7%) of all the countries where a potential respondent was contacted. In addition a response was received from an international organisation which described initiatives in many parts of the world.

Breadth of reach varied by region. The lowest regional response rate by countries contacted was in Africa, where only 3 of the 15 countries contacted in the region responded (20%). Two of these countries were in Africa and one was from the Arab region. 7 out of 16 countries (43.7%) contacted in the Americas responded, including both North and Latin American countries.

<table>
<thead>
<tr>
<th>Region</th>
<th># of countries in region</th>
<th># of countries contacted</th>
<th># of countries that responded to the survey</th>
<th>% of countries contacted that replied to survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>57</td>
<td>15</td>
<td>3</td>
<td>20</td>
</tr>
<tr>
<td>Americas</td>
<td>55</td>
<td>16</td>
<td>7</td>
<td>43.7</td>
</tr>
<tr>
<td>Asia</td>
<td>50</td>
<td>33</td>
<td>7</td>
<td>21.2</td>
</tr>
<tr>
<td>Europe</td>
<td>53</td>
<td>28</td>
<td>10</td>
<td>35.7</td>
</tr>
<tr>
<td>Oceania</td>
<td>25</td>
<td>2</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>240</td>
<td>94</td>
<td>28</td>
<td>29.7%</td>
</tr>
</tbody>
</table>

Table 2 shows which countries in each region responded. Two sets of information are provided to enable a comparison to be made of the relative wealth and development of these countries.
Column 2 shows the gross income level (GNI) (high, medium or low) using the designations of the World Bank\(^{50}\). The World Bank's classification system uses gross national income per capita. The third column shows the United Nations Development Programme (UNDP) ranking of countries using human development indicators. The Human Development Index (HDI)\(^{51}\) was introduced by the UNDP in 2011 as a way of measuring development by combining indicators of life expectancy, educational attainment, and income into a composite human development index (HDI). This creates a single statistic which provides a frame of reference for both social and economic development.

All responses are included here, whether or not they are able to describe relevant programmes.

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**Table 2: Countries that responded to the survey by income and development status**

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50 See website: [http://data.worldbank.org/about/country](http://data.worldbank.org/about/country).
<table>
<thead>
<tr>
<th>Region and Country</th>
<th>Gross National Income per Capita (GNI)</th>
<th>Human Development Index (HDI) Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>DR Congo</td>
<td>Low</td>
<td>Low</td>
</tr>
<tr>
<td>South Africa</td>
<td>Middle</td>
<td>Medium</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>High</td>
<td>Very High</td>
</tr>
<tr>
<td>Americas</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Argentina</td>
<td>Middle</td>
<td>High</td>
</tr>
<tr>
<td>Brazil</td>
<td>Middle</td>
<td>High</td>
</tr>
<tr>
<td>Canada</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Colombia</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Honduras</td>
<td>Middle</td>
<td>Medium</td>
</tr>
<tr>
<td>St Lucia</td>
<td>Middle</td>
<td>High</td>
</tr>
<tr>
<td>USA</td>
<td>High</td>
<td>Very high</td>
</tr>
<tr>
<td>Asia</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Armenia</td>
<td>Middle</td>
<td>High</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Middle</td>
<td>High</td>
</tr>
<tr>
<td>Cambodia</td>
<td>Low</td>
<td>Medium</td>
</tr>
<tr>
<td>Georgia</td>
<td>Middle</td>
<td>High</td>
</tr>
<tr>
<td>Malaysia</td>
<td>Middle</td>
<td>High</td>
</tr>
<tr>
<td>Philippines</td>
<td>Middle</td>
<td>Medium</td>
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<tr>
<td>Thailand</td>
<td>Middle</td>
<td>Medium</td>
</tr>
<tr>
<td>Europe</td>
<td></td>
<td></td>
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<tr>
<td>Belgium</td>
<td></td>
<td>High</td>
</tr>
<tr>
<td>Greece</td>
<td>High</td>
<td>Very high</td>
</tr>
<tr>
<td>Iceland</td>
<td>High</td>
<td>Very high</td>
</tr>
<tr>
<td>Ireland</td>
<td>High</td>
<td>Very high</td>
</tr>
<tr>
<td>Italy</td>
<td>High</td>
<td>Very high</td>
</tr>
<tr>
<td>Macedonia</td>
<td>Middle</td>
<td>High</td>
</tr>
<tr>
<td>Netherlands</td>
<td>High</td>
<td>Very High</td>
</tr>
<tr>
<td>Romania</td>
<td>Middle</td>
<td>Very High</td>
</tr>
<tr>
<td>Switzerland</td>
<td>High</td>
<td>Very high</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>High</td>
<td>Very high</td>
</tr>
<tr>
<td>Oceania</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>High</td>
<td>Very high</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2</td>
<td>14 12 1 5 10 12</td>
</tr>
</tbody>
</table>

The full range of economies are represented with twelve (12) from high income countries, fourteen (14) from medium income countries, and two (2) from low income countries. There

ISPCAN Report of the *Denver Thinking Space*
are respondents from twelve (12) countries ranked very high for human development, ten (10) ranked high, five (5) ranked medium and one ranked low on HDI. Responses were received from a range of countries across the HDI rankings with the highest ranking being Australia, ranked 2\textsuperscript{nd} in 2011, to the Democratic Republic of Congo, ranked 142\textsuperscript{nd} in the world.

Forty individuals replied to the survey (27\% of those 148 contacted). There was more than one response from some countries. Table 3 below classifies individual response in each region as \textbf{no relevant experience} where no specific programmes for men and boys are described; \textbf{relevant experience} where specific programmes or preventive strategies involving work with men and boys are described; and \textbf{informed comment} where responses are provided which provide insights, for example, into the barriers to preventive work in this area or about work taking place in the country of which the respondent was aware, but did not provide detailed programme information. In one case, two respondents were from the same organisation and made identical responses so these have been treated as one response. One person (from Argentina) responded by providing information about a programme in a nearby country not their own. This response has been included in the table.

One respondent working in an international organisation covered a number of countries. Some provided information about global initiatives. For a more detailed analysis country by country of responses see \textbf{Appendix 4}. 

\textbf{Photo: World Bank}
<table>
<thead>
<tr>
<th>Region</th>
<th># of respondents with no relevant experience</th>
<th># of respondents with informed comments</th>
<th># of respondents with relevant experience</th>
<th>Total respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>-</td>
<td>-</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Americas</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>11</td>
</tr>
<tr>
<td>Asia</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Europe</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>13</td>
</tr>
<tr>
<td>Australia</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>International</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total numbers</strong></td>
<td><strong>11</strong></td>
<td><strong>5</strong></td>
<td><strong>24</strong></td>
<td><strong>40</strong></td>
</tr>
</tbody>
</table>
Eleven (11) respondents were not able to describe any preventive work with men or boys. Five (5) respondents were able to make some comment on provision in this area of practice or refer to work they were aware of, but not in specific detail. Twenty-four (24) were able to provide descriptions of specific preventive programmes or strategies with men and boys. The proportion of those with some awareness of relevant programmes varied by region. For example, in the Americas almost half of those who responded (6/11) had no relevant experience to report. In Asia however, only 2/8 respondents had no relevant experience to report and in Europe the proportion was 2/13 with no relevant experience.

So, what conclusions can be drawn from the survey responses? Well over half the respondents (29/40) had some or detailed knowledge of work in this area that they were willing and able to share. However, around a quarter of those who responded (11/40) said they were unaware of programmes to prevent child sexual abuse or sexual violence targeted at men and boys. Taking account both of these eleven (11) negative responses and the absence of any responses from 112 of the 148 people contacted, this may indicate that work with men and boys to prevent sexual violence against children is a relatively neglected area of work in both some highly developed and developing countries.

Participants in the Denver Thinking Space event debated possible reasons for this relatively low rate of positive responses and concluded that this may be a reflection on the limitations of the methodology and how the questionnaire was framed or interpreted. Those contacted may have had an overly narrow understanding of what constitutes preventive work with men and boys. Some may have been uncertain how to respond and may have needed additional help or information.

In some countries and regions where recognition of child sexual abuse as a problem is still in a relatively early stage of development there may be limited understanding of preventive strategies and of what is meant by a primary health approach to prevention. This does not necessarily mean that no such programmes exist in the countries that gave a negative response, but what it does tell us is that the individuals who had been contacted (who were understood to be well informed on this subject) were not aware of any relevant programmes or did not feel confident in their ability to respond. This suggests that in many parts of the world work with men and boys to prevent child sexual abuse is either not taking place or is not well known to the professional network. It could be that it is in early stages of development and not yet ready for wider dissemination.

There were some significant gaps in responses to the survey from areas of the world where responses to child sexual abuse are known to be well developed, for example, no response was received from Canada, New Zealand or Sweden and relatively little information was forthcoming from countries where there are known to be far more programmes, such as the USA and Australia.

On a positive note, examples of work with men and boys have been identified through the ISPCAN Report of the Denver Thinking Space.
survey in every region. Twenty-four (24) people from fifteen (15) different countries have provided detailed examples of relevant work. Subsequent discussions of this area of work at international conferences have led to more examples of programmes being identified. Although some are small scale, others cover a whole country, for example, a primary prevention programme from Ireland, which is used in all primary schools. Others extend beyond the country in which they originated: the Cambodian example of *Good touch, bad touch* is also being used in Thailand. The *Unspoken Words* programme developed in Milan, Italy has been extended to five (5) European countries including Switzerland, Slovakia, UK, Spain and the Netherlands. *Programme H* developed in Latin America and the Caribbean (Bolivia, Colombia, Jamaica and Peru) has been used in Asia, Central America, the USA and Canada. *Stepping Stones*, developed in South Africa has been used in over 40 countries. Thus the number of countries from which positive survey responses were received significantly under-represents the spread of this work.

What the survey provides is a snapshot rather than a comprehensive picture of work with men and boys to prevent child sexual abuse at a particular moment in time.

3. **Who completed the questionnaires**

Questionnaires were completed by a range of people from different [professional disciplines](#). Among them were: health professionals, including paediatricians, psychologists and psychiatrists; several social workers; academics and researchers; a technical adviser; a lawyer, and someone working with juvenile offenders.

Respondents worked in different [sectors](#) including health, child welfare/social services, human rights and advocacy organisations, the law and universities. Responses came from both statutory and non-governmental organisations. **Appendix 1** lists those who responded with their countries of origin and the organisations in which they work. We are grateful to all those who took the time to respond and to share their experience.

4. **Summary of key findings**

- There are promising examples of preventive work with men and boys in all five major regions;

- There are many countries and parts of the world where preventive work with men and boys is absent or in early stages of development;

- There are many positive examples of collaboration which have enabled work begun in one country to be adapted and extended to other countries and regions.

In the next section, we look at the programmes described by respondents and their similarities
and differences, before going on to examine how well evidenced they are and to describe the most promising in detail.

Section 3: The programmes

1. Programmes – overview

The survey respondents who had relevant experiences to report provided descriptions of sixty nine (69) distinct programmes of work involving men and boys, which are summarised in Appendix 6. These programmes are the focus of this section of the report. The term programme used in the survey is interpreted broadly to include services and more prescribed programmes of work. We have chosen to include all the programmes, services and interventions considered by the respondents to meet the survey requirements of being preventive of sexual abuse, involve work with men and boys, and provide some indication they are evidence based. Programmes which include men and boys but are not exclusively for them are included.

Mainstream and specialist programmes that explicitly include outcomes in relation to child sexual abuse prevention are included, but where no reference is made to child sexual abuse or sexual exploitation in the goals or outcomes of the programme these are excluded from the report. This is not to ignore the fact that some programmes with a different focus (for example, preventing HIV/AIDS) have spin off benefits for the prevention of child sexual abuse and this issue is discussed later in the report.

Where survey respondents and workshop participants mentioned in general terms other work going on in different parts of the country or elsewhere but did not provide any or sufficient details, these have not been included in the tables but are discussed in the report where relevant. Programme numbers are greater than the number of respondents as some experts provided information about a number of programmes.

Categorising the programmes by prevention level

The public health approach being used in this study was defined in Section 1. The survey asked respondents to provide information on primary, secondary and tertiary level programmes to prevent child sexual abuse and sexual exploitation. The programmes identified through the survey have been categorised under these headings in Table 4. However, programmes do not always fit neatly under one level rather than another, for example, some programmes cover both secondary and tertiary prevention levels such as the Stop It Now! Helpline which advises parents who are worried about a child’s sexualised behaviour (secondary prevention), responds to men who are having sexual thoughts about children and are worried that they might offend (secondary) and to men who have a history of sexual offending and are worried about reoffending (tertiary).
There is no professional or international consensus on exactly how to categorise different services. We discuss later (Section 5) the value of having a shared conceptual framework for preventing child sexual abuse. Given the focus of this report on preventing the perpetration of abuse, interventions in settings where there is a heightened risk of abuse occurring, or interventions aimed at individuals or families where there are a number of known risk indicators (such as a history of intra-familial abuse and violence), have been classified as secondary prevention. This includes, for example, interventions with a child who is beginning to display sexually worrying or harmful behaviour but where this behaviour is not yet firmly established. Programmes for adult or juvenile sex offenders are classified as tertiary.
**Table 4** below shows the distribution of programmes by region and country and the gross national income per capita of the country. This is to enable consideration of any association between the relative resources in a country and the type of preventive programmes being provided.

**Table 4: Programmes of work with men and boys by prevention levels and country’s gross national income (GNI)**

<table>
<thead>
<tr>
<th>Country</th>
<th># of primary prevention programmes described</th>
<th># of secondary prevention programmes described</th>
<th># of tertiary prevention programmes described</th>
<th>Total programmes</th>
<th>Countries GNI per capita</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Africa</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DR Congo</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>Low</td>
</tr>
<tr>
<td>South Africa</td>
<td>5</td>
<td>2</td>
<td></td>
<td>7</td>
<td>Middle</td>
</tr>
<tr>
<td>United Arab Emirates</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>High</td>
</tr>
<tr>
<td><strong>Americas</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brazil</td>
<td>2</td>
<td>4</td>
<td></td>
<td>6</td>
<td>Middle</td>
</tr>
<tr>
<td>USA</td>
<td>1 (covers 3 levels) +6</td>
<td></td>
<td></td>
<td>7</td>
<td>High</td>
</tr>
<tr>
<td><strong>Asia</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cambodia</td>
<td>2</td>
<td>2</td>
<td></td>
<td>4</td>
<td>Low</td>
</tr>
<tr>
<td>Philippines</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>Middle</td>
</tr>
<tr>
<td>Thailand</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>Middle</td>
</tr>
<tr>
<td><strong>Europe</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italy</td>
<td>2</td>
<td></td>
<td></td>
<td>2</td>
<td>High</td>
</tr>
<tr>
<td>Ireland</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>High</td>
</tr>
<tr>
<td>Iceland</td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td>High</td>
</tr>
<tr>
<td>Netherlands</td>
<td>3 +1 that covers 3 levels</td>
<td>1</td>
<td></td>
<td>5</td>
<td>High</td>
</tr>
<tr>
<td>Switzerland</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>High</td>
</tr>
<tr>
<td>UK</td>
<td>3</td>
<td>12</td>
<td></td>
<td>15</td>
<td>High</td>
</tr>
<tr>
<td><strong>Oceania</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Australia</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
<td>High</td>
</tr>
<tr>
<td>International</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>11</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>36</strong></td>
<td><strong>18</strong></td>
<td><strong>15</strong></td>
<td><strong>69</strong></td>
<td></td>
</tr>
</tbody>
</table>

ISPCAN Report of the *Denver Thinking Space*
Information has been shared through the survey on a spread of programmes involving work with men and boys across the whole prevention continuum. Two (2) programmes have been identified which cover all three preventive levels. This includes a training for trainers programme from the USA. Thirty six (36) primary prevention programmes have been described by respondents from twelve (12) different countries. Secondary prevention programmes have been identified in nine (9) countries. Fifteen (15) tertiary programmes have been described across three (3) countries. There are eleven (11) programmes which are best described as being international as they take place in several different countries and regions. A disproportionately high number of detailed programme descriptions have come from the UK, the majority of which are tertiary. ECPAT has also provided information on a number of programmes from around the world, the majority of which are primary prevention programmes.

Programmes at the different prevention levels have been described by countries with high, medium and low incomes. Cambodia and the Democratic Republic of Congo demonstrate that it is possible with the right support and leadership for low income countries, described by the World Bank and the UN Development Programme as among the less economically developed countries in the world, to undertake evidence-based programmes of preventive work with men and boys.

The survey provides a selective snapshot of programmes of work to prevent child sexual abuse from around the world, rather than a complete or comprehensive picture of programmes. ISPCAN see this as the beginning of a process of facilitating information sharing about programmes rather than the end and hope that other countries or organisations whose work in this area is under-represented will be stimulated to share information with others. This is already happening through Eradicating Child Sexual Abuse (ECSA), an international initiative led by the Lucy Faithfull Foundation to collate and share examples of programmes to prevent child sexual abuse.

2. Some similarities and differences between programmes

In this section similarities and differences between the specific programmes are considered in relation to their goals; target audiences; where and how programmes are delivered and by whom; their theoretical basis; and finally whether they address diversity and children and adults with special needs. A table which summarises the programmes and combines all these different elements is provided as Appendix 6.

Programme goals

The programmes identified through the survey aim to prevent child sexual abuse and exploitation through the achievement of different goals and outcomes. To give a flavour of these, the programmes have been grouped together (below) by their goals, under each of the preventive levels, with brief examples to illustrate. For more detail see Appendix 6.
Primary prevention programmes | Examples to illustrate
--- | ---
Public education/awareness raising | *Awareness raising campaigns* aim to change social attitudes on commercial sexual exploitation of children (CSEC). For example, *Stop Child Prostitution* in Belgium targeted all men travelling abroad through travel agents, airports, railway stations, airports etcetera.
Positive parenting/parenting education | *Circles of support for fathers* (Italy). Self-help group for new fathers aims to help develop parenting skills and development of healthy relationships.
Personal safety | *Unspoken Words/Hedgehogs*. Developed originally in Italy. Aims to teach primary school children sexual abuse prevention skills.
Developing positive gender norms/gender transformation | *One Man Can* (South Africa). Aims to reduce rates of violence and levels of unsafe sex and work towards more gender equality.
Bystander interventions | These programmes have been developed in the USA and aim to teach how to intervene safely in cases of sexual violence, before, during and after incidents with strangers, acquaintances or friends.

The majority of primary preventive programmes identified through the survey are personal safety programmes, which mainly aim to prevent children becoming victims of abuse. They are included in this study because by exploring with children what is acceptable and unacceptable touch and sexual behaviour they can also contribute to preventing abusive behaviour. There are also a significant and growing number of gender-transformation programmes aimed at preventing violence against women and children, some of which explicitly address sexual violence against children.

| Secondary prevention | Examples to illustrate |
--- | ---
Counselling, support and treatment services for children who have experienced abuse | *Childline treatment programme for children who have experienced abuse or neglect* (South Africa). Aims to reduce their traumatic
responses and reduce the risk of externalisation and development of abusive behaviour.

<table>
<thead>
<tr>
<th>Counselling, support and treatment for children with sexually worrying or harmful behaviour</th>
<th>G-map (UK). Aims to reduce the risk of sexually harmful behaviour.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work with at risk individuals</td>
<td>ECPAT child protection work with marginalised youth. Aims to prevent marginalised and at risk young people from being sexually exploited.</td>
</tr>
<tr>
<td>Work with at risk families</td>
<td>CRAS (Brazil). Aims to prevent any kind of violence in vulnerable families.</td>
</tr>
<tr>
<td>Work with at risk communities</td>
<td>Sexual Exploitation, No! (Brazil) aims to prevent sexual exploitation in communities of high deprivation and risk.</td>
</tr>
<tr>
<td>Capacity building</td>
<td>Petrobras (Brazil) seeks to strengthen the protective networks ability to recognise and address the risk of sexual exploitation associated with the transient oil industry workers.</td>
</tr>
</tbody>
</table>

The majority of the secondary preventive programmes identified involve sexually harmful behaviour programmes with children. These relatively downstream programmes have been included here because they include work with younger children whose behaviour is worrying and could develop into sexual abuse, however they could also be classified as tertiary programmes as some also work with children who have begun to offend. Examples of interventions with child victims of sexual abuse and exploitation have been included here when they explicitly aim to prevent the development of abusive behaviour.

<table>
<thead>
<tr>
<th>Tertiary prevention</th>
<th>Examples to illustrate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improving gatekeeping and assessment</td>
<td>Assess the risk, protect the child (UK). Aims to improve the quality of assessment and treatment for alleged and known offenders.</td>
</tr>
<tr>
<td>Juvenile sex offender programmes</td>
<td>Case management for children in conflict with the law for sexual offences (Philippines). Aims to divert convicted young men from sexual violence and offending.</td>
</tr>
<tr>
<td>Adult sex offender programmes</td>
<td>Becoming New Me (UK). Aims to help</td>
</tr>
</tbody>
</table>
offenders develop meaningful life goals and practice new behavioural skills that will lead them away from offending.

<table>
<thead>
<tr>
<th>Relapse prevention</th>
<th>Lucy Faithfull Foundation Circles of Support and Accountability (UK). Aims to reduce the risk of adults reoffending and create safer communities for children.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helplines</td>
<td>NSPCC Offence Prevention Line (UK). Aims to reduce the risk of adult sex offenders reoffending.</td>
</tr>
</tbody>
</table>

**Target audiences**

“*Virtually every adult involved in a child’s life can be involved in preventing the development, initiation and continuation of abusive behaviours.*” (Gail Ryan⁵².)

The above goals can be achieved by programmes which target:

- individual children or adults;
- parents and carers;
- people who work with children and families;
- communities;
- the general public or a particular sub group; or
- a combination of these.

The importance of combining audiences to improve impact is stressed by a number of programme providers, for example by undertaking direct work with men and then following this up with community action.

A number of programmes seek to achieve their preventive objectives through targeting those who work with children and families.

**Example**

In the USA, the Kempe Children's Centre's training for trainers programme draws together what has been learnt from research and practice into a comprehensive curriculum, which can be replicated by trainers working with a wide range of audiences, including early childhood educators, youth and community workers, caregivers, mental health and child welfare providers, as well as those working with juveniles who have sexually offended.

“*Notwithstanding the fact that the majority of work within child protection systems is still done*”

⁵² A respondent to the survey.
by women, and remains feminized, men play key gatekeeper roles, especially in relation to the criminal justice system. Gender-based work with (mostly male) police officers and magistrates on their roles in and attitudes toward child sexual abuse is a neglected area of capacity building with child protection systems.” ECPAT53.

Example
ECPAT Philippines delivered training to officers of the Special Tourist Police in 2009 to enhance their skills and knowledge in investigating cases of CSEC. A specific module was dedicated to discussing myths and gender stereotyping.

Some programmes aim to help professionals or para-professionals deliver tried and tested interventions to a consistent standard using a manualised approach. In the UK, the NSPCC is trialling a manualised treatment programme for boys with sexually harmful behaviour. In Italy, guidance for teachers delivering Unspoken Words has been published and is available on-line. There is also information for parents whose children are participating in the programme.

ISPCAN has also received information about materials designed for parents to help them understand about child sexual abuse and how to respond to sexually harmful behaviour.

Example
The Kempe Children's Centre has developed a guide for parents on Childhood Sexuality55. This includes guidance for parents on recognising both subtle and obvious signs of when a child or adolescent's sexual behaviour is abusive and when there is no cause for concern. It also helps parents find words and ways of talking about sexual behaviour with their children.

Gender of target audience

Although the focus of this study is work with boys and men, a number of the programmes are for both male and female participants. Four (4) of the primary prevention programmes are specifically for men or boys, while the majority are for mixed audiences.

Respondents made explicit their reasons for including girls and boys and report having given careful thought to how to ensure boys are actively included and do not see sexual abuse as something just affecting girls. Good touch, bad touch, Cambodia, which is for both boys and girls, “mainstream the idea that sexual abuse can happen to both boys and girls rather than having separate programmes for boys and girls.” (Glenn Miles56).

54 ECPAT response to the survey. See Appendix 7.
56 A respondent to the survey.
Example
Alberto Pellai\textsuperscript{57}, Italy, writes how boys receive less sex education than girls and are more reluctant to speak out about abuse. He explains how their mixed gender programme, Unspoken Words, addresses this in each part of the curriculum. For example, “especially boys have their first chance in life to discuss about what a risk is and what is a risk associated with a situation having sexual connotations.” The programme Unspoken Words recognises that there are often instances of bullying involving different aspects of sexuality in the 4\textsuperscript{th} and 5\textsuperscript{th} grades by boys. This programme encourages pupils to gain more respect for one another by having discussions in mixed groups and reports anecdotal evidence that this is successful. Scenarios of difficult situations are role played and children are encouraged to seek help. “For males, this goal is very important because often males grow up learning that a true man never asks for help and that asking for help is a girl’s thing.” (Alberto Pellai\textsuperscript{58}.)

Most of the primary prevention programmes exclusively for young men have a strong gender equity focus and seek to address the construction of masculinity.

Example
Programme H (‘H’ for Homens and Hombres), developed by Promundo NGO in partnership with ECOS/Comunicacao em Sexualidade, Instituto Papai and Salud y Genero, aims to engage young men and their communities in critical reflection about rigid norms related to manhood and there is good evidence that this has led to lower rates of sexual harassment and violence against women. The thinking behind this programme is described on the Promundo website\textsuperscript{59}: “The roots of many boy’s and men’s behaviour are found in the way boys are raised... Changing how we raise and view boys is not easy but it is a necessary part of changing some negative aspects of traditional masculinity.”

Discussions about boys and men have often focused on their problems and seen males as obstacles and aggressors, however Programme H:
“...starts from the assumption that young men should be seen as allies- potential or actual- and not as obstacles. Boys, even those who sometimes are violent and do not show respect towards their partners, have the potential to be respectful and caring partners, to negotiate in their relationships with dialogue and respect, to assume responsibility for the children they father, and to interact and live in peaceful co-existence instead of violence.”

It appears that the majority of programmes for sexually harmful behaviour are for boys and young men, although, perhaps surprisingly, this is not always made explicit in the information provided. The majority of the tertiary prevention programmes are for boys or men. There seems to be a pattern whereby the upstream/primary preventive programmes are more likely to be for both genders, whilst the more downstream programmes are more likely to be for men

\textsuperscript{57} A respondent to the survey.
\textsuperscript{58} A respondent to the survey.
\textsuperscript{59} See website \url{http://www.promundo.org.br}
or boys, although this is not always the case. Similarly, the older the target audience, the more likely the programmes are to be directed solely at males. This picture may be distorted by the fact, however, that relatively few examples of therapeutic work with victims of abuse have been submitted.

A key choice then in planning preventive work with men and boys is whether work is undertaken exclusively with men and boys or in mixed groups and if so at what stage, in what circumstances and with what objectives. Are there circumstances in which work solely with men is counterproductive and there are positive benefits from working with a mixed audience?

There is a related question about the merits of organisations that focus purely on work with men and boys rather than providing a service for both genders. Counter arguments are made by respondents. From Australia, Russell Pratt argues for the benefits of a centre that treats male and female victims of sexual abuse and also offers a service to young people with sexually harmful behaviour. *First Step* (Cambodia) however provides an example of a NGO working specifically with men and boys as both victims and potential abusers in relation to sexual abuse. Their web site [www.first-step-cambodia.org](http://www.first-step-cambodia.org) provides resources, information and research on sexual abuse involving boys and men both as victims/survivors and as perpetrators. They draw on the thinking and work of Fester, Boyd and O'Leary from Australia who argue that:

“*Male victims of abuse are a distinct group with diverse needs. Evidence suggests that in order to support healing and recovery it is necessary to create gender appropriate services and interventions that:*

- reach out and engage men;
- address barriers to men's help seeking;
- assist men and their families to build supportive relationships;
- provide opportunities for group support;
- develop public discussions that offer help for an improved future.”

It may be that the way work with men and boys is described would benefit from being disaggregated and further refined through discussion and debate. The following categories might help:

1. Work that is **gender blind/neutral**, where the issue of gender is not addressed.
2. Work with a **gender perspective** that includes both sexes.
3. **Gender specific work** – work with boys or men only (in this context), which may include work to address gender inequities.
4. **Gender equity** – work to look at the specific needs that boys and men have in terms of their health and development because of the way they are socialised.

60 A respondent to the survey from DHS, Victoria Government, Australia
Equally important is the way in which work with men and boys is approached and carried out. Respondents to the survey argued that seeing men and boys simply as problems was alienating. It is important to believe in their potential to foster respectful and non-violent relationships and to see men as potential allies and a key part of the solution. The following excerpt from the contribution to the Thinking Space from ECPAT considers how men and boys can be part of the solution to commercial child sexual exploitation.

“How can men and boys be part of the solution?

In 2008, MenEngage Alliance and Instituto Promundo conducted secondary research for a white paper, which studied the connection between the construction of normative concepts of masculinity and sexual exploitation and violence in all its forms. The paper reports on the increasing engagement of men and boys in initiatives to promote gender equality while also showcasing examples of programmes to prevent sexual violence and exploitation. Based on existing literature and evidence from around the world, several effective strategies to involve men and boys were identified and discussed, leading to a number of important conclusions and recommendations which should be taken into consideration when developing programmes to prevent CSEC. The main ones are as follows:

a) Men and boys can and do change attitudes and behaviours related to sexual rights as a result of well-designed interventions. In this framework, initiatives which incorporate a gender dimension by involving deliberate discussions of gender and masculinity are particularly effective. It is therefore imperative that efforts to prevent sexual exploitation of children encourage men and boys (and women and girls) to critically reflect about, question or change social norms that create and reinforce gender inequality and vulnerability for men and women;

b) It is not sufficient to engage men in narrow discussions on sexual exploitation and violence, for example by merely informing or “warning” men about legal sanctions. Rather, there is a need for sustained awareness raising efforts aimed at transforming sexuality, manhood and gender relations. These programmes should target male and female adolescents in particular;

c) Since boys (and girls) are increasingly exposed to pornography and groomed for online and offline sexual exploitation and given that some engage in paid sex and risky behaviours such as sexting, interventions using a gender transformational approach should start at an early age;

d) It may be more effective to promote men’s empathy toward women and girls, to build on their potential to treat women with respect and to question hostile attitudes toward women than to focus on sexual violence per se or on telling men what not to do or focusing on guilt and shame. Appealing to a sense of empathy and to men’s potential to treat women as equals and with respect seem to be more effective strategies than simply telling men not to use sexual aggression or sexual violence;

e) It is necessary that men and boys have the opportunity to build the communication and
negotiation skills necessary to change behaviours. Research and program findings have affirmed the need to increase boys and men’s ability to negotiate with partners, question peer groups and seek services and help;

f) It is important to engage peer groups, social groups, and entire communities in the questioning, criticism and reconstruction of norms related to masculinity, sexuality and gender relations. Such efforts can range from community-level mobilization and campaigns to advocacy. For example, it can be particularly effective to engage community leaders or specifically “male” leaders (male religious leaders, men in the command structure in militaries, male celebrities, etc.) in questioning stereotyped views about men, sexual violence and CSEC, as they can be important influences on other men;

g) Women and girls should also be engaged in community-level efforts, as they contribute to and reinforce norms related to masculinity, sexual violence and child sex trafficking. All sensitization and education efforts should involve beneficiaries and other stakeholders in the development and evaluation phases in order to ensure that messages and strategies reflect local needs and contexts.

Age of target audience

It is important to identify the critical developmental stage at which to begin different preventive interventions in order to maximise their influence and impact. The World Health Organisation study on preventing intimate partner and sexual violence against women takes a life-course approach to the age of the target audience. The life course is divided into infancy (0–4 years), childhood and early adolescence (5–14 years), adolescence and young adulthood (15–25 years), adulthood (26 years and over), and all ages. Each of these life stages represents a special phase in the development of risk factors and a unique opportunity to target developmentally specific risk factors. Adopting a life-course perspective therefore helps to both identify early risk factors and the best times to intervene using a primary prevention approach. Timing needs to take account of what we know about when children are developmentally ready to learn about particular subjects, including recent enhanced understanding about brain and neurological development.

Keeping Ourselves Safe\textsuperscript{64} in New Zealand takes a developmental approach to personal safety education with modules for different age groups which build on one another over a whole school career, from year 1 through to year 13, with different topics being introduced as developmentally appropriate.

The starting age for the programmes tackling sexually harmful behaviour varies, but the youngest starting age is six years old. As outlined earlier, juvenile perpetrators are responsible for a significant minority of the sexual violence against children. In her presentation\textsuperscript{65} and paper\textsuperscript{66} to the Denver Thinking Space event, Eileen Vizard highlighted the need for the earliest possible interventions with both victims and perpetrators of child sexual abuse in order to maximise the opportunity to nip problems in the bud and prevent young people moving onto pathways and trajectories that lead to adult offending. However, it is also important to guard against over-reaction and premature or inappropriate labelling and interventions. Many young people with sexually harmful behaviour will grow out of the problem with or without intervention. What is critical is to identify the group who without treatment are most likely to continue to sexually harm others. The growing evidence base on this needs to be well understood by those working in the field.

**Delivery: location and who delivers**

The primary prevention programmes identified are either delivered in schools or in the community or a combination of these. Some take place in conjunction with sporting events such as the Football World Cup. They are mainly delivered by teachers. In New Zealand Keeping Ourselves Safe is delivered by teachers with the support of specially trained community police officers and evaluations indicate this is key to the programme’s success. Youth and community workers and specially trained volunteers deliver some programmes. For example, Children are Precious in South Africa trains para-professionals to deliver the service. Mentors for Violence Prevention in the USA uses trained facilitators many of whom are athletes. Some of the ECPAT programmes are delivered by young people who have themselves experienced commercial sexual exploitation. Youngsters against violence in the Netherlands involves young people who have experienced abuse breaking the silence and encouraging others to speak out.

Secondary and tertiary prevention programmes are also delivered in the community but mainly by social workers and/or psychologists with specialised training or, in the case of work with

\textsuperscript{64} See [http://www.police.govt.nz/services/yes](http://www.police.govt.nz/services/yes)

\textsuperscript{65} See appendix 8 for presentation by E. Vizard

\textsuperscript{66} See appendix 8 for paper by E. Vizard
adult sex offenders, mainly by probation officers. Tertiary programmes for convicted sex offenders can be delivered either in the community, in prison or the secure juvenile estate. One such programme is delivered to deaf sex offenders in a hospital setting in the UK. The work in prisons is usually done by probation officers working with prison officers, but specially trained staff from NGOs are also involved in its delivery.

It comes as no surprise that the higher the level of identified risk of sexual abuse being perpetrated, the more likely the work is to take place in a secure setting. However Circles of Support and Accountability in the UK provides an interesting exception. This is a community based service delivered by trained volunteers who provide support and advice to convicted sex offenders living in the community. In South Africa the sex offender programme is community-based, although some boys and men would benefit from an initial period of treatment in a residential setting. This is not possible because of a shortage of resources.

Methods

Primary prevention programmes, (with the exception of campaigns for mass audiences), are all group based, whereas for secondary and tertiary programmes the vital importance of individual assessments is stressed, often using standardised psychometric tests. (For discussion of specialist assessment approaches for juvenile perpetrators of sexual abuse see paper by Vizard). Programmes may be delivered on a one-to-one basis, in groups or in a combination of groups and one-to-one. Some programmes, such as One Man Can, begin with educational group work and follow this up with community action projects to reinforce the learning and bring about social change.

The degree to which programme content is specified varies, which has implications for their evaluation. Two of the programmes being developed in the UK by the NSPCC are attempting to standardise programmes to assist others in their delivery and to improve quality and consistency by the development of detailed manuals or practice guides. Whereas G-map, also from the UK, “advocates an individualised approach to rehabilitation as opposed to adopting a manualised approach.” (Laura Wylie and Dr Helen Griffin). Eileen Vizard in her presentation to the Thinking Space advised that manualised treatments can be a great thing, however, individual children’s needs may vary slightly or considerably from what is recommended in the manual and therefore some children may require specially adapted programmes to cater for their complex needs.

In the later section on programme content, methods are considered in more detail.

Duration and intensity

67 Personal communication from respondent to survey.
68 See Appendix 8 for paper and presentation by E. Vizard.
69 A respondent to the survey.

ISPCAN Report of the Denver Thinking Space
The self-protection skills programmes range in length from one session of a day, to nine weekly lessons. *Today’s Children, Tomorrow’s Parents* (South Africa) is a psycho-sexual life skills programme which is integrated into the school curriculum over 12 weeks. Bystander interventions that have been successfully evaluated in the USA range from one session of 90 minutes with an optional booster to three 90 minute sessions and a booster. Positively evaluated programmes designed to help prevent violence in teen dating relationships range from 10 sessions of 45 minutes to 4 sessions of 40 minutes each.

A review\(^{70}\) of gender-equity programmes with men and boys for the World Health Organisation established that the most effective 'dose' is delivered over 10 – 16 weeks although 2 - 6 sessions have been shown to lead to positive attitude change.

The length of the sexually harmful behaviour programmes varies and is in part tailored to the assessment of individual needs and progress in achieving objectives. For example, the Australian *Therapeutic Treatment Programme* takes place over the course of a year, while the *Manualised Treatment Programme for young people with sexually harmful behaviour* (UK) described by the NSPCC has 24 sessions. The Childline programme in South Africa lasts between six months and two years.

The prison-based adult sex offender treatment programmes in the UK have a booster programme which is designed to provide additional opportunities to practice personally relevant skills. “This can be run in two forms – a low intensity (one session a week) helps to maintain change in long term prisoners and the high intensity, pre-release programme is focused on preparation for transition into the community.” (Donald Findlater)\(^{71}\). There is also an extended programme targeted at high and very high risk men who have successfully completed the core programme and a rolling programme for those assessed as needing a less intensive level of treatment. This highlights both the need to tailor programme intensity to the assessed level of risk of offending, but also to find ways of sustaining behavioural change over time.

**Focus**

The focus of this study is preventing the perpetration of child sexual abuse. However, “although it may occur in isolation, it commonly co-exists with other forms of child abuse and neglect and shares many of the same risk factors\(^{72}\).” Similarly, “Sexual abuse is predicted by, and predictive of, more general child maltreatment and both are predicted by the same family environmental risk factors\(^{73}\).” As well as being associated with other forms of child maltreatment it is also

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71 A respondent to the survey.


closely associated with other forms of inter-personal violence - such as sexist and sexual bullying, peer violence, teenage relationship abuse and intimate partner violence, gang violence involving young girls, and sexual violence in war and conflict. It is interesting therefore to consider the choice of focus in the programmes described.

The extent to which programmes aim to prevent all forms of violence or focus specifically on sexual violence or on a particular aspect of this varies. Some of the self-protection skills programmes are sexual abuse focused (for example, Good touch, bad touch, Cambodia, and Unspoken words, Italy), whereas others address all forms of violence, including bullying (for example, The Stay Safe programme, Ireland).

Several programmes take a broad gender equality approach rather than focusing on sexual violence alone. In South Africa the programme Today’s Children, Tomorrow’s Parents addresses risk factors for teenage pregnancy. This includes addressing perceptions about sex, including sex with older people. It aims to address attitudes about responsibility for sexual activity as well as perceptions about all of which are relevant to tackling child sexual abuse. We have already mentioned Programme H, which involves group work with young men of 15-24 on gender, sexuality, reproductive health, fatherhood, violence prevention, emotional health, preventing and living with HIV and AIDS. ECPAT also runs a number of programmes that aim to support young men in structured reflection on gender norms, which are described later in this section.

Some programmes have a specialist focus on internet abuse or on sexting. ECPAT, for example, has developed materials and information to raise awareness of the risks of sexting.

Example
The Lucy Faithfull Foundation in the UK runs a ten session course offering education, exploration and practical advice to people who have been arrested, convicted or cautioned for accessing illegal images of children online. This programme (Inform Plus) is complemented by the Inform programme which is for the partners, adult relatives and friends of anyone who has been accessing indecent images of children online.

ISPCAN has also been made aware of a campaign in Romania to raise awareness of the risks of trafficking. UNICEF ran a Red Card Campaign to prevent sexual exploitation at the time of the Football World Cup in South Africa and a similar campaign is planned for Brazil in 2014. ECPAT has provided information on their international research and on a number of programmes with men and boys specifically focused on the prevention of commercial sexual exploitation of children (CSEC) and this is included in full in Appendix 7. ECPAT describes how “engaging men in the prevention and protection of children from sexual exploitation is an essential strategy to reduce the demand that fuels this contemporary form of slavery.”

74 ECPAT response to survey. See Appendix 7.
Example

ECPAT works in partnership with local NGOs in various parts of the world to deliver programmes which support young men in structured reflection on norms. A programme in Peru promotes awareness of the harms and consequences of CSEC and men's role in perpetuating sexual exploitation and their potential to become catalysts for change. This is targeted at 14–16 year olds in schools and involves group educational activities in 3 day workshops. Teachers and parents are also involved. Evaluations indicate 40% of students show positive behaviour change as a result, 70% are able to share their learning and 90% have discussed the issues raised with parents.

We have also been made aware of a strategy in the UK\textsuperscript{75} to tackle violence against women and girls which includes measures to prevent violence against girls caught up in gang violence and rape.

This consideration of focus raises the question of whether programmes are more effective if they focus on a particular manifestation of sexual abuse, such as online abuse or on sexual abuse more generally and also whether they should have an even broader focus, either on violence or on gender equality. The broader focus may be particularly appropriate for primary prevention where the aim is to address the root causes of violence. However there may be a risk of diluting the message if the focus is too broad.

There are clearly overlaps and potential links with other national and international violence prevention initiatives working with men and boys that have a different primary focus and it is not apparent that the opportunities presented by these overlaps and relationships are being maximised.

Mainstream programmes that aim to promote health or education or to support families also have an important role to play in primary prevention of sexual abuse, by preventing the development of risk factors associated with abuse perpetration.

**Theoretical basis of different programmes**

Many different theoretical models have been used to develop and implement programmes of work with men and boys. This eclectic mix of theories is perhaps inevitable when programmes have such different objectives and when children and adults have distinct developmental and individual needs. No one dominant theoretical model stands out overall, although a number explicitly, as would be expected, address the issue of gender.

Promundo\textsuperscript{76} explains that engaging men and boys to transform masculinities and to promote gender equality is at the core of their work, alongside promoting the rights of children and

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\textsuperscript{75} The Home Office (2011). *Call to end violence against women and girls: action plan* See website: www.homeoffice.gov.uk

\textsuperscript{76} See response to survey from Promundo.

ISPCAN Report of the *Denver Thinking Space*
Programme H and their other programmes address gender norms and promote critical reflection and questioning of attitudes and norms that support sexual exploitation. Their approach is described in an introductory toolkit: http://www.promundo.org.br/en/wpcontent/uploads/2013/06/hmd_toolkit_final_web-1.pdf

In their response to the survey Sonke Gender Justice Network details the well developed theory of the spectrum of change which underpins their work with men and boys as follows:

The Spectrum of Change identifies seven mutually-reinforcing social change strategies that move beyond an exclusive reliance on individual or small group changes. The Spectrum of Change aims to promote changes at the social, political and economic levels of people’s lives. The seven levels of the Spectrum of Change are:

– Building Individual Knowledge and Skills
– Providing Community Education
– Strengthening organizational capacity including work with service providers
– Community mobilization
– Communicating for social change through media
– Working with government to promote change in policy and practice
– Building effective networks and coalitions

Figure 3: The Sonke Spectrum of Change

77 See response to survey by Sonke Gender Justice.
An eighth dimension completes the Spectrum; it supports all of the other levels. The eighth dimension is Research, Monitoring and Evaluation. Each of the seven levels depend on research and actively engage in monitoring and evaluation. This ensures that interventions are evidence based. Sonke has implemented interventions at all levels of the Spectrum.

Treatment programmes for those who have experienced sexual abuse are most likely to refer to cognitive behavioural approaches (CBT), but usually also draw on additional approaches. There is a strong international evidence base \(^{78,79}\) for the effectiveness of trauma focused cognitive behavioural approaches and for using this in combination with other treatment approaches geared to the individual child's needs. The involvement of family members or caregivers in some aspects of the work is also an element of many programmes and this is consistent with research \(^{80,81}\) that correlates parental support with a positive outcome for sexually abused children.

Young people with sexually harmful behaviour are recognised as having different treatment needs from adult sex offenders, as they are still developing emotionally, physically and psychologically. In her presentation to the Thinking Space event Eileen Vizard commented on how established and good treatment approaches for adult sex offenders had tended to be used as templates for treatment of juvenile offenders. However in these adult derived programmes there can be a lack of any developmental framework for juveniles. Some adult risk assessment approaches now accept the role of childhood developmental factors in pathways to offending, but it is not always the case that these are routinely considered in adult or juvenile treatment programmes.

There is considerable common ground in the theories being used for treatment programmes for children and young men with sexually harmful behaviour and for those with adult sex offenders. A recent development in theorising about sex offender behaviour is provided by Ward and Gannon's Comprehensive Good Lives Model of Treatment for Sex Offenders \(^{82}\) which is based on a review and development of two earlier models. This Good Lives Model is the stated basis of a number of the sex offender programmes and those for young people with sexually harmful behaviour. Cognitive behavioural theory is also used. G-map in the UK however illustrates the breadth of theory base informing their work as follows:

“G-map draws on a range of therapeutic approaches which can include: cognitive behavioural therapy, compassionate mind training, dialectical behavioural therapy, experiential therapy, 

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*attachment informed treatment, trauma based interventions, schema-focused treatment, resilience-based intervention.*“ (Laura Wylie and Dr Helen Griffin83.)

Cultural relevance

The relevance or transferability of programmes from one country or culture to another cannot be assumed. There are however a number of programmes that have been developed in one country and then successfully implemented more widely in the same region, for example across a number of countries in Latin America. Some programmes developed in one country in Europe have then been translated and adapted for use in other European countries, with the help of EU funding. Implementing programmes beyond one region is more challenging but has taken place with, for example, *Programme H,* which was developed in Latin America but has also been adapted and introduced in the Balkans, Ethiopia, India, Tanzania and Vietnam. *Stepping Stones* was developed for use in South Africa but has subsequently been adapted and introduced in over 40 countries around the world.

Some programme evaluations usefully describe the race and ethnicity of the target audiences with which the programme has been used and shown to be effective, however this does not seem to be universally the case. A useful research brief published by the Indigenous Justice Clearinghouse84 compares the effectiveness of prison and community based programmes for adult and adolescent sex offenders in Australia and New Zealand and examines their relevance to indigenous and non-indigenous offenders. They conclude that: “programmes are more effective in reducing sexual recidivism when the design and implementation are attuned to the cultural background of offenders.”

The cross-cultural transferability of programmes involving discussion of sex can be particularly challenging. Sex education is not legally permitted in some societies and there may be strong religious constraints affecting the possibility of discussion of sexual abuse. Some cultures and faiths see sex education as encouraging sexual activity, rather than preventing abuse.

There are therefore some key questions to consider in determining the transferability of a programme from one culture to another:

- Will the programme meet the perceived needs of the community/country?
- What are the particular risk and protective factors that apply in this community/country and is the programme relevant to these/can it be adapted to address these?
- Are the language and cultural approaches respectful of the anticipated audiences?
- Are the approaches respectful of the religious beliefs and customs of the community/culture?

83 Respondents to the survey.
Are the content, examples and materials relevant to this community/culture and racial and ethnic group? Will it feel meaningful to the audience and reflective of their lives?

The following issues also require attention:

- Fidelity/adaptation balance: to adapt or not to adapt;
- Cultural/ethnic differences in parenting, child behaviour/expectations;
- Literacy and languages;
- Diverse family structures;
- Poverty and other family pressures;
- Illness e.g. HIV/AIDS;
- Violence/safety;
- Community buy-in;
- Practical considerations in low resource settings.

An excellent example of how a programme can be adapted to ensure its relevance to a particular ethnic minority community has been provided by the Lucy Faithfull Foundation. This is included here even though it mainly involved work with mothers as it is readily transferable to work with men. Plans are underway to adapt and use the programme with other ethnic minority communities.

**Example**

The Lucy Faithfull Foundation *Parents Protect* programme was adapted, with the support of funding from the Oak Foundation, for use with a Somali community in London. The programme aims to reduce situational risk of sexual abuse in domestic settings. It has been independently evaluated by the NSPCC. A two year community dialogue was the first stage of the work to develop an appropriate intervention. This included consulting with a group of elders and community leaders as well as with professionals. Focus groups and interviews with mothers were then carried out to establish what awareness and understanding there was about sexual abuse and to understand child care practices. A two hour workshop was then delivered to groups of mothers, using video and real life stories. The evaluation showed increased levels of knowledge and confidence and some ability to develop preventive strategies in the home that were culturally relevant.

Culturally-acceptable mainstream or broad based programmes with a different primary aim can be used to include messages to prevent sexual violence. For example, a broad based programme run by the Valley Trust, near Durban in South Africa, whose primary goal is to address men's health, also contains messages about behaviour and violence, including sexual violence and attitudes to male entitlement.

**Children, young people and adults with special needs**

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Respondents were not specifically asked about the relevance of their programmes for children or adults with special needs, but a number made reference to how they address diverse needs. One of the primary prevention programmes, The Stay Safe programme (Ireland) has a module specifically designed for children with special needs. This is for children who have a visual impairment, cognitive learning difficulties, hearing impairment, physical disability or emotional and behavioural difficulties.

In the UK the sex offender programmes have adapted the core treatment programme for those who have social and learning difficulties in order to accommodate their different learning styles and abilities.

Example

“Becoming New Me (BNM) is a community based programme in the UK designed for sex offenders with an intellectual disability and an IQ of 50 or less. This has less reading and writing and more pictures, symbols and role play. Staff are specially trained to use different techniques in group work.” (Donald Findlater[86])

We referred above to a hospital-based programme in the UK working with deaf sex offenders.

Example

ECPAT Brazil implemented a programme targeting transsexuals aged between 16 and 25, from impoverished areas, as research had indicated they were at heightened risk of engaging in paid sex. They involved young people as social educators, including in the identification of potential victims through outreach work. Peer counselling was offered, referrals to health care providers, opportunities for social interaction and recreation and for social re-integration through the creation of financial independence.

Participation by children and young people

The majority of the programmes described did not appear to involve children or young people in their design, delivery or evaluation. There were however some very positive exceptions to this. The example above from ECPAT Brazil is one such. ECPAT also has an international Youth Partnership Programme designed to empower children and youth to fight against CSEC. This provides young people with the awareness, tools, skills and knowledge and opportunities to be involved in community dialogues, educational activities, advocacy and campaigning for policy and legal changes. In their detailed response in Appendix 7 they provide a wealth of examples of how children have been enabled to be leaders for change.

3. Assessing the evidence base of programmes

[86 A respondent to the survey.]
The survey asked respondents to describe the evidence base of the programme/s, but did not define exactly what was meant by this. It is worth therefore unpacking different elements of an evidence-based programme. A programme could be considered evidence-based if some or all of the following apply:

- research has been undertaken to establish the need for and to inform the development of a particular service;
- an established body of knowledge and published research is drawn on to inform the design and development of the programme;
- the programme has been pilot tested to establish it is fit for purpose and to modify it as necessary;
- the programme is routinely monitored, for example to ensure quality, service user feedback, consistency;
- the programme has been written up and published, ideally in a peer reviewed journal;
- a process evaluation has been carried out (see working definition below);
- an outcomes or impact evaluation has been carried out (see working definition below);
- the programme is cited in a systematic review.

The extent to which the programmes described are evidence-based varies. In a small number of cases insufficient information was provided to determine the evidence base. However, most had at least one of above elements and many had more. For details see full table in Appendix 6.

A number had undertaken specific research to better understand need, for example the Italian programme with fathers followed on from a study of what new fathers know, think and do involving a sample of 57 men just after the birth of their newborn child. In South Africa the life skills programme grew out of research which showed that (at least) 12% of the population was HIV positive and that sexual abuse and sexual violence is one of the drivers of HIV infection. Teenage pregnancy is also a major cause of school drop-out in South Africa. This programme initially focused on pregnancy prevention but evaluation indicated that it also assists in the development of responsible decision making around sexual behaviour in general and around the sexual rights of women.

Most respondents were able to detail a body of research that had informed the programme design and development. Many of the programmes had also been the subject of published peer-reviewed research. Some had been recognised and cited in studies mapping preventive programmes, as example of good practice and in systematic reviews.

Many have evaluated the quality of the programme (process evaluation) and a smaller number have completed systematic outcome evaluations in order to determine the impact of the intervention. Some such outcome evaluations were underway or planned with results beginning to come through or promised in the next one to two years (for example, Assess the Risk, Protect the Child and Stop It Now! Helpline programmes in the UK).

A process evaluation documents and analyses the early development and actual
implementation of the strategy or programme, assessing whether strategies were implemented as planned and whether expected output was actually achieved.

An outcomes evaluation looks at impacts/benefits/changes to the target audience as a result of a programme's efforts during and/or after their participation in the programme. Outcomes evaluations can examine these changes in the short-term, intermediate term and long-term. Outcomes evaluations are therefore more valuable in determining the impact of a programme on reducing sexual violence.

What is good enough evidence of effectiveness?

When choosing strategies or programmes it is important to know which ones, based on rigorous and valid evidence, have achieved their intended results. Gail Ryan\(^{87}\) has written that testing the validity of prevention initiatives is slow and expensive, requires large samples and long term follow up and random assignment to a preventive intervention or a control group. This raises the important question of what is good enough evidence for preventive programmes, particularly when resources are limited. It is also important to know whether programmes are transferrable to other cultures and contexts. Much has been written on the subject of evidence of effectiveness.

The World Health Organisation study *Preventing Child Maltreatment*\(^{88}\) differentiates the extent to which strategies are known to work as either effective, promising or unclear and their definitions are as follows:

“An **effective** prevention programme is one that reduces the incidence of child maltreatment in the intervention population or at least lowers the rate at which incidence is increasing. **Various criteria for effectiveness have been proposed. These include:**

- an evaluation of a programme using a strong research design, either experimental or quasi-experimental;
- evidence of a significant preventive effect;
- evidence of sustained effects;
- replication of the programme with demonstrated preventive effects.

A programme is said to be **promising** if it has been evaluated with a strong design, showing some preventive effect, but requiring more testing.

The effect of a programme is **unclear** if it has been poorly evaluated or remains largely untested.”

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There is a recognised hierarchy of levels of evidence starting at the top with the gold standard of randomised controlled trials (RCTs), which are considered to be the most effective at minimising bias. However they are expensive to conduct and not always appropriate. Stepping Stones has been the subject of a cluster randomised controlled trial with a follow up after 12 months and then again after 24 months and this demonstrated evidence of success in reducing men’s use of violence.

Next in the hierarchy come two group non-randomised comparative trials. This approach is used, for example, in the evaluation of the South African programme Today’s Children, Tomorrow’s Parents, where a class that has not completed the programme is compared with a class that has. It has also been used in a number of the UK programmes of work with sex offenders, where treated groups are followed up two years after treatment and their re-conviction rates are compared with those for similar untreated control groups. Bystander interventions and Safe Dates in the USA have compared outcomes for those who completed the programme with those which had no intervention.

The next level is single group pre-post studies. This approach has been used to evaluate some of the safety skills programmes including, for example, the Unspoken Words programme developed in Italy and then implemented in several other countries. This methodology shows measurable change over time. Retrospective qualitative studies can also provide useful indications of the value of a programme as can case studies but these forms of evidence are generally thought to be less rigorous, so it may not be possible to generalise from them or be confident about their effects being replicable. In Expanding the Evidence Universe89 the authors argue persuasively that:

“Programs and practices that are proven through experimental methods are an important component of effective interventions, but to achieve significantly better outcomes on a larger scale, they are best seen as a take-off point rather than the final destination. Our commitment to ensuring that practices, policies, and strategies are “evidence-based” must be undiminished, but our definition of what counts as credible evidence must expand. Especially at this time of severe pressure to use scarce resources prudently, we must make use of all the knowledge we can muster—from multiple sources—to maximize the impacts of public and philanthropic investments.”

In reading about the various programmes of work with men and boys it has not been easy to determine whether a programme is effective in reducing the incidence of sexual abuse. Sometimes there is insufficient information provided. Sometimes an evaluation is underway but not yet completed. Generally speaking even where the evaluations of primary prevention programmes are able to show change, for example in attitudes or knowledge and skills, the evaluations are not able to show whether or not this has prevented future abuse or led directly

to a reduction in the incidence of sexual abuse.

For the secondary and tertiary programmes it is somewhat easier to determine effectiveness as there is a smaller population to follow up and rates of re-conviction, for example, can be measured, although there are clearly some limitations to using re-conviction rates as a measure. The length of follow up however can be quite limited with the evaluations carried out tending to follow up at two years following treatment. One exception to this is the G-map services where follow up has been carried out up to 15 years after treatment.

The value of learning not only about programmes which work but also from those which fail, was highlighted at the Thinking Space event. These can provide useful insights and lessons to inform future development, but this information tends to be hard to obtain.

4. Selected programmes – in detail

In this section, which describes programme content in more detail, information is presented on a small selection of programmes where there is good evidence of effectiveness or which are promising. This is not to diminish the importance and potential of those innovative programmes which are not yet able to demonstrate their impact. Information is provided on the evidence that suggests they are effective or promising. More detail is available in Appendix 7 on this sample of programmes.

Primary prevention programmes involving work with men and boys that are effective or promising

<table>
<thead>
<tr>
<th>Programme name: Programme H: Engaging young men in gender equality</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Country in which developed and/or delivered:</strong></td>
</tr>
<tr>
<td>Developed and validated in Latin America and Caribbean. Adapted and used in Asia, Sub Saharan Africa, Central America, United States and Canada.</td>
</tr>
<tr>
<td><strong>Programme model:</strong> Gender equity programme for young men</td>
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<tr>
<td><strong>Programme goal:</strong> To engage young men and their communities in critical reflection about rigid norms about manhood in order to change attitudes and behaviour.</td>
</tr>
<tr>
<td><strong>Programme description:</strong> Includes group educational activities and community campaigns. 70 different activities in 5-module downloadable manual to carry out group work on gender, sexuality, reproductive health, fatherhood and care giving, violence prevention, emotional health and preventing and living with HIV and AIDS</td>
</tr>
</tbody>
</table>
Programme name: *Unspoken words* (also provides basis for the *Hedgehog* programme).

Country in which developed and/or delivered: Developed in Italy, extended to Switzerland, Slovakia, the UK, Spain and the Netherlands.


Programme goals
- To build children's confidence in asking questions and seeking information;
- To enhance children's knowledge and understanding about their feelings;
- To equip children with the tools necessary to enable them to understand when a situation is potentially risky and what actions to take to protect themselves;
- To help children develop critical awareness and build confidence so they feel able to trust appropriate adults and approach them to ask for help; and
- To raise awareness of the programme for adults so they can support children's learning.

Programme description: A school based programme consisting of five lessons run by two facilitators in the gym (not in classroom). Each lesson is 2 - 3 hours long and involves structured activities, play and relaxation session.

Evidence of effectiveness: Independent evaluation included control group and pre and post programme questionnaires. A number of articles, book chapters and conference presentations on this work have been cited by the respondent. In England an independent evaluation (unpublished) of a pilot of this programme in Southwark has been completed.

For more details see presentation to *Thinking Space* by Alberto Pellai in *Appendix 8*.

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Programme name: *Today's Children, Tomorrow's Parents*

Country in which developed and/or delivered: South Africa

Programme model: A life skills programme for both males and females in the first year of high school. Integrated into curriculum.

Programme goal: To address risk factors for teenage pregnancy and strengthen future parenting practices.

Programme description: Initially developed to assist in reducing teenage pregnancy the evaluation has shown it is also assists in development of responsible decision making around sexual behaviour generally and opens up debate and discussion on gender equality and sexual rights of women. This programme is part of the school's life orientation curriculum.

Evidence of effectiveness: Independent evaluation (unpublished) included control group study and pre and post programme questionnaires.
Programme name: **Safe Dates**

Country in which developed and/or delivered: Developed in USA. Has also been used in Australia, Canada, Chile, Greece, Iceland, Ireland, the Netherlands, Switzerland, Taiwan, Thailand and the UK.

Programme model: A self-protection and perpetration reduction programme focused on dating violence in teenage relationships.

Programme goal: To stop or prevent the initiation of emotional, physical and sexual abuse on dates between individuals involved in a dating relationship. Intended for male and female 8th and 9th grade students (aged 13 -17). Aims to change adolescents dating violence and gender-role norms; improve peer self-help; promote help seeking; decrease dating victimisation and perpetration.

Programme description: Consists of 5 components; a nine session curriculum, a play script, a poster competition, parent materials, and a teacher training outline. Some programmes include a booster session.

Evidence of effectiveness: Independently evaluated by Foshee et al. in 1998, 2004 and 2005. Showed statistically significant reductions in sexual abuse perpetration against a dating partner at four follow-up points, relative to adolescents in a comparison group. Also showed statistically significant reduced rates of sexual abuse victimisation at 4 years after intervention. Included on SAMHSA’s National Registry of Evidence-based Programmes and Practices.

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Programme name: ECPAT International programme with IDEIF, REDES & CODENI

Country in which developed and/or delivered: Peru

Programme model: Structured reflection on gender norms by young men in school

Programme goal: To promote awareness of the harms and consequences of CSEC, men's roles in perpetrating sexual exploitation and their potential for being catalysts for change.

Programme description: Forums with teachers and parents, followed by 3 day workshops of group educational activities with 14 -16 year old boys, led by men. These involved dynamic activities and participation and took place in high schools.

Evidence of effectiveness: Evaluations by ECPAT showed 40% of students had achieved positive

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behaviour change, 70% were able to share what they had learnt, and 90% had discussed sex exploitation with their families.

Although the evaluations of the above primary prevention programmes show positive results in terms of their immediate goals and objectives, there is a need to test their effectiveness in the longer term in order to determine whether they contribute to a reduced victimisation and/or perpetration. Practice experience and research\(^9\) raise important questions about how well protective skills and knowledge gained in a classroom situation translate to actual abuse situations:

“Most children we see in therapy have been taught these skills - but in the actual abuse situation cannot apply them. Typical comment ‘I could not say no - or go away - this was my granddad/dad/teacher/etc. - and I have to do what he tells me to do.’ The dangerous assumption behind these programmes is that this knowledge and skills will generalise from the group/classroom situation and the child will be able to apply them in the situation in which there is a power differential. In the classroom the child is rewarded for reproducing the knowledge and skill - in the abuse situation the child may be punished or harmed further. I have worked with children whose compliance with the abuser has enabled eventual escape from serious harm and even death.” (Joan van Niekerk\(^9\).

There have been 14 evaluative studies of Bystander programmes published. Of these eight (62%) reported statistically significant positive effects on bystander attitudes. However these focus on preventing sexual violence, rather than specifically on the prevention of child sexual abuse which as we know frequently takes place in secret within the family so that bystanders may have little or no opportunity to intervene.

One example of a preventive programme to reduce dating violence has been included above. Other similar programmes have been developed and evaluated with positive results. See for example the multi-method evaluation of the Mentors for Violence Prevention programme on www.mvpnational.org.

**Secondary prevention programmes involving work with men and boys that are effective or promising**

Secondary prevention programmes target individuals, families or communities at increased risk of sexual abuse. The following example acted on research which indicated that transsexual young people in Brazil were at heightened risk of being sexually exploited.

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94 A respondent to the survey.

ISPCAN Report of the *Denver Thinking Space*
Programme name: ECPAT supporting child protection work with marginalised youth.

Country in which developed or delivered: Brazil

Programme model: A multi-method programme that involves young people as social educators.

Programme goal: To prevent marginalised and at risk youth aged 16 -25 from being sexually exploited.

Programme description: Transsexual young people in Brazil were identified as at heightened risk of commercial sexual exploitation. This programme uses relationship building, peer counselling, support services, education and awareness raising, as well routes into employment to reduce risks. Young people with experience of sexual exploitation act as social educators.

Evidence of effectiveness: Evaluation by ECPAT showed 40% of young people left CSEC within a year of intervention. See www.ecpat.org

Several examples of work with young people with sexually harmful behaviour have been described by respondents – for example, First Step Cambodia, Brazil, Iceland, the Centre for the Prevention and Treatment of Child Sexual Abuse in the Philippines, Childline in South Africa, NSPCC and G-map in the UK. Respondents also referred to similar programmes in other countries.

These programmes each have distinctive features but appear to draw on a common research and evidence base and to cover similar areas in their programmes. The Philippines programme is distinct in the way it broadly targets boys with sexually misbehaviour problems that are either sexually responsive or sexually aggressive. It has not yet been systematically evaluated. Common features of the programmes include thorough initial assessments using standardised psychometric tests, individual and group therapy, development of victim empathy, self-regulation, social and coping skills, safety planning. For some of these an evaluation is underway or planned and for some it is not clear whether they have been systematically evaluated. The programme described below is selected because it has some interesting features and some early evaluation results which suggest it is a promising programme.

Programme name: Therapeutic Treatment Orders

Country in which developed and/or delivered: Australia

Programme model: Government funded community treatment programme for young people up
to 15 exhibiting sexually abusive behaviour, provided state-wide in Victoria in Centres for Sexual Assault. For both males and females. Based on the Good Lives Model (Ward and Stewart, 2003) and using sanctuary style approaches.

**Programme goal:** To reduce the risk of further sexually harmful behaviour and to develop new thinking and behavioural skills.

**Programme description:** Twelve month programme which can be extended or reduced based on individual assessment. Four modules which can be combination of one to one and group based work on: understanding emotion; techniques to manage emotions; understanding what I did; moving on and healthy sexuality. Includes use of role play, experiential work, movement and drama, yoga, narrative therapy techniques. Specialist Practice Resource describes model in detail.

**Evidence of effectiveness:** External evaluation underway. Initial findings promising – 73% of clients either fully or substantially reach their goals. Evaluation includes costs and evidence of cost effectiveness. Peer reviewed paper published.

In her presentation to the *Thinking Space* Eileen Vizard highlighted the importance of a developmental perspective in all programmes for young people with sexually harmful behaviour. She emphasised the need for holistic clinical assessments which include the use of appropriate psychometric tests in complex cases where serious psychopathology and issues of risk may be present. She summarises research on effective treatment programmes as follows:

“The results of several meta-analyses and follow-ups of RCTs, with children with sexually harmful behaviour, support short-term, sexually abusive behaviour-focused CBT interventions, particularly those such as multi-systemic therapy (MST), which also include substantive input to caregivers.”

**Tertiary prevention programmes involving work with men and boys that are effective or promising**

Four programmes have been selected for more detailed description here because they have been the subject of rigorous independent evaluation and can demonstrate their effectiveness. However readers are recommended to read the detailed survey responses from Donald Findlater and Sheila Brotherston in *Appendix 7*, which give a comprehensive summary of work

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with male sex offenders over the age of 18 in the UK. We are aware that evidence-based work with convicted sex offenders is also being carried out in a number of other countries, but have not received sufficient information about this through the survey to include here.

The first programme is with young men aged 15–18 who are serving custodial sentences for sexual offences. It is similar in many ways to the programmes described above, but included as a tertiary programme because the behaviour has progressed from being described as sexually harmful to those whose sexual offending is so serious that they are serving custodial sentences.

Programme name: Lucy Faithfull Foundation programme for young males serving custodial sentences

Country in which developed and/or delivered: UK

Programme model: Individually tailored assessment and intervention programme for young men (15–18) convicted to a custodial sentence for sex offences. Model used is strengths-based and is based on the Good Lives Model (Ward and Gannon, 2006). \(^99\)

Programme goal: To reduce the risk of further sex offending and enable the young person to meet their needs in socially acceptable ways

Programme description: Core programme with flexible elements to respond to individual needs. Initial assessment and formulation of provisional hypothesis phase based on semi structured interviews, includes family members where possible and assessment of mental health. Intervention includes an offence specific component with three elements: learning to define sexually abusive behaviour, focussing on processes specific to the individual's offending; using learning to do things differently and create a New Life Plan.

Evidence of effectiveness: Independent evaluation demonstrated programme meets key principles and components of effective practice shown in evidence review to work with young people who sexually offend. (Worling and Langton, 2012).\(^{100}\)

Programme name: Sex Offender Treatment Core Programme (for adapted and extended programmes see Appendix 5.)

Country in which developed and/or delivered: UK

Programme model: Accredited prison based treatment programme for convicted adult sex offenders at high or medium risk. Delivered by trained staff. Adapted and extended programmes also provided.

Programme goal: To help offenders develop meaningful goals and practice new ways of thinking

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and behaving that lead away from offending.

**Programme description:** Assessment followed by treatment based on risk profile. Aims to modify offence justifying thinking, developing ability to recognise feelings in themselves and others, gaining an understanding of victim harm and developing relapse prevention skills.

**Evidence of effectiveness:** Independent evaluation of outcomes using control group showed significantly reduced re-conviction rates at 2 years after treatment. (Friendship, Mann & Beech 2003.) 101

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**Programme name:** Community Sex Offender Group Programme

**Country in which developed and/or delivered:** UK

**Programme model:** Community based group work treatment programme for adult men convicted of sex offences. This has adapted and extended version to meet different needs.

**Programme goal:** To help offenders develop and understanding of how and why they have committed sexual offences. To increase awareness of victim harm.

**Programme description:** Involves 240 hours of group work over a period exceeding 2 years or 100 hours of group work in one year. Accredited programmes are delivered usually by probation officers in different parts of the UK and way programme is structured varies. For example, in Thames Valley there are 4 programme blocks: Foundation block (10 days), Victim Empathy (8 sessions), Life Skills (10 sessions), and Relapse Prevention (24 sessions).

**Evidence of effectiveness:** Independently evaluated with control group. Different published evaluations have each shown programme to be effective in reducing 2 year re-conviction rates (see Appendix 7 for details).

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**Programme name:** Circles of Support and Accountability

**Country in which developed and/or delivered:** UK

**Programme model:** Emotional and practical support group for sex offenders who are living in the community.

**Programme goal:** To reduce the risk of reoffending and so to create safer communities for children.

**Programme description:** Circles of Support and Accountability are formed by volunteers to provide emotional and practical support to a sex offender, known as the core member, in the community whilst holding them accountable for their offences. Based on principles of restorative justice. Each circle has 4-6 volunteers and one core member. Circle meets weekly and may last for a year or longer. Also individual time face to face and by phone. Coordinated and run by

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5. Summary of key findings

The following findings are based on the selection of programmes described in response to the survey and on further information shared about programmes during and after the Thinking Space event. Given the selective nature of the sample, these findings may not necessarily reflect the full international picture.

- Tertiary programmes of work with men and adolescents who sexually offend are the most well developed and extensive in the UK, USA and Australia, but also exist in developing countries;

- Work with boys with sexually worrying or harmful behaviour are the most widely described secondary interventions;

- Primary prevention interventions exclusively for men and boys are the least well developed and evidenced. The majority of primary programmes described are for mixed gender groups and focus on the development of self-protection skills;

- Upstream/primary prevention programmes described are more likely to be for mixed gender groups; downstream programmes are more likely to be solely for men and boys;

- The majority of primary prevention programmes described target children and people young people aged 5-14;

- The youngest starting age for interventions for children with sexually harmful behaviour is 6 years of age;

- Where there are higher levels of identified risk of abuse being perpetrated, programmes are more likely to be delivered in secure settings, by qualified professionals. However there are interesting exceptions involving work by volunteers and para-professionals which look promising;

- Primary prevention programmes described (other than mass audience campaigns) are all group based; secondary and tertiary programmes are based on individual assessments and involve one-to-one work and group work

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ISPCAN Report of the Denver Thinking Space
Programmes draw on an eclectic mix of theories but there are some common threads, such as the use of the Good Lives model in work with adult sex offenders and the use of Cognitive Behavioural Therapy in treating both perpetrators and victims of abuse;

The extent to which programmes aim to prevent all forms of violence or focus on some specific aspect of sexual abuse varies;

The evidence of children and young people's participation in programme development, delivery and evaluation is generally weak, although this appears to be much more developed in work to combat commercial sexual exploitation of children;

Although some programmes have been successfully adapted, tested and then replicated in different countries, the cross-cultural transferability of programmes should not be assumed;

There is a strong commitment demonstrated to developing and implementing evidence-based programmes, but many lack the capacity or resources for systematic or longer term evaluations of impact;

Programmes with men and boys have been identified at primary, secondary and tertiary levels which demonstrate effectiveness in changing attitudes, knowledge and behaviour and, in some cases, reduced re-conviction rates for sexual offences.

Section 4: The debate

This section draws on the preliminary research and subsequent discussions to highlight essential supports for preventive work with men and boys. It is a subject fraught with challenges which are also summarised. Given that this is a developing and relatively neglected area of practice it is not surprising that many questions and dilemmas have arisen in the course of discussions. Issues which would benefit from further professional debate and research are also outlined. The final two sections of the report provide some answers.

1. Essential supports

These are in four main areas: legislation, policy/mandate, funding, and cooperative arrangements with others. Research evidence and the provision of training and standards have also been identified as key supports.

The importance of work taking place within an appropriate legal and policy framework was widely recognised. For example, in Iceland the legislation is the Child Protection Act (No. 80/2002).
Example

In Victoria, Australia, the programme with young people under 15 who have sexually harmful behaviour is covered by the Children, Youth and Families Act (2005) which includes provision for Therapeutic Treatment Orders (TTO). The TTO system has enabled work with over 1600 young people since 2007. A Board appointed by the Victorian State Police oversees decision making. This framework allows for up to two years of no cost treatment. It allows magistrates to defer sentencing for youth charged with sexual offences and to refer them for treatment. If treatment is successful then charges are set aside. In South Africa the Child Justice Act (no. 75/2008) establishes diversion programmes for children in conflict with the law if they acknowledge responsibility, however it does not fund such programmes.

Respondents also stress the importance of any organisation that is working in this area having policies in place when undertaking preventive work with men and boys.

Having a clear mandate and government support for the work is important. In Cambodia this takes the form of a memorandum of agreement with the relevant government department. In Ireland, the Department of Education supports implementation of a primary prevention programme in all primary schools through a formal policy. Having the backing, commitment and understanding of government makes a big difference to programme implementation as this can be a highly controversial area of work. In the United Arab Emirates, the Dubai Foundation for Women and Children was established by law (no. 15/2007) by the ruler of Dubai. This law includes a duty to educate the community on violence against women and children.

Financial support for programmes comes from government departments in some countries and states and is seen as vital especially when reliably available over a number of years. Even in wealthier countries such as the USA this funding is described as being difficult to obtain. In Victoria, Australia, programme funding for therapeutic treatment orders is linked to meeting targets and this is described as a highly cost effective approach.

Example

Funding from the European Union has enabled a preventive programme developed in one part of Italy to be extended more widely within Italy and then into five other European countries. This has then attracted further support from the state and a charitable foundation in Switzerland, which has made it possible for the preventive programme to be extended to all elementary schools in the Italian part of the country.

Foundations and charitable trusts are a vital and valued source of financial support. The Oak Foundation, for example, makes a major contribution to international development in this area. In Asia, charitable funding has enabled work that began in Cambodia to be made available to other countries in the region, including Thailand. This clearly illustrates how innovative work developed by small non-governmental agencies (NGOs) has with further funding been scaled up to reach significant populations.
As seen above, funding facilitates **cooperative arrangements** across country boundaries and enables the spread of good practice. In addition, some of the programmes are delivered through in-country partnerships between statutory agencies and NGOs such as the *NSPCC Offence Prevention Helpline* in England which is being delivered by an NGO in partnership with a local probation service. Examples of partnerships between NGOs are also described, for example, in relation to the implementation of the *Good touch, bad touch* preventive programme in Cambodia. Parent teacher associations have helped with the roll out of the *Unspoken Words* programme in Switzerland.

**Example**

In Belgium, a partnership between ECPAT, NGOs, Belgian Federation of Tourism, Belgian National Railways, airports, the Ministry of Foreign Affairs, the ministry of Defence, the private sector and the Trafficking in Human Beings Department of the Police, worked together in a campaign to raise awareness of the consequences of commercial sexual exploitation (CSEC).

**Example**

In Canada, high-profile men have taken a stand against CSEC, speaking out against sexual exploitation on a website and then in hard hitting public service announcements, radio adverts and a comic strip. This was the result of a partnership between ECPAT, Beyond Borders, the Canadian Centre for Child Protection and media organisations.

International **networks and alliances** have been developed to support and promote work with men and boys.

**Example**

*MenEngage* is a global alliance of more than 400 non-governmental organisations and UN partners. Its broad aim is to engage men and boys in creating gender equality. Formed in 2006 and is now active across sub-Saharan Africa. Partners are required to sign a memorandum of agreement to a set of guiding principles. See Sonke's survey response in Appendix x or [www.menengage.org](http://www.menengage.org)

**Example**

The *MenCare Campaign* is a global fatherhood campaign coordinated by Promundo, Sonke Gender Justice and MenEngage Alliance to promote men’s involvement as fathers and caregivers. Its goals are to increase gender equality between parents and reduce violence in families.

There is an impressive willingness to share learning and experience which has been demonstrated throughout this work by all the many people who have generously shared what they have learnt.
For each of the above supports, however, there are related challenges which are considered below.

2. Barriers and challenges

There is considerable consensus from around the world about the barriers and challenges to work with men and boys, although the weight and particular nature of these varies country by country. These relate to legislation, resources, cultural and social attitudes, the nature of the subject, the evidence base, the use of technology to abuse children, working together and geography, and the lack of a strategic approach.

The absence of relevant legislation to tackle sexual violence can be a major problem. Where it exists it may not be enforced or fully implemented. For example research in Peru showed child sexual exploitation (CSEC) is a well-known phenomenon but that, despite the existence of law criminalising CSEC perpetrators, the problem is widely tolerated and those who carry out such crimes are being granted immunity. The law may also fail to protect some groups. For example, in Pakistan some of the provisions of legislation to tackle child prostitution only apply to girls under 16, leaving boys unprotected. In some countries, such as Zimbabwe and Rwanda, homosexuality is condemned by politicians and there have been high profile prosecutions, while other countries such as South Africa and Mozambique have policies which promote equality for all genders and sexualities. In other regions, such as parts of Latin America, child sexual abuse is not treated as a crime but as a moral issue. A child-hostile judicial process in some countries was seen as a particular challenge.

Conversely the criminalisation and labelling of even young children with sexually harmful behaviour can prove very damaging. In some countries the criminal age of responsibility is as young as 10 and in some States in the USA even lower. This conflicts with the legal age of sexual consent. Once a child has committed a sexual offence they may be seen and treated as an offender first and a child with their own welfare needs second. Legislation to require the registration of all sex offenders in some countries leads to the names of young people who have sexually offended being published and known to their community.

Economic constraints and lack of resources challenge both wealthy and low income countries. This includes lack of resources for services for vulnerable and disadvantaged families and for treatment, lack of training and of trained staff, inadequate facilities, insufficient resources for early intervention to tackle aggressive behaviour, lack of research. ISPCAN was told of a number

of examples of promising preventive programmes with men and boys which had been closed due to lack of funding. Limited resources and services are available for follow up after release of offenders into the community. Work with men and boys, particularly those who have offended, is an area of work for which it can be hard to raise funds from donors for services or research. Funding also tends to be for short term projects, which makes establishment of an evidence base very difficult. It can also be difficult to secure funding for evaluation of programmes.

A general social and institutional reluctance to fund preventive initiatives is mentioned, particularly primary prevention and early intervention. “Resources flow towards problems, more than prevention.” This problem is exacerbated in relation to work with boys and men because of negative perceptions and attitudes. There are however positive exceptions as shown above.

Cultural and social attitudes present considerable challenges in several parts of the world, including parts of Asia and Europe. Denial and ignorance were seen as a major issue by some participants. In areas of Asia there is a lack of belief that child sexual abuse of boys is an issue, combined with a lack of sympathy or understanding of their needs. This goes alongside a myth that boys cannot be raped and must always be strong, showing no distress or weakness. Boys are also seen as problematic. If we combine this perception with the difficulty some people experience in thinking or talking about sexual abuse at all we have compelling barriers to work with boys. The following extract from a Cambodian respondent powerfully conveys these barriers:

“Lack of belief that sexual abuse of boys and men is a considerable issue at every level, including donors and some representatives of international NGPs; boys issues are essentially in many settings not considered important - unless you are working with boys to prevent violence against women.

Cultural and social attitudes and responses to this issue extremely discriminatory in many settings – often linked to perceptions of what a boy is expected to be (strong, a protector of self and others etc.) but also that boys do not have virginity, reputation and honour to lose – therefore it is of little concern when a boy is sexually abused.” (Alistair Hilton.)

On the other hand, social constructs of masculinity and a sense of male entitlement support and maintain aggressive sexual behaviour by men and boys in many parts of the world. In some countries violence against girls and women is socially acceptable and normalised. Tackling these deep-seated attitudes and cultural norms, which are structurally embedded and reinforced by weak legal protections results in considerable resistance to change.

Blame for commercial child sexual exploitation may be placed on those who are abused in

105 A respondent to the survey.
some areas. “The sexual use of a person in prostitution has not traditionally been viewed in the same light as the sexual abuse of an 'innocent' child. For most clients, a child's status as a 'prostitute' overrides her/his status as a 'child'.”

There may also be particular reluctance to tackle CSEC when a country is economically dependent on so called 'sex tourism'.

Sexual abuse of children remains a difficult and taboo subject, particularly in some cultures and faiths. Sex education may not be permitted in schools in and, where it is allowed, some teaching staff may be reluctant and lack confidence to raise the issue. For example:

“The main overall shortcoming of addressing child sexual abuse as a phenomenon in Greece can be considered as being the lack of sexual training programmes in schools and the reluctance of the educational sector in implementing such activities.” (George Nikolaidis107.)

A participant from China at the ISPCAN workshop in San Diego described how Chinese parents worry that if children are told about sexual matters they will want to experiment. Parents may not realise that their children are sexually active and so do not provide them with essential information. Another participant described how even in Sweden, where there has been a long history of sex education, parents find talking to their children about sexual abuse is difficult.

Overcoming parental resistance to sex education and to raising children's awareness of sexual abuse can be an issue, but ways of overcoming this, involving parents and helping them feel comfortable discussing sex with their children have been found in a diverse range of countries. Parents can also be reluctant for their child to be involved in a programme for those with sexually harmful behaviour because of the associated stigma.

There is also a professional reluctance to work with boys and men who sexually abuse children and an unwillingness among those working in child mental health and social work to learn or use the necessary knowledge and skills. Those who do work in this area can find themselves the subject of ambivalence from colleagues. They need support and sustaining if they are to stay healthy and well when doing this emotionally challenging work.

The lack of sufficient research to establish a clear evidence base for preventive programmes involving work with men and boys was one of the drivers for this Denver Thinking Space. In spite of a strong commitment to evidence based work, the capacity or resources to undertake systematic or longer term evaluations of impact is often absent. This is a relatively new field and so far only a small number of the programmes have been evaluated using RCTs. However, more such studies are underway and some programmes have evidence of effectiveness from rigorous two-group non-randomised trials or single group pre-post studies.

The Lancet series on Child Maltreatment 3,108 states that it is unknown whether educational

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106 ECPAT response to survey. See appendix 7.
107 A respondent to the survey.
programmes reduce the occurrence of child sexual abuse, although there is some evidence that they improve children's knowledge and protective behaviours. The authors go on to state that where educative programmes do not yet exist there is an opportunity to do a RCT that includes outcomes of incidence of sexual abuse as well as proxy outcomes of knowledge and behaviour. However, there are particular ethical, methodological, resource and logistical challenges in determining the long impact of primary prevention programmes.

A related challenge is knowing/knowing how to find out about what work that is being undertaken and has been evaluated in this developing field.

The increased use of technology in child sexual abuse raises radical questions about what constitutes child sexual abuse, what is normal sexual development and how to prevent grooming and abuse through a variety of on-line and social media. Accessing pornography online has become easier and exposure to mainstream and violent pornography influences the behaviour of adults and children. Exposure to violent content may be particularly damaging to some vulnerable groups of children. At the same time increasing numbers of young people are sexting, i.e. sending sexually explicit text messages or sexualised photos of themselves using mobile phones, and not realising the associated risks.

There can be challenges working across services. For example, there may be differences and a lack of compatibility between models of delivery of work within the youth justice system and organisations with responsibility for services for young people aged 18 and over. Different professions operate with different models and philosophies and there can be difficulties in ensuring understanding of a strengths based approaches within risk management processes. Challenges can also result when a hierarchy of professions of different status work together. Others describe how there can be overlapping networks and organisations operating in similar areas, competing with one another for scarce resources rather than collaborating.

Geography poses challenges in countries such as Australia where, “the tyranny of distance in rural areas” was mentioned. A similar problem is experienced in South Africa where it is difficult to include children from rural areas in programmes that have been centralised in urban areas due to cost. Distance is also an issue in the UK in relation to accessing families when young people are placed in custodial establishments at some distance from their home area.

Finally, the absence of a comprehensive cross government strategy for preventive work, backed by resources and clear lines of accountability, is seen as a barrier.

The challenges identified above are shared across most of the world, however each region and country has its own distinctive characteristics and barriers to overcome in preventing child sexual abuse. The following vignettes illustrate some of these in two parts of the world, Latin

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ISPCAN Report of the Denver Thinking Space
America and the Middle East and North Africa (the MENAG region). These are based on presentations by Irene Intebi from Argentina and Bernard Gerbaka from Lebanon at ISPCAN's Global Institute workshop at San Diego in 2014.

Challenges specific to Latin America

'It is not easy to be a child in Latin America. It is not easy to protect children in Latin America.'

Systemic challenges include:
- Diversity and inequality;
- Structural extra-familial abuse such as social exclusion, displacement, child trafficking, engagement in drug dealing gangs;
- Interventions intertwined with national politics and attitudes human rights.

Legal challenges include:
- Child sexual abuse not a separate category of crime;
- Age of consent varies country by country from 14 – 18;
- Sexual acts between young people 16 -18 not regarded as a crime;
- In many countries only girls can be victim of statutory rape, leaving boys unprotected;
- Child sexual abuse is seen as an offence against honour and an immoral act. Abuser will not be prosecuted if victim forgive their abuser or if the offender agrees to marry their victim.

Additional challenges include:
- Lack of material and human resources;
- Insufficient and non-systematic professional training;
- Lack of tradition of multi-modal, inter-professional prevention approaches;
- Insufficient professional networks;
- Lack of data about prevalence;
- General macho attitudes and pre-conceptions;
- Co-existence of old and new paradigms, opening up cracks in system.

Irene Intebi, Past President ISPCAN

Challenges specific to the Middle East and North Africa (MENAG) region

Child sexual abuse in the MENAG region has to be seen in the context of gender-based violence and the extremes of patriarchy, discrimination against females, sex segregation, seclusion and the imposition of veiling on women. Access to resources, education and power are restricted for many women and children. Female victims of sexual violence may be forced to marry their rapist or even be killed to restore family honour.
Prevalence data on child sexual abuse in many countries in region is limited. There are atypically high rates of sexual abuse of boys in South Africa, Turkey and Jordan (Perada, 2009).

Risk factors include:

- economic factors such as poverty, unemployment, illiteracy;
- social factors such as gender discrimination, families in difficulty, size of families, armed conflict;
- prevalent cultural beliefs, attitudes and practices, such as female genital mutilation, early marriage of girls;
- lack of awareness of sexual abuse and sexual exploitation;
- legislation which in many countries does not recognise rape of a child as a specific crime.

Bernard Gerbaka, Chair Training, Consultation and External Relations Committee, ISPCAN

3. Issues and dilemmas for further debate

Adequacy of the evidence base. How can the evidence base for work with boys and men be strengthened? What is good-enough evidence for the effectiveness of primary preventive programmes? How do you evidence that something has not happened as a result of preventive work? Are proxy measures sufficient? Do we need more evidence about cost-effectiveness? What exactly do we want to evaluate? Should we be measuring outcomes via developmental pathways/trajectories to adult life, rather than focusing on rates of offending/re-offending?

How best to make the case for work with men and boys to prevent child sexual abuse and exploitation, particularly but not exclusively at the primary level. Different audiences need to be engaged. Politicians, for example, will want to see the benefits of investing in programmes that will not show immediate results. Are there persuasive examples to share of how shifting the balance of resources to primary prevention has made a positive difference to the extent of sexual violence?109

What is the right balance between a criminal justice-focused approach and a welfare approach for intervening in sexual abuse by children and young people? How do we ensure professional responses to sexually abusive behaviour in children do not do more harm than good and propel children down the pathway to further offending? Some measures introduced in good faith to prevent child sexual abuse, such as sex offender registers, may be doing as much harm as good when applied to adolescents.

Punitive approaches dominate and make it difficult for men and boys and their partners or parents to come forward for help. Is it time for a more informed and less polarised public debate about sex offending in the light of recent research? How do we create incentives for

109 For examples of evidence for the effectiveness of prevention see the website http://www.prevention.org/prevention-news/prevention science_all_revealed
men worried about their sexual interests in children to come forward for treatment, when they risk criminalisation? What is the place of confidential helplines? Is there a place for voluntary treatment services where men can seek help without fear of prosecution?

**Screening tests - a good idea or not?** A public health approach to prevention requires the ability to identify and target interventions at those who pose a heightened risk of sexually harming children. The *Denver Thinking Space* has identified a number of characteristics of men and boys that are associated with an increased risk for going on to sexually harm children. So would a screening/risk assessment test be desirable? Could such a test ever have the necessary sensitivity and specificity to be useful? What might the unintended consequences be of introducing such a screening test? In Appendix 9 Richard Roylance critically examines this question and key concepts such as true and false positives, true and false negatives.

A related issue is how information about early behavioural indicators of risk that a young person is likely to progress along a trajectory/pathway to offending should be used to ensure effective early intervention, without prematurely or inappropriately labelling or stigmatising them?

**What are the comparative merits of having a broad or more specialist focus in programmes?** The focus of programmes varies from those that deal specifically with sexual abuse and those with a broader focus (either on different forms of violence or on gender equality, sexual rights and responsibilities and parenting.) What are the merits of a narrower and more specific focus as opposed to a broad and more general focus? Are mainstream programmes that include sexual abuse prevention as an outcome as effective as programmes with a specific focus?

**Are we making the most of the potential for sharing experience and learning with programmes addressing other forms of violence?** There is a danger of thinking in silos. Should more be done to link with programmes to prevent other forms of violence such as domestic violence, peer violence, adolescent relationship abuse and intimate partner violence, gang violence?

Can we find more effective ways of sharing information about relevant programmes, including those programmes that prove unsuccessful but from which there is useful learning?

**How does the changing nature of child sexual abuse, particularly in relation to the use of mobile and internet technology, affect preventive programmes and strategies?**

What kind of workforce is required and what is the role of para-professionals and volunteers? Which programmes of work with men and boys can safely and effectively be delivered by trained para-professionals and/or volunteers? This becomes a particularly contentious issue at times when resources are scarce and governments seek to cut costs, but there are positive examples of effective programmes using trained volunteers.
What are the comparative merits of single and mixed gender work? Is some preventive work best undertaken with men and boys exclusively and if so at what stage, in what circumstances and with what objectives? Are there circumstances in which work solely with men or boys is counterproductive or when there are positive benefits from working with a mixed audience?

There is a related question, which is about the merits of organisations that focus purely on work with men and boys as opposed to organisations that provide a service for both genders.

Critical timing. What are the critical developmental stages at which to begin different preventive interventions in order to maximise influence and impact? What are the implications of insights from recent research on neurological and brain development?

Section 5: Developing a child protection strategy involving work with men and boys

One of the challenges identified above is implementing a preventive strategy in the absence of a comprehensive strategy for addressing child sexual abuse and exploitation. Programmes of work with men and boys, such as those described in Section 3, need to be part of a comprehensive mandated strategy, which is supported by law, policy, resources and a trained and well supported workforce. The strategy must also be relevant to each country's political and economic context, culture and stage of development in relation to child sexual abuse.

This part of the report begins by proposing the use of a conceptual framework for planning a preventive strategy that involves work with men and boys and then illustrates how the programmes described in Section 3 can fit into this. The essential elements for developing and implementing such a strategy are then considered.

1. A conceptual framework

There is extensive research evidence, published literature and expert opinion supporting the development of strategies to prevent child sexual abuse and exploitation which:

- take a public health approach, including primary, secondary and tertiary levels of prevention;
- emphasise the value of investing in upstream/primary prevention;
- take a four level ecological approach, addressing societal, community, relationship and individual factors that increase risk or protective factors;
- take a developmental approach; and
- are guided and informed by theoretical understanding of behavioural change.

In addition, based on thinking and contributions to the Denver Thinking Space, strategies should:

- take a gendered approach and include specific work with men and boys;
be relevant to the particular political, social and cultural context.

The conceptual framework developed by Smallbone, Marshall and Wortley\textsuperscript{110} is recommended as being particularly useful in planning a strategy to prevent child sexual abuse. This framework integrates public health and ecological approaches and also identifies three priority audiences:

- abusers or potential abusers;
- children and young people;
- communities and families.

In developing their integrated approach to prevention, the authors\textsuperscript{111} also consider situational prevention measures to be essential (see below for details). This conceptual framework in the form of a simple four by three matrix (below) that can help with reviewing, planning and communicating prevention strategies (see also Appendix 5 for a completed version). Existing programmes can be mapped against the framework and this will quickly show where there are gaps and any significant imbalance between levels or audiences.

<table>
<thead>
<tr>
<th></th>
<th>Primary prevention</th>
<th>Secondary prevention</th>
<th>Tertiary prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abusers and potential abusers</td>
<td></td>
<td></td>
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<tr>
<td>Children and young people</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Communities and families</td>
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<td></td>
<td></td>
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<tr>
<td>Situations</td>
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</tbody>
</table>

Donald Findlater from the Lucy Faithfull Foundation in the UK describes the value of using this framework to think and plan strategically and provides an example of its application\textsuperscript{112}. He is currently leading work, funded by the Oak Foundation, which uses this framework to organise information about preventive programmes and then supports countries in parts of Africa and Eastern Europe to develop relevant child sexual abuse prevention strategies. This project will enable the value of this matrix approach to be further tested in the field in various contexts.

Discussion of the framework at the ISPCAN Global Institute in San Diego highlighted the absence of the wider system itself as a target audience for interventions. Interventions with the wider system could, for example, include making legislative and policy changes, building a

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\textsuperscript{111} Smallbone et al. (2008). op. cit.

\textsuperscript{112} Donald Findlater’s presentation to Denver Thinking Space is in Appendix 8 and on the ISPCAN website. See [www.ispcan.org](http://www.ispcan.org)
skilled workforce, generating and disseminating research evidence.

In planning strategies for a country or local area it is important to have some interventions in each area of the framework and to ensure resources are not disproportionately targeted at the tertiary end of the continuum, but also include upstream/primary prevention measures. Child sexual abuse takes many forms and programmes that are effective for intra-familial abuse of younger children may not be so effective for commercial sexual exploitation of young people, for instance. Strategies therefore should also address the prevention of different types of sexual abuse.

2. Strategies for preventing child sexual abuse

A wide range of strategies and methods for preventing child sexual abuse have been identified in the course of this study and a brief summary of a selection these follows. More information is available on the ISPCAN website at www.ispcan.org. The Virtual Knowledge Centre to End Violence against Women and Girls at www.endvawnow.org also provides valuable information on strategies, programme design, implementation and evaluation and has a module on work with men and boys.

Focusing on primary prevention, Transforming Communities to Prevent Child Sexual Abuse and Exploitation: A Primary Prevention Approach \(^{113}\) argues that our success in preventing child sexual abuse depends on our ability to maintain a coordinated and comprehensive effort as these problems are deep rooted in our environment and reinforced by societal norms. They recommend action across a six level spectrum:

- influencing policy and legislation;
- changing organisational practices;
- fostering coalitions and networks;
- educating providers;
- promoting community education;
- strengthening individual knowledge and skills.

In Violence Prevention: the Evidence \(^{114}\) seven main strategies for preventing interpersonal and self-directed violence are identified. These cover all forms of inter-personal violence, including child maltreatment, intimate partner violence and sexual violence, although not all strategies are equally relevant to each form of violence. The seven strategies are:

- increasing safe and stable nurturing relationships between children and their parents and caregivers;
- developing life skills;
- reducing harmful effects of alcohol;

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reducing access to guns, knives and pesticides;
- promoting gender equality;
- changing cultural norms that support violence; and
- victim identification, care and support.
Although these strategies are not specifically related to child sexual abuse, some are clearly relevant and transferable as we know various forms of violence against girls and young women have common root causes.

An example of a preventive strategy and action plan to address violence against girls and women in the UK\textsuperscript{115} provides a useful illustration of the different components of a comprehensive strategy which includes work to tackle root causes and change attitudes and behaviours. This features a campaign on television with advertising, posters and lesson packs for use in schools to tackle teenage relationship abuse. A similar approach has been used successfully in South Africa through Soul City\textsuperscript{116} and their multi-media programme, Soul Buddyz.

The authors of \textit{Child Sexual Abuse: Prevention of the First Acting Out Event; Overview and Analysis of the Situation at the International Level}\textsuperscript{117}, (a very useful account of global work in this area which can be accessed at \url{www.disno.ch}), use the following inventory to review global strategies:
- surveys and research;
- information campaigns;
- telephone helplines;
- websites;
- support materials;
- programmes;
- structures, resources and reception facilities;
- training for professionals; and
- professionals active in the field (networks).

The concept of \textit{situational prevention} measures is based on the theory that a person's desire to sexually abuse a child, combined with their belief that they \textbf{can} abuse without getting caught, makes it more likely that they will abuse. This likelihood varies with the situation, so some places are safer and some more risky. By modifying situations through the introduction of situational preventive measures, the risk of abuse can be lowered, “\textit{creating safer environments rather than safer individuals\textsuperscript{118}}.”

\textsuperscript{115} Home Office, (2011). \textit{Call to end violence against women and girls: action plan}. See website: \url{www.homeoffice.gov.uk}.
\textsuperscript{116} See website: \url{wlcity.org.za}.
\textsuperscript{118} Smallbone \textit{et. al.} (2008), op. cit. page 155.
Such safeguarding measures have had a positive impact on preventing abuse in the UK, for example, where they were introduced following high profile cases of abuse in schools and children's care homes. Examples include:

- vetting arrangements for those seeking work with children and young people;
- a requirement for organisational child protection policies;
- guidance on acceptable conduct for those working with children;
- whistle-blowing processes;
- ensuring children have someone to talk to (for example, through helplines, independent visitors, named child protection staff);
- accessible and well publicised complaints procedures;
- training for all those in contact with children to recognise abusive behaviour;
- guidance on safe practices for those in contact with children.

One of the lessons learnt from the introduction of such measures in schools and care settings is that determined abusers will move on to less regulated settings, therefore a whole systems approach is needed. Another lesson is to beware of the possible negative consequences of these measures, which may contribute to a siege mentality and make non-abusive men avoid working with or touching children for fear of being thought an abuser.

*Table 5* below, based on the Smallbone et al. conceptual framework, shows how the wide range of programmes involving work with men and boys identified through the *Denver Thinking Space 2013* fit within a more comprehensive strategy to prevent child sexual abuse.
### Table 5: Examples of preventive strategies, including work with men and boys

<table>
<thead>
<tr>
<th>Level of intervention</th>
<th>Primary</th>
<th>Secondary</th>
<th>Tertiary</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Adult abusers and potential abusers</strong></td>
<td>Campaigns to raise awareness and change attitudes&lt;br&gt;Development of constructive masculinities programmes/gender equality programmes</td>
<td>Early identification and interventions to tackle precursors of sexually abusive behaviour&lt;br&gt;Helplines&lt;br&gt;Risk assessment</td>
<td>Adult sex offender programmes&lt;br&gt;Work with offenders in the community to prevent reoffending (e.g. Circles of Support and Accountability)&lt;br&gt;Relapse prevention programmes and helplines</td>
</tr>
<tr>
<td><strong>Children and young people</strong></td>
<td>Programmes to support healthy development and education of children&lt;br&gt;Self-protection skills&lt;br&gt;Safe dating programmes&lt;br&gt;Development of constructive masculinities programmes/gender equality programmes</td>
<td>Counselling and treatment for at risk children including those exposed to family violence and abuse&lt;br&gt;Programmes addressing sexually worrying behaviour in children</td>
<td>Juvenile sex offender programmes</td>
</tr>
<tr>
<td><strong>Communities and families</strong></td>
<td>Public education/awareness raising (e.g. through information, website, media campaigns)&lt;br&gt;Parenting programmes&lt;br&gt;Community capacity building</td>
<td>Interventions to tackle domestic violence and child maltreatment&lt;br&gt;Support for at risk families</td>
<td>Support for families&lt;br&gt;Work with offenders in the community to prevent reoffending (e.g. Circles of Support and Accountability)</td>
</tr>
<tr>
<td><strong>Situations</strong></td>
<td>Training those working and in contact with children&lt;br&gt;Situational prevention in public settings, institutions and workplaces.</td>
<td>Training those working and in contact with children&lt;br&gt;Situational interventions in high risk communities and organisations</td>
<td>Training those working and in contact with children&lt;br&gt;Situational interventions in communities and organisations where sexual abuse has taken place&lt;br&gt;Sex offender registers</td>
</tr>
</tbody>
</table>
3. Law and policy

Legislation for prevention of all forms of abuse, neglect and exploitation is equally as important as that governing the protection of children and their receipt of therapeutic services having been abused or neglected. A legal framework not only provides the mandate for policy makers and practitioners to act within but it also signals the commitment of politicians to this essential area of work. There can however be a large gap between the legislative intentions and services delivered on the ground as was demonstrated in Joan van Niekerk’s presentation at the Denver Thinking Space 2013.\(^{119}\)

The ISPCAN survey findings for this project identified that more preventive work was undertaken at the secondary and tertiary levels, suggesting that some politicians and those who commit resources to prevention have grasped the prevention nettle but more needs to be done to support the implementation of primary prevention programmes.

At the Denver Thinking Space, Joan van Niekerk, ISPCAN President Elect, presented the South African Experience. In post apartheid South Africa, the UN Convention on the Rights of the Child was signed and ratified. This commitment prompted the reform of all domestic legislation and policy involving the care and protection of children. In exemplary fashion, research was commissioned and used to ensure that law and policy were linked to a clear evidence base and applied to all children in South Africa.

The Children’s Act 2005 is developmental and holistic in its focus and intended application. It provides for the care and protection of children from infancy through to adulthood and its focus is heavily weighted towards prevention of violations of the rights of children.

The Children’s Act provides for:

- clear parental responsibilities and rights;
- protection from harmful cultural practices;
- early childhood education;
- protection in partial care facilities such as crèche facilities;
- staff screening and training in these facilities;
- standards of care in places of entertainment for children.

The Children’s Act aims to move focus and resources from residual provision to holistic preventive provision of services. The Children’s Act has, among numerous other provisions, ones that are preventive at various levels in their intent. Indeed, the Act contains an entire chapter on prevention and early intervention. It obligates all provinces in South Africa to develop provincial profiles of prevention programmes within their province. It also obliges national and provincial Ministers of Social Development to develop prevention and early intervention strategies for their province.

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119 See Appendix 8.

ISPCAN Report of the Denver Thinking Space
The Children’s Act obliges the National Minister of Social Development, in consultation with the National Treasury, to fund prevention and early intervention programmes. This section is couched in the imperative – there is no Ministerial discretion. The national policy on prevention and early intervention programmes developed to drive implementation of this chapter in the legislation states very clearly that funded programmes must have an evidence base, and have monitoring and evaluation of impact built into their implementation.

The Child Justice Act 2008 provides for diversion programmes for children in conflict with the law. There is a specific focus on children who have committed sexual acts that fall within the ambit of the criminal law. These children, after assessment and if found suitable must be placed in diversion programmes if they have criminal capacity, and if they are incapable in law of taking responsibility for their behaviour, services must follow. Probation services must assess the child and develop a treatment plan.

However, political will to implement must follow these ambitious laws, and policies as well as financial resources. In addition, norms and standards for the provision of programmes should be protective, but realistic. For example, the norms and standards in programmes for children who have committed acts of sexual aggression are so sophisticated that to date only 2 programmes have been registered. There is also the challenge of developing and adding to the evidence base – the roll out of pilots is often challenged by having smaller budgets, thus setting up the roll-out of programmes for failure.

Another key issue is whether the child welfare legislation is compatible with the criminal justice legislation. Are boys who sexually abuse children first?

Jenny Gray, ISPCAN President, highlighted some discrepancies in England that challenge those working with boys who sexually abuse others. These are often children or young people who come from a background of extensive privation, having experienced or witnessed violence in their own home and grown up in a family where there are multiple partners of their parents or adults passing through during their childhoods.120

In England, section 10 of the Children Act 2004 places a duty on local authorities and their partner agencies, for example, health and schools to improve outcomes for all children. In addition, section 11 of the same Act places a duty on all statutory agencies including police, governors of young offenders’ institutions and secure training centers to safeguard and

promote the welfare of children to whom they are providing services. The Children Act 1989 places a general duty on local authorities to safeguard and promote the welfare of children in need. Associated statutory guidance, *Working Together to Safeguard Children*, which applies to all agencies – statutory and third sector – requires that children under 18 who sexually abuse other children should be given consideration as being victims of abuse or neglect, as well as their victims. There is therefore a very clear legislative framework for the prevention and protection of children from abuse, neglect and exploitation.

In England the age of criminal responsibility is ten years old, but higher in other European countries, for example,

- France – 13 years
- Italy - 14 years
- Denmark – 15 years
- Spain - 16 years.

The Sexual Offences Act 2003 applies to adults and young offenders i.e. children aged 10 and over and aged 17 and below, and the Sex Offenders Register applies to both children and adults. This means that children under the age of 18 are regarded as children under the child welfare legislation, in keeping with the UNCRC, but from the age of 10 years can be classed as having criminal responsibility for crimes, including sexual ones.

The following may be helpful to consider when developing a child protection strategy involving work with men and boys:

- **What is the age of criminal responsibility in your country?**
- **Are children who commit sexual offences regarded as children or young offenders first?**
- **Does the way in which they are viewed affect the types of services (at all levels) provided to boys who, or are likely to, sexually abuse?**

Readers are invited to share their experiences from their other countries with ISPCAN.

### 4. Ensuring relevance of strategy

Countries are at different stages of development in relation to recognising and addressing child sexual abuse, as is clear from the report of the inaugural *Denver Thinking Space* in 2011. Some have long accepted that sexual abuse is a major problem and have well established laws, policies, research and services. These countries may be reluctant to introduce changes because they think the job is largely done. Others are beginning to take action and are keen to learn from others but also to innovate and develop their own local solutions. Some are in denial or at the early stages of recognising that sexual abuse and exploitation exist in their country.

The *Stages of Change Model* can be helpful in this context. This identifies the following

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stages:
- pre-contemplation (not ready);
- contemplation (getting ready);
- preparation (ready);
- action;
- maintenance.

A further stage of relapse has subsequently been added.

Although developed initially to apply to individual change (such as stopping smoking) the model is also useful when considering organisational, community or a whole country's stage of change and readiness to introduce preventive strategies involving work with men and boys. If a country, for example, does not see child sexual abuse as a problem, politicians and policy makers may be un-informed or under-informed and will need good quality persuasive information about the scale and nature of the local problem before they are ready to start thinking about any strategy development. If the problem is recognised and contemplation of strategies has begun, but there is as yet no commitment to change, then information to help balance the pros and cons of change might be required. Involving survivors of abuse and children and young people as advocates can be particularly powerful at this stage.

The World Health Organisation has developed a toolkit to enable countries to assess their state of readiness to implement strategies to prevent child maltreatment. This is available for download from their website 122.

5. Addressing cultural barriers

Powerful cultural barriers may need to be overcome. For example, where there are traditional views about men and women's roles and where sex is a taboo subject, there are likely to be particular challenges to address in developing a preventive strategy involving work with men and boys. It is important, therefore, to ensure strategy development is tailored to the country or community's dominant culture, including the role of religion. To assist with this the following suggestions from the Denver Thinking Space may be helpful:
- well conducted local research on prevalence can help to influence decision makers and challenge denial of the problem;
- embed the prevention of child sexual abuse in other programmes, including in mainstream programmes;
- involve people who understand the cultural norms and know how to communicate on this subject;
- consider enlisting the help of people with social and media communication expertise;
- consult parents and children to understand better what changes are required and what

122 See website www.who.int

approaches are likely to work best. Involve them as advocates;
▲ use language, tools and methods that are culturally acceptable when integrating prevention messages;
▲ work in partnership with local NGOs, who may be better placed to deliver some programmes than statutory services;
▲ work with community leaders and identify champions of change whose views will be respected;
▲ be clear about purpose and what most needs to change and the resulting benefits.

6. Implementing strategy

Preventing Intimate Partner and Sexual Violence against Women\(^{123}\) provides the following guidance on the essential stages of strategy implementation:

“To implement prevention policies and programmes, the following steps are essential:

**Step 1: Getting started**

▲ Identify key partners and develop partnerships
▲ Develop a shared vision
▲ Develop skills and capacity in leadership and advocacy

**Step 2: Define and describe the nature of the problem**

▲ Define intimate partner and sexual violence
▲ Describe the size and nature of each problem
▲ Develop capacity to assess health needs and health impacts

**Step 3: Identify potentially effective programmes with reference to the nature of the problem and the evidence base for prevention**

**Step 4: Develop policies and strategies**

▲ Agree upon a framework for joint policy and strategy development
▲ Prioritize effective programmes

**Step 5: Create an action plan to ensure delivery**

▲ Agree upon the process and timetable for implementation
▲ Agree upon and define the roles and responsibilities of partners
▲ Develop professional skills, undertake further training and establish effective networks

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Step 6: Evaluate and share learning

- Plan and implement appropriate evaluation.
- Learn – and then share evidence and promising practice.”

While the above is best practice guidance, there was a strong view expressed at all ISPCAN consultation events that it is important to get started and take some preventive steps without necessarily having all the desired information, for example on prevalence. Evidence can be generated progressively while taking action. Good enough data on the nature and scale of the problem can be gathered from talking to those active in the field and good preventive measures are likely to elicit more disclosures and a greater understanding of the nature of the problem.

7. The workforce required to implement preventive strategies

Determining what kind of workforce is required and how the workforce is enabled to develop and sustain the necessary knowledge and skills are critical elements of a preventive strategy. Given the multi-dimensional risk and protective factors associated with child sexual abuse, it will not be prevented by any one profession working in isolation. It has to be tackled by a number of agencies and professions not only working together but also involving parents and members of the wider community and neighbourhood.

One of the challenges identified earlier was how to decide which programmes of work with men and boys can be delivered safely and effectively by trained para-professionals and/or volunteers working with parents and the community and which have to be delivered by specially trained professionals. It is clear that primary prevention programmes can be delivered by a wide range of professionals and para-professionals, such as youth, community workers and specially trained volunteers. The role of para-professionals and volunteers, however, in secondary and tertiary prevention programmes is more contentious.

It is generally thought that addressing sexually harmful or offending behaviour by men and boys is so complex that it can only be successfully addressed by skilled, specifically trained professionals, such as psychologists, psychiatrists and social workers. However an analysis of different aspects of secondary and tertiary prevention programmes suggests certain aspects of the work can be delivered effectively by para-professionals. For example, work with the clients’ broader life skills, social skills, educational opportunities, family problems, the development of strengths and of developmental competencies, and the strengthening of resilient behaviours can be addressed by both professionals and para-professionals. In addition to the cost reductions, there are some advantages to para-professional and volunteer-supported interventions, such as their time- and activity- extended availability and their ability to support clients in different areas of their everyday lives.
Hackett (2004) has highlighted how even when the most effective approaches are used to prevent a juvenile offender’s relapse, psychotherapy alone is not enough to help a young person and his or her family address the wide-ranging issues underpinning and resulting from adolescent sexual aggression. Para-professionals can play an important role in non-specific interventions with carers and family members both during and after treatment. *Circles of Support and Accountability* in the UK provides an example of how trained volunteers can work with convicted offenders in the community to help prevent relapse or re-offending.

Interventions that address higher levels of identified risk of abuse should rely on qualified and trained professionals, while non-specific areas of work could be shared with trained para-professionals.

Particular attention needs to be paid to the selection, training and ongoing supervision and support of those working with men and boys who have sexually harmed children. It is emotionally demanding work that requires the ability to empathise with the abuser, without colluding with their behaviour, while retaining a focus on child protection. The complex needs and psychopathology of those who sexually abuse mean those treating them have to be well trained and to have regular high quality clinical/casework supervision to help them manage the dynamics and impact of the work.

**Section 6: Key messages and next steps**

The following messages are intended for different audiences and are based on the many contributions to the *Denver Thinking Space 2013*.

**1. Messages for all**

- Preventing a significant proportion of child sexual abuse and exploitation is possible. Such offences are not inevitable.

- Prevention can happen at any stage in the life cycle, but the earlier the better.

- Men and adolescent boys, although responsible for the majority of sexual abuse, should be seen, not just as a problem, but as a part of the solution.

- It is important to apply a gender perspective to the development and implementation of all child sexual abuse prevention work.

- Fathers have been marginalised in some cultures and need to be better engaged, encouraged and supported in the care and upbringing of their children.

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Label the behaviour not the person.

Many perpetrators of sexual abuse have experienced neglect, physical and/or sexual abuse as children, however the vast majority of survivors do not become abusers.

Preventing child sexual abuse is not just a problem for professionals. Solutions are in the hands of everyone. The scale of the problem requires that all play their part in prevention.

Advances in the use of technology present new challenges for young people to learn safe and healthy boundaries with peers and adults.

Limited resources are not necessarily a bar to undertaking primary prevention work.

2. Messages for politicians and policy makers

Sexual abuse of children and sexual violence in general are key public concerns and as such become key concerns for politicians and those who develop law and policy at national and local levels.

The support of politicians and other policy makers for prevention programmes at every level is essential. A legal and policy mandate and support for these activities is important as is bringing budgets to an aspect of child protection work that is not always top of the mind for the general public, whose concern and empathy is usually for the victim.

The focus on developing appropriate responses to victims and survivors has drawn attention to services for victims and to prosecution, punishment and imprisonment for offenders. This has had the effect of diverting attention away from prevention strategies and programmes.

Child sexual abuse has no single cause and therefore no single solution. A multi-layered strategy is required, which includes primary, secondary and tertiary prevention. The use of the Smallbone et. al. framework incorporating different audiences and prevention levels is of value in planning a comprehensive prevention strategy.

Where countries lack basic data on the prevalence of sexual abuse and exploitation and associated risk and protective factors, obtaining this data is an important step in developing a prevention strategy. However the absence of such data should not deter initial development and implementation of a prevention strategy.

125 Smallbone et. al. (2008). op.cit. See also Appendix 5.
The root causes of sexual violence against children can be addressed by investing in healthcare, education, family support and community development services; by addressing gender inequalities; by challenging attitudes and behaviour which foster violence; and, intervening early wherever possible.

Aligning child sexual abuse prevention activities with other violence prevention activities which have common root causes can maximise impact and cost effectiveness. Adapting mainstream programmes to include child sexual abuse prevention outcomes and content can also be cost effective.

Without a well implemented and resourced legal framework preventive efforts will fail. Legislation and policy on child sexual abuse can change attitudes and behaviour, even where resistance to change is strong, however law and policy alone are insufficient.

Examples of law and policy that support prevention of child sexual abuse do exist – however these remain 'paper tigers' unless decision-makers commit to the allocation of budget and implementation.

Early intervention with children with high risk factors for sexual offending should be part of a preventive strategy.

Criminalising and labelling young people who sexually offend too early can be damaging and can propel them into long term offending. Most juvenile who sexually harm others will not go on to become adult sex offenders. Many have themselves been victims of abuse. Children who offend should be treated as children first and their welfare needs should be a priority.

Imprisonment of sex offenders is not the whole solution. There is also a need to explore ways of treating men who voluntarily seek help for sexually abusive thoughts or behaviour, without them necessarily going into the criminal justice system.

3. Messages for senior managers and advisors

A comprehensive strategy for preventing sexual abuse and exploitation must include work with boys and men at primary, secondary and tertiary levels.

Resources should not be disproportionately located at the tertiary end of the prevention continuum. There should be a balance across the spectrum.

Be clear which risks you are aiming to reduce and which assets or strengths can be built on in designing or reviewing strategy.
The use of a conceptual framework/matrix incorporating different audiences and prevention levels is of value in planning a comprehensive prevention strategy. Adopting a common framework internationally helps with transfer of knowledge. The Smallbone et al.\textsuperscript{126} framework provides a useful basis. This includes situational prevention measures.

There is an identifiable group of children who pose a high risk of going on to sexually offend. This same group of children may also go on to offend in non-sexual ways. Early identification of these children with complex needs must be linked to the availability of specialist services.

Caution should be exercised before the introduction of ‘tests’ and/or ‘screenings’ strategies, which - unless carefully considered - may (counter-intuitively) worsen rather than improve the situation for children. This is because of fundamental mathematical limitations to the usefulness of ‘tests’ when they are applied at the population level (See Appendix 9 for full discussion).

Many of those who sexually abuse cease their abuse. Investing in their rehabilitation helps prevent future victims.

Working in partnership across sectors helps to obtain the best results. Some programmes may be best delivered by or with NGOs.

Community engagement is critical to the success of primary prevention work with men and boys.

Work with the media can help to raise awareness, challenge myths, change attitudes and improve reporting.

Evidence-based programmes of work with men and boys which have proved effective in one or more countries have been identified. The information available can be used to select programmes which are most suited to addressing identified risks. They can then be adapted as necessary to ensure relevance and cultural fit. There is little need to start from scratch.

There is good evidence on which treatment programmes work best with young and adult perpetrators and victims of sexual abuse, (see summary of Vizard presentation and paper in Appendix 8).

All those who work with or care for children and young people need information and training to help them recognise healthy sexual behaviour and sexual acting out and to

\textsuperscript{126} Smallbone et al.(2008). op. cit. See also Appendix 5.
respond appropriately. Children can be harmed by over- or under-reaction.

Some interventions require staff to be trained in their delivery. Professional qualifications, specialist knowledge and skills are required for some programmes but others can be delivered effectively by trained para-professionals and volunteers, particularly but not exclusively at the primary prevention level.

Work with boys and men who sexually abuse and exploit others is a tough area of work. It has an impact on staff well-being and the workforce needs to be sustained, supported and to know their work is valued.

4. Messages for practitioners and clinicians

Children, parents and carers need information about both healthy and sexually harmful behaviour and to be enabled to talk about child safety, sexual abuse and consent. Young people need to know the basics of the criminal law and the consequences of sexually abusive behaviour.

All those working with children and young people need to be skilled and comfortable in discussing sex with them in developmentally appropriate and culturally-sensitive ways.

Be aware of early patterns of dysfunctional or abusive behaviour and be ready to identify and act on 'red flags' to prevent chronic problems developing.

Interventions with boys and men who abuse should be based on a holistic, multi-disciplinary, developmentally informed assessment, using validated psychometric measures. Assessments should address how to manage the risks posed by the person's behaviour while treatment is underway.

A developmental approach is essential in work with young people who sexually harm others. Programmes that have worked for adults may lack this essential developmental framework.

For children with sexually harmful behaviour, research supports the use of short-term, sexually abusive behaviour-focused cognitive behavioural (CBT) interventions particularly those such as multi-systemic therapy (MST), which also includes input to caregivers. Outcomes are improved by involving carers of children in treatment for sexually harmful behaviour.

Empathy and the quality of relationship are critical to the effectiveness of therapeutic interventions.
Recognise the impact of work with men and boys who sexually offend on own health and well-being and take measures to sustain self.

5. Messages for researchers and evaluators

- The evidence base for primary prevention work with men and boys needs to be strengthened. Creative and ethical ways of determining the long term impact on abuse perpetration should be explored further.

- Evaluations could do more to help with understanding how transferable programmes are to different cultures and contexts.

- Impact evaluations in the global south are needed.

- Recidivism is a blunt tool for measuring outcomes of sex offender treatment. Very long term follow-ups (20 years +) are needed to get an accurate picture of recidivism.

- Long term follow-ups of children with sexually harmful behaviour are needed to track psycho-social adjustment, behavioural disorders, parenting and abuse perpetration.

- There is a lack of agreement in the research literature on the significance of empathy/lack of empathy as a predictor of sex offending. This would merit further examination.

6. Messages for funders and grant-makers

- Funders face difficult choices about where to allocate limited resources. This paper and the full report offer information on child sexual abuse prevention strategies and programmes at primary, secondary and tertiary levels which can help inform these decisions.

- Donors and funders need to see meaningful returns on their investments in child protection programmes. The particular challenges in measuring outcomes of primary prevention programmes are outlined with discussion of how to assess their impact on the protection of children from sexual abuse.

- There are a number of promising evidence-based programmes, which with the help of funding could be adapted for use in different countries, cultures and contexts.

- All sexual abuse prevention programmes that are funded should include an explicit gender and victim perspective, as well as evidence of their effectiveness.
Sustainable funding is needed not just to pilot programme but to adapt, test and then, if found to be effective, bring them to scale. Investing only in innovation can be wasteful.

Funding for evaluation is as important as funding for development of new programmes. Without it we will never know what works. Long term evaluation of the impact of primary prevention programmes is a priority.

7. In conclusion

The ISPCAN Denver Thinking Space 2013 has enabled professional expertise on work with men and boys to prevent child sexual abuse from around the world to be captured and shared. An iterative process of dissemination and debate on findings and key issues from preliminary research has taken place, with discussions in every region of the world. This has revealed considerable international consensus about the necessity of working with men and boys to prevent child sexual abuse and about the challenges and essential supports for undertaking this work. The key messages and findings in this report have found widespread support from all parts of the world.

Promising programmes of work with men and boys at all levels of prevention have been identified and these are taking place in all regions of the world. The quality and rigour of the evidence base for these varies, but there are strong foundations on which to build. For treatment programmes with adult and adolescent sex offenders the evidence base is relatively strong. This is not yet the case for many of primary prevention programmes, where promising attitude change and the acquisition of relevant knowledge can be shown but the longer term impact on reducing the incidence of child sexual abuse is much harder to demonstrate.

Child sexual abuse takes many forms and occurs in very different contexts. It has no single cause or solution, so strategies must be multi-layered and multi-sectoral as well as culturally relevant. ISPCAN is recommending the use of the conceptual framework developed by Smallbone, Marshal and Wortley 127 to help organise planning and communication about primary, secondary and tertiary prevention programmes for different audiences. It is vital that strategies address gender as a central issue and include programmes that actively and constructively engage with men and boys. To achieve significant change men and boys must be treated not simply as a problem but as part of the solution to child sexual abuse.

ISPCAN hopes this report will further stimulate creative thinking and discussion on how working with men and boys can contribute to preventing child sexual abuse and exploitation and will assist countries, organisations and individuals around the world to plan and implement effective, culturally relevant child protection strategies.


ISPCAN Report of the Denver Thinking Space
Acknowledgements

This survey and report have been made possible by the support of the following organisations and individuals to whom warm thanks and appreciation are offered:

The Public Health Agency of Canada who funded the preliminary research study and the Oak Foundation.

All those who responded to the survey (see Appendix 1).

All those who presented at the 2013 Denver Thinking Space event, in particular Dr. Eileen Vizard and Dr. Alberto Pellai.

All those who participated in the 2013 Denver Thinking Space event either in person (see Appendix 3), remotely via the live link or on-line.

ISPCAN councillors and members who helped to identify potential survey respondents.

ISPCAN staff, who organised and administered the survey, the 2013 Denver Thinking Space event and related on-line discussions: Sherrie Bowen, Niki Bornes, Naomi Harris and Candace Larue.

The staff of the Kempe Centre for the Protection and Treatment of Child Abuse and Neglect for hosting the 2013 Denver Thinking Space and for their hospitality and welcome.

And finally, none of this would have happened without the inspiration, leadership, expertise and support of Jenny Gray, President of ISPCAN, and Joan van Niekerk, President Elect of ISPCAN. Thank you!
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<td>Junitau Upadhyay</td>
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**Appendix 2: List of participants in Denver Thinking Space event, March 2013.**

*In alphabetical order*

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<thead>
<tr>
<th>Name</th>
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<tr>
<td>Myriam Caranzano-Maitre</td>
<td>ISPCAN councillor and ASPI Fondazione della Svizzero Italiana</td>
<td>Switzerland</td>
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<tr>
<td>Delbert Elliott (2\textsuperscript{nd} day)</td>
<td>Centre for the Study and Prevention of Violence, University of Colorado, Boulder</td>
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<td>Donald Findlater</td>
<td>The Lucy Faithfull Foundation</td>
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<tr>
<td>Bernard Gerbaka</td>
<td>ISPCAN Chair of TCER committee and Child of Lebanon</td>
<td>Lebanon</td>
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<tr>
<td>Jenny Gray</td>
<td>ISPCAN President</td>
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<tr>
<td>Enid Hendry</td>
<td>Independent consultant</td>
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<td>John Holmberg (1\textsuperscript{st} day)</td>
<td>Kempe Center for the Prevention and Treatment of Child Abuse and Neglect</td>
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<td>Michelle Howard</td>
<td>Kempe Centre for the Prevention and Treatment of Child Abuse and Neglect</td>
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<td>INGO Ponimanie</td>
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<td>ISPCAN Chair of membership committee and Pakistan Paediatric Association</td>
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<td>Richard Roylance</td>
<td>ISPCAN Lead for the 1st Thinking Space, past Advisor to the President and Griffith University, School of Medicine</td>
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<td>Eileen Vizard</td>
<td>Guest Speaker, Child and Adolescent Psychiatrist</td>
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In addition a number of people participated remotely through a live link. We do not have their names.
Appendix 3 - Survey questionnaire

Working with Men and Boys – A Child Protection Strategy

ISPCAN is initiating an evidence based discussion on 'Working with Men and Boys', bringing together global experts and researchers to debate this topic. It is building on the first Denver Thinking Space (Round Table), convened in May 2011, which focused on Child Sexual Abuse. A document summarising the outcomes of this discussion in available on the ISPCAN website: www.ispcan.org.

An examination of data on the gender component of child abuse reveals that, although both boys and girls are abused, more girls report sexual abuse (Optimus Foundation 2012, p 24) and, without ignoring the fact that girls and women commit sexual offences, in the vast majority of reported cases, perpetrators of such abuse are men and boys. Historically more attention has been paid to management of the victim or potential victim of child sexual abuse than to perpetrator or the potential perpetrator of such abuse against children.

The need to focus on boys and men, and the development of positive constructs of masculinity that promote protective and nurturing attitudes towards children in particular, is the emphasis of this proposed 2013 Denver Thinking Space.

This second Denver Thinking Space will follow the same process as the first. We are sending out a set of questions to experts and researchers in the field. These responses will be collated and a document developed in order to initiate and stimulate further face to face discussions on the topic at a number of fora including ISPCAN Conferences and the 2014 Congress. This method of gathering expert opinion and information is intended to enable participation from almost every region of the world, including those who will not able to attend an invited event planned for 13 - 15 March (funding permitting). Further information on this will follow.

As a recommended respondent in this field, you are therefore invited to share your experience, knowledge and expertise via responding to the following questions. I would be grateful for a reply by 11th January 2013 to events@ispcan.org and joanvn@iafrica.com.

1. What programmes working with boys and men do you know of that are directed at the prevention (consider primary, secondary and tertiary prevention) of sexual abuse and commercial exploitation of children and that have an evidence base, or show promise?

2. Describe the
   - theoretical approach which underpins the programme;
   - the programme content in summary;
   - target group;
   - elements such as appropriate context (for example residential versus community based), modality of implementation, etc.;
   - level of the evidence base;
   - references to any research published on the programme using the standard reference format;
- further comments.

Please give references to any papers describing the programme using the standard reference format.

3. Is there any formal framework (legislation, policy, formal and/or informal agreements) that supports the implementation of this/these programme/s?

4. What professions, agencies institutions and/or organisations are responsible for programme implementation?

5. What challenges to programme implementation are experienced in your country or region?

6. What/who supports programme implementation in your country or region?

7. Any further comments on the topic?

All responses to these questions will be collated. Please indicate your permission to include your response in the final document on this topic.

Name:_______________________ Signature:_______________________ Date:_________

Profession/Occupation:________________________________________________________

Organisation:_______________________________________________________________

Contact details: Tel_______________________ Fax_______________________________

Cellular **Tel:**_______________________ Email_______________________________

Declaration: (mark with an X )

______ I confirm that I give my permission for my response to be published in the final paper(s) summarising the responses and for it to be attributed to me as the author

______ I confirm that I give my permission for my responses to be used in constructing the final paper(s) summarising the responses, but not for my full response to published/attributed to be me.

Thank you for your willingness to contribute to this ISPCAN initiative.

Yours sincerely,

Joan van Niekerk
President Elect
### Appendix 4: Analysis of individual responses by country and experience

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### Appendix 5 - Towards a Comprehensive Prevention Strategy

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### Appendix 6 - Table of programmes of work with men and boys
## 1. Primary prevention

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</tr>
<tr>
<td>World Cup Campaign to Prevent Sexual Exploitation</td>
</tr>
<tr>
<td>Brazil</td>
</tr>
<tr>
<td>First Step – resources and awareness raising</td>
</tr>
<tr>
<td>Cambodia</td>
</tr>
<tr>
<td>Good touch bad touch</td>
</tr>
<tr>
<td>Cambodia</td>
</tr>
<tr>
<td>Awareness raising and training programmes on child sexual abuse prevention and treatment</td>
</tr>
<tr>
<td>DR- Congo</td>
</tr>
<tr>
<td>The Stay Safe Programme</td>
</tr>
<tr>
<td>Ireland</td>
</tr>
<tr>
<td>Circles of support for fathers</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Goals</strong></th>
<th>To engage young men in gender equality</th>
<th>To prevent sexual exploitation of children and adolescents</th>
<th>To raise awareness in order to prevent the sexual abuse of boys</th>
<th>To teach self-protection skills to children</th>
<th>To increase knowledge and awareness of child sexual abuse</th>
<th>To develop children’s ability to recognise, resist and report risk situations and abusive encounters</th>
<th>To help fathers’ parenting skills &amp; ability to</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Audience</strong></td>
<td>Young men</td>
<td>Public</td>
<td>Mixed</td>
<td>Mixed</td>
<td>Pupils, Teachers, Parents</td>
<td>School-aged children, Community</td>
<td>Mixed</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>15 - 24</td>
<td>All</td>
<td>All</td>
<td>01/08/14</td>
<td>School-aged children</td>
<td>Primary school aged children</td>
<td>Men</td>
</tr>
<tr>
<td><strong>Context</strong></td>
<td>Community</td>
<td>Community</td>
<td>Community</td>
<td>Schools, Community</td>
<td>Schools and community</td>
<td>Schools in the classroom</td>
<td>Community settings</td>
</tr>
<tr>
<td><strong>Who delivers</strong></td>
<td>Not specified</td>
<td>Communications agency/media</td>
<td>Not specified</td>
<td>Teachers, youth leaders, community workers</td>
<td>Multi-disciplinary approach</td>
<td>Teachers</td>
<td>Not specified</td>
</tr>
<tr>
<td><strong>Methods</strong></td>
<td>70 activities in 5 modules delivered through group work</td>
<td>Posters, videos, guide for football fans, media campaign</td>
<td>Information resources, film, workshop, posters</td>
<td>Flip charts of story with puppets. Also available on-line as slides</td>
<td>Campaigns of sensitisation in schools, Training &amp; conferences, Suggestion box, Listening centre for teenagers</td>
<td>9 weekly lessons of varying length depending on age of child. Supplementary lessons for children with special needs</td>
<td>Self-help group for new fathers Interactive</td>
</tr>
<tr>
<td><strong>Evidence base</strong></td>
<td>Evaluated independently in 6 countries.</td>
<td>Not yet evaluated</td>
<td>Not yet evaluated</td>
<td>Pilot tested</td>
<td>Research published</td>
<td>Evaluated</td>
<td>Based on research into needs</td>
</tr>
</tbody>
</table>

**to prevent child sexual abuse**
<table>
<thead>
<tr>
<th>Programme</th>
<th>Goals</th>
<th>Audience</th>
<th>Age</th>
<th>Context</th>
<th>Who delivers</th>
<th>Methods</th>
<th>Evidence base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy</td>
<td>develop healthy abuse free relationships with their children</td>
<td>children 3-6</td>
<td></td>
<td></td>
<td></td>
<td>exhibition for fathers and children aged 3-6</td>
<td>New and not yet evaluated</td>
</tr>
<tr>
<td>Unspoken words</td>
<td>To teach child sexual abuse prevention skills to children</td>
<td>Mixed</td>
<td></td>
<td>Primary schools- in the gym not the classroom</td>
<td>Teachers</td>
<td>5 sessions of play based group work activities. Relaxation element Session with parents</td>
<td>Pilot tested Evaluated Research published</td>
</tr>
<tr>
<td>Prevent Child Abuse</td>
<td>To prevent child abuse and neglect</td>
<td>Ghanese and African children, their parents &amp; Intermediaries in community</td>
<td>Children up to 18</td>
<td>Ghanese and African communities in Netherlands</td>
<td>Not specified</td>
<td>Not specified</td>
<td>Not specified</td>
</tr>
<tr>
<td>Stay in Love</td>
<td>To prevent youngsters developing a violent partner relationship and promote healthy relationships</td>
<td>Mixed</td>
<td>Young people aged 12 - 15</td>
<td>Secondary schools</td>
<td>Teachers</td>
<td>Training for teachers, five lessons for pupils and an evening for parents</td>
<td>Not specified</td>
</tr>
<tr>
<td>Personal Safety</td>
<td>To teach children child protection rights and skills</td>
<td>Mixed</td>
<td>Primary school age</td>
<td>Schools and community</td>
<td>Not specified</td>
<td>Lessons in classroom + training teachers to provide support</td>
<td>Research based</td>
</tr>
<tr>
<td>Children are precious</td>
<td>To develop preventive and response measures to address child maltreatment</td>
<td>Mixed</td>
<td>Children and their families – no ages specified</td>
<td>Community and schools</td>
<td>Trained para-professionals</td>
<td>Programme works at levels of community, school and family to raise awareness, support families and work with victims of abuse</td>
<td>Independently evaluated Study published</td>
</tr>
<tr>
<td>One Man Can (OMC)</td>
<td>To reduce rates of violence, decrease levels</td>
<td>Mixed</td>
<td>15 years of age and upwards</td>
<td>Community</td>
<td>Sonke Gender Justice (NGO) &amp; Community</td>
<td>Educational workshops followed by</td>
<td>Subject of random controlled trial</td>
</tr>
<tr>
<td>Programme</td>
<td>Goals</td>
<td>Audience</td>
<td>Age</td>
<td>Context</td>
<td>Who delivers</td>
<td>Methods</td>
<td>Evidence based</td>
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</tr>
<tr>
<td>South Africa</td>
<td>To reduce risks of child sexual exploitation &amp; reduce risks to children</td>
<td>Mixed</td>
<td>Children and adults</td>
<td>Community</td>
<td>Action teams</td>
<td>community action</td>
<td>Research published on programme</td>
</tr>
<tr>
<td>Red Card Campaign, South Africa</td>
<td>To provide information on risks of child sexual exploitation &amp; reduce risks to children</td>
<td>Mixed-general public, football fans, tourists, children.</td>
<td>Children and adults</td>
<td>Community</td>
<td>Sonke Gender Justice and UNICEF with other NGOs</td>
<td>Communication materials, campaign</td>
<td>Not specified</td>
</tr>
<tr>
<td>Stepping Stones, South Africa and in over 40 other countries</td>
<td>To improve sexual health and build stronger, more gender equitable relationships between partners</td>
<td>Mixed</td>
<td>Children and young people aged 15 - 26</td>
<td>Schools and community, also prisons and work settings</td>
<td>Planned Parenthood Association of South Africa</td>
<td>13x 3 hour group sessions, 3 peer group meetings, community meeting.</td>
<td>Randomised controlled trials shows effective in reducing male perpetration of intimate partner violence. Peer reviewed research studies published</td>
</tr>
<tr>
<td>Today’s Children, Tomorrow’s Parents, South Africa</td>
<td>To address risk factors for teenage pregnancy and strengthen future parenting practices</td>
<td>Mixed</td>
<td>High school children in grade 8</td>
<td>Schools</td>
<td>Teachers</td>
<td>A psycho-sexual life skills programme integrated into curriculum. Duration - 12 weeks. Involves care and parenting of child.</td>
<td>Research based Pilot tested Independently evaluated Study published</td>
</tr>
<tr>
<td>Programme</td>
<td>Goals</td>
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<td>Age</td>
<td>Context</td>
<td>Who delivers</td>
<td>Methods</td>
<td>Evidence base</td>
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</tr>
<tr>
<td><strong>Unspoken Words</strong> Switzerland As Italy</td>
<td>To help fathers’ parenting skills and ability to develop healthy abuse free relationships with their children</td>
<td>Mixed</td>
<td>Primary schools - in the gym not the classroom</td>
<td>Teachers</td>
<td>5 sessions of play based group work activities. Relaxation element</td>
<td>Pilot tested</td>
<td></td>
</tr>
<tr>
<td>Caring Schools Project: sex education programme Thailand</td>
<td>To increase understanding about sexuality, sexual arousal and gender</td>
<td>Mixed</td>
<td>Children in grades 4-9</td>
<td>Schools</td>
<td>Volunteer activities programme run by Centre for Protection of Children's Rights</td>
<td>Evaluated</td>
<td></td>
</tr>
<tr>
<td><strong>Child abuse awareness raising campaign</strong> United Arab Emirates</td>
<td>To raise awareness of child abuse and children's rights. To educate about preventing harm to children</td>
<td>Mixed</td>
<td>Children aged 6 - 12; college students; adults</td>
<td>Community Schools and University</td>
<td>Dubai Foundation for women and children, using psychologist, social worker and volunteers</td>
<td>Research published</td>
<td></td>
</tr>
<tr>
<td><strong>Bystander interventions</strong> USA</td>
<td>Programme 1 To teach women and men how to intervene safely in cases of sexual violence before, during and after incidents with strangers, acquaintances or friends</td>
<td>Single sex</td>
<td>1. Not specified</td>
<td>1. Trained male and female pairs of peer leaders</td>
<td>1. Alternatives</td>
<td>1. One 90 minute session with optional booster 2. Three 90 minute sessions during one week with optional booster</td>
<td>1. Evaluated by Banyard et. al. 2007</td>
</tr>
<tr>
<td></td>
<td>Programme 2 To prevent sexual assault</td>
<td>Single sex</td>
<td>2. Not specified</td>
<td>2. Facilitators</td>
<td>2. One session</td>
<td>1.5 hours long. 1 hour booster after 4 months</td>
<td>Compared with no intervention group</td>
</tr>
</tbody>
</table>

ISPCAN Report of the Denver Thinking Space  
Page 115
<table>
<thead>
<tr>
<th>Programme</th>
<th>Goals</th>
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<th>Age</th>
<th>Context</th>
<th>Who delivers</th>
<th>Methods</th>
<th>Evidence base</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safe Dates USA</td>
<td>To prevent and reduce dating violence among adolescents</td>
<td>Mixed sex groups</td>
<td>3. Not specified</td>
<td>Schools</td>
<td>Teachers</td>
<td>10 sessions of 45 minutes each + theatre production + poster contest</td>
<td>Foshee et al. 1998, 2000, 2004. Compared with alternative intervention</td>
</tr>
<tr>
<td>Expect Respect: Preventing</td>
<td>To reduce teen dating violence</td>
<td>Mixed sex groups</td>
<td>3. Not specified</td>
<td>Schools</td>
<td>Trained facilitators</td>
<td>Four sessions average 40 minutes each</td>
<td>Roberts 2009. Compared with no intervention</td>
</tr>
<tr>
<td>Teen Dating Violence USA</td>
<td></td>
<td>High school students</td>
<td>3. Not specified</td>
<td>Schools</td>
<td>Trained facilitators (often athletes)</td>
<td>Varies 90 minute sessions - 4 hours</td>
<td>Multi-year multi-method evaluation shows positive results. See <a href="http://www.mvnpnational.org">www.mvnpnational.org</a></td>
</tr>
<tr>
<td>Mentors for Violence</td>
<td>To prevent adolescent gender violence</td>
<td>Mixed sex groups</td>
<td>3. Not specified</td>
<td>Schools</td>
<td>Trained facilitators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prevention USA</td>
<td></td>
<td>Middle and high school students</td>
<td>3. Not specified</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECPAT</td>
<td>To change social attitudes towards commercial sexual abuse of children</td>
<td>Not specified</td>
<td>3. Not specified</td>
<td>Public campaign</td>
<td>Partnership between NGOs, private sector and media</td>
<td>Campaign on radio, TV and internet Tools such as DVDs, stickers, flyers, banner, spots.</td>
<td>Evaluated ILO/IPEC (2007) Buenas Practicas y Lecciones Aprendidas. Tejiendo Redes contra la Exploitacion de Ninos, Ninas y Adolescentes – Chile, Colombia, Paraguay y Peru. <a href="http://www.ilo.org">www.ilo.org</a></td>
</tr>
<tr>
<td>Programme</td>
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<tr>
<td><strong>ECPAT awareness raising campaigns targeting general public and specific segments of demand.</strong></td>
<td>To change social attitudes towards commercial sexual abuse of children</td>
<td>Groups of men known to engage in paid sex with children and adolescents (e.g. truck drivers, mine workers, military personnel)</td>
<td>Not specified</td>
<td>Public campaign</td>
<td>Partnership between NGOs, Transport, Police, tourism, private sector, Ministry of foreign Affairs, Ministry of Defence</td>
<td>Leaflets and posters distributed in wide range of settings (trains, airports, embassies, tour operators, army barracks etcetera).</td>
<td>75% awareness of campaign Increased reporting.</td>
</tr>
<tr>
<td><strong>International</strong> Example: Stopchildprostitution.be - Belgium</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>ECPAT Promoting positive role models for young men and boys.</strong></td>
<td>To advocate for a childhood free from sexual exploitation</td>
<td>The public in general</td>
<td>Situational offenders</td>
<td>Public campaign</td>
<td>High profile Canadian men Partnership with Beyond Borders and with Canadian Center for Child Protection</td>
<td>Phase 1 – head shots and statements on website <a href="http://www.endthedemand.ca">www.endthedemand.ca</a>. Myths. Phase 2 - 3 hard hitting public service announcements on TV. Adverts in various markets Comic strip</td>
<td>Evaluated Beyond Borders/ECPAT Canada. Not Your Child Not mine NotAnyone’s 2011 Presidents Progress Report to the Board. <a href="http://www.beyondborders.org">http://www.beyondborders.org</a></td>
</tr>
<tr>
<td><strong>International</strong> Example: Man to Man - Canada</td>
<td>To stimulate public discussion about demand for child sexual exploitation</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>ECPAT supporting young men in structured reflection on norms.</strong></td>
<td>To promote awareness of the harms and consequences of CSEC and men’s role in perpetuating sexual exploitation and their potential to become catalysts for change</td>
<td>Young men</td>
<td>14 -16</td>
<td>High schools</td>
<td>Partnership with local NGOs</td>
<td>Group educational activities 3 day workshop + forums with teachers and parents</td>
<td>Evaluated by ECPAT. 40% of students show positive behaviour change 70% are able to share learning 90% have discussed issues</td>
</tr>
<tr>
<td>Programme</td>
<td>Goals</td>
<td>Audience</td>
<td>Age</td>
<td>Context</td>
<td>Who delivers</td>
<td>Methods</td>
<td>Evidence base</td>
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<tr>
<td>ECPAT formal and non-formal education on gender norms and CSEC.</td>
<td>To provide information on gender norms and the harmful impact of CSEC in Uruguay, Peru, Indonesia, Ukraine.</td>
<td>Male and female children and adolescents</td>
<td>Young people in high school</td>
<td>Partnerships with NGOs in Uruguay by youth group Crecer Seguro</td>
<td>Educational materials</td>
<td>Training manual for high school teachers, Theatre and interactive performances</td>
<td>Various</td>
</tr>
<tr>
<td>International</td>
<td></td>
<td>Male and female children and young people</td>
<td>Not specified</td>
<td>Schools and communities on-line in cyber-cafes</td>
<td>ECPAT with other agencies</td>
<td>Resources, materials, information, video competition sponsored by Google</td>
<td></td>
</tr>
<tr>
<td>ECPAT preventing sexting and other on-line risks through a gender transformation approach</td>
<td>To raise awareness of the risks and help children address on-line threats.</td>
<td>Expectant and new fathers and mothers</td>
<td>Not specified</td>
<td>Communities</td>
<td>Promundo, Men Engage, with local NGOs around the world. In South Africa with Sonke Gender Justice</td>
<td>Support materials, messages, research, policy, local campaigns, direct work with fathers in groups</td>
<td></td>
</tr>
<tr>
<td>Men Care campaign</td>
<td>To promote men's involvement as fathers and caregivers in order to reduce violence in families and increase gender equality between partners.</td>
<td>Organisations that include or focus on work with men and boys for</td>
<td>Not specified</td>
<td>Community</td>
<td>A global alliance of over 400 NGOs</td>
<td>A global advocacy network; research; information sharing; materials;</td>
<td>Evaluated and with published peer-reviewed research studies.</td>
</tr>
<tr>
<td>MeEngage network</td>
<td>To engage men and creating gender equality and promoting health and well-being of women, men.</td>
<td>Not specified</td>
<td>Community</td>
<td>A global alliance of over 400 NGOs</td>
<td>A global advocacy network; research; information sharing; materials;</td>
<td>Initial research findings published</td>
<td></td>
</tr>
</tbody>
</table>
### 2. Secondary Prevention

<table>
<thead>
<tr>
<th>Programme</th>
<th>Goals</th>
<th>Audience</th>
<th>Age</th>
<th>Context</th>
<th>Who delivers</th>
<th>Methods</th>
<th>Evidence base</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Therapeutic Treatment programme</em> Australia</td>
<td>To reduce the risk of further sexually harmful behaviour</td>
<td>Youth - gender not specified</td>
<td>Up to 15</td>
<td>Community</td>
<td>Specially trained social workers and psychologists</td>
<td>Assessment followed by 12 month programme of group work and one to one work, plus work with families</td>
<td>Based on published research Research pending publication.</td>
</tr>
<tr>
<td><em>CRAS</em> Brazil</td>
<td>To prevent any kind of violence in vulnerable families</td>
<td>Mixed</td>
<td>Not specified</td>
<td>Community</td>
<td>Social workers</td>
<td>No pre-established content</td>
<td>Not evaluated</td>
</tr>
<tr>
<td><em>CREAS</em> Brazil</td>
<td>To treat all kinds of victims including victims of sexual violence</td>
<td>Mixed</td>
<td>Not specified</td>
<td>Community</td>
<td>Social workers and psychologists</td>
<td>No pre-established content. Mainly group based</td>
<td>Not specified</td>
</tr>
<tr>
<td><em>Petrobras</em> Brazil</td>
<td>To strengthen the protection networks against sexual exploitation</td>
<td>Professional adults</td>
<td>Community</td>
<td>Promundo (NGO)</td>
<td>Building professional capacity and skills</td>
<td>Not specified</td>
<td></td>
</tr>
<tr>
<td><em>Sexual Exploitation, No!</em> Brazil</td>
<td>To prevent youth sexual exploitation of youth in high risk communities</td>
<td>Mixed</td>
<td>Youth</td>
<td>High risk communities</td>
<td>Promundo with Projeto Legal (NGOs)</td>
<td>Group education sessions; community campaigns</td>
<td>New – not yet evaluated</td>
</tr>
<tr>
<td><em>First Step social work and counselling service</em> Cambodia</td>
<td>To provide counselling and social work services to boys and men who have experienced sexual abuse and to their families</td>
<td>Mixed</td>
<td>Not specified</td>
<td>Community</td>
<td>Social workers and counsellors</td>
<td>Based on individual needs</td>
<td>Independent evaluation planned</td>
</tr>
<tr>
<td><em>First Step</em></td>
<td>To reduce the Boys and Men</td>
<td>Boys and Not specified</td>
<td>Community,</td>
<td>Social workers</td>
<td>Assessment,</td>
<td>Based on individual needs</td>
<td></td>
</tr>
<tr>
<td>Country</td>
<td>Program Title</td>
<td>Description and Target</td>
<td>Age</td>
<td>Setting</td>
<td>Provider</td>
<td>Evaluation</td>
<td>Comments</td>
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<tr>
<td>Cambodia</td>
<td>Sexually Harmful Behaviour Programme</td>
<td>To reduce the risk of further sexually harmful behaviour</td>
<td>Mixed</td>
<td>10 to 18</td>
<td>Community on outpatient basis</td>
<td>Psychologists</td>
<td>Assessment then individual one to one work. Family work included.</td>
</tr>
<tr>
<td>Iceland</td>
<td>Keys for Change</td>
<td>To raise awareness and achieve behavioural change on violence in migrant homes</td>
<td>Mixed</td>
<td>Adults from migrant families</td>
<td>Community</td>
<td>Not specified</td>
<td>Separate groups for men and women; 3 group meetings. Manual.</td>
</tr>
<tr>
<td>Philippines</td>
<td>Therapy for boys with sexual misbehaviour problems, sexually responsive or aggressive behaviour</td>
<td>To reduce risk of sexual harm by addressing sexual behaviour problems</td>
<td>Boys with sexual misbehaviour problems</td>
<td>Under 18</td>
<td>Either in community, institution or legal system</td>
<td>Not specified</td>
<td>Individual and group therapy based on cognitive behavioural therapy</td>
</tr>
<tr>
<td>Thailand</td>
<td>Caring Community for Children</td>
<td>To provide care and protection for all children in the community together</td>
<td>Adolescents identified as being at risk of conduct disorders by professionals and parents</td>
<td>Adolescent</td>
<td>Community</td>
<td>Organised by parents, teachers, and community leaders</td>
<td>Cultural, artistic, recreational and leisure activities, especially volunteer activities.</td>
</tr>
<tr>
<td>Thailand</td>
<td>Childline treatment programme for children who have experienced abuse and neglect</td>
<td>To reduce their traumatic responses. To reduce the risk of externalisation of trauma and development</td>
<td>Both boys and girls</td>
<td>Not specified</td>
<td>Childline staff</td>
<td>Cognitive behavioural approaches. Individual work, group and family therapy, play therapy. Involvement of</td>
<td>Research based</td>
</tr>
</tbody>
</table>

ISPCAN Report of the Denver Thinking Space Page 120
<table>
<thead>
<tr>
<th>Country</th>
<th>Programme Description</th>
<th>Target Population</th>
<th>Setting</th>
<th>Staff/Approach</th>
<th>Duration/Type</th>
<th>Research Methodology</th>
</tr>
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<tbody>
<tr>
<td>South Africa</td>
<td>To reduce risk of sexual harm by addressing sexual behaviour problems</td>
<td>Boys and young men</td>
<td>Community</td>
<td>Childline staff</td>
<td>Cognitive behavioural approach. Work over 6 months to 2 years. Family involved.</td>
<td>Research based. Currently being evaluated.</td>
</tr>
<tr>
<td>South Africa</td>
<td>Services for children and young people who have displayed sexually harmful behaviour.</td>
<td>Children and young people with sexually harmful behaviour and their families/carers</td>
<td>Community, residential, foster care, secure care and custodial settings</td>
<td>Multi-disciplinary team</td>
<td>Individualised approach based on AIM2 Assessment model developed by G-map and the Good Lives Model.</td>
<td>G-map conducted impact evaluation study with follow up of 120 young people for up to 15 years. 92.5% had not committed a subsequent sexual offence – a very high success rate compared to other studies.</td>
</tr>
<tr>
<td>Programme</td>
<td>Goals</td>
<td>Audience</td>
<td>Age</td>
<td>Context</td>
<td>Who delivers</td>
<td>Methods</td>
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</tr>
<tr>
<td><strong>NSPCC manualised treatment programme for boys with sexually harmful behaviour UK</strong></td>
<td>To reduce the risk of further sexually harmful behaviour</td>
<td>Boys and young men</td>
<td>12 to 18</td>
<td>Community</td>
<td>Social workers</td>
<td>26 session manualised treatment programme</td>
</tr>
<tr>
<td><strong>NSPCC Letting the Future In UK</strong></td>
<td>To provide treatment for those who have experienced child sexual abuse</td>
<td>Girls and boys</td>
<td>01/04/18</td>
<td>Community</td>
<td>Trained social workers</td>
<td>20-26 guided sessions using CBT, art and play therapy</td>
</tr>
<tr>
<td><strong>ECPAT supporting child protection work with marginalised youth. International</strong></td>
<td>To prevent marginalised and at risk young people from being sexually exploited</td>
<td>Transsexual young people from impoverished areas</td>
<td>16 – 25</td>
<td>Community</td>
<td>Social educators</td>
<td>Building relationships, peer counselling, support services, awareness raising, influencing policy. Involving young people as social educators.</td>
</tr>
<tr>
<td><strong>Youth Participation Programmes - involving the most affected and nurturing their leadership International</strong></td>
<td>To build the capacity of young people who have experienced sexual exploitation to participate and take a lead in combating CSEC.</td>
<td>Young people of both sexes who have survived CSEC and those most at risk</td>
<td>Not specified</td>
<td>Community</td>
<td>Young people who have survived or are at risk of CSEC Working with many different groups – including fathers, young boys, teachers, village and community</td>
<td>Community dialogues and mass media work Creative and innovative educational activities for young people</td>
</tr>
</tbody>
</table>
3. Tertiary prevention

<table>
<thead>
<tr>
<th>Programme</th>
<th>Goals</th>
<th>Audience</th>
<th>Age</th>
<th>Context</th>
<th>Who delivers</th>
<th>Methods</th>
<th>Evidence base</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Case management for children in conflict with the law for sexual offences</strong>&lt;br&gt;Philippines</td>
<td>To divert convicted young men from sexual violence and offending</td>
<td>Boys and young men</td>
<td>Up to 18</td>
<td>Community</td>
<td>Multidisciplinary team</td>
<td>Individual and group therapy based on Cognitive behavioural therapy, with other services including sports, school, supervision and family counselling.</td>
<td>Based on research</td>
</tr>
<tr>
<td><strong>Assess the risk, protect the child</strong>&lt;br&gt;UK</td>
<td>To improve the quality of assessment and treatment for known or alleged adult sex offenders in order to prevent abuse</td>
<td>Men</td>
<td>Adults</td>
<td>Community</td>
<td>Social workers</td>
<td>Best practice guide to assessment and treatment</td>
<td>Based on research Process and outcomes evaluation underway</td>
</tr>
<tr>
<td><strong>ECPAT working with men as system gatekeepers</strong>&lt;br&gt;International Example1: Training on Rights Based Investigative Techniques – Philippines&lt;br&gt;Example 2: Basic manual for police intervention with victims or those at risk of CSEC – Costa Rica</td>
<td>To improve the response of the criminal justice system to child sexual exploitation&lt;br&gt;To build capacity to combat CSEC</td>
<td>Mixed gender - Police officers and judges</td>
<td>Adults</td>
<td>Work settings</td>
<td>ECPAT with NGOs</td>
<td>Training programmes</td>
<td>Not systematically evaluated</td>
</tr>
<tr>
<td>Programme</td>
<td>Goals</td>
<td>Audience</td>
<td>Age</td>
<td>Context</td>
<td>Who delivers</td>
<td>Methods</td>
<td>Evidence base</td>
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<tr>
<td>Treatment of juvenile perpetrators in remand home</td>
<td>To prevent reoffending</td>
<td>Juvenile delinquents in Remand Home</td>
<td>Not specified</td>
<td>Young men who have been convicted and are living in a remand home</td>
<td>Competent officers under Child Protection Act</td>
<td>Cognitive behavioural programme focusing on empathy, self-control and social activities. Tailored to individual.</td>
<td>Not specified</td>
</tr>
<tr>
<td>Adapte sex offender treatment programme flourishes youth</td>
<td>To help offenders develop meaningful life goals and practice new thinking and behavioural skills that will lead him away from offending</td>
<td>Sex offenders who have an intellectual disability (IQ of 50 or less)</td>
<td>Adults</td>
<td>Community or prison</td>
<td>Probation officers</td>
<td>90 sessions. Twice a week in community; 3-4 sessions a week if in prison</td>
<td>Not specified</td>
</tr>
<tr>
<td>Circles of Support and Accountability</td>
<td>To reduce the risk of reoffending and create safer communities for children</td>
<td>Sex offenders in the community</td>
<td>Adults</td>
<td>Community</td>
<td>Volunteers</td>
<td>Weekly session + individual, time, support and practical advice</td>
<td>Independently evaluated – study published</td>
</tr>
<tr>
<td>Community Sex Offenders Group programme + relapse prevention programme</td>
<td>To help offenders develop meaningful life goals and practice new thinking and behavioural skills that will lead him away from offending</td>
<td>Adult men convicted of sex offences serving community based sentences</td>
<td>Adults</td>
<td>Community</td>
<td>Probation officers</td>
<td>Psychometric assessment. Structured group work sessions over extended period - exact delivery pattern may vary - see questionnaire</td>
<td>Research based monitoring, independent outcomes evaluation using control group</td>
</tr>
<tr>
<td>Programme</td>
<td>Goals</td>
<td>Audience</td>
<td>Age</td>
<td>Context</td>
<td>Who delivers</td>
<td>Methods</td>
<td>Evidence base</td>
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<tr>
<td>Deaf offenders sex offender treatment programme</td>
<td>To help offenders develop meaningful goals and practice new ways of thinking and behaving that lead away from offending</td>
<td>Deaf patients who have committed sex offences</td>
<td>Adults</td>
<td>Hospital</td>
<td>Nursing staff and social workers, with psychologists</td>
<td>As Core SOTP but adapted to cultural and linguistic needs of this deaf patient group</td>
<td>See above for evaluation of SOTP</td>
</tr>
<tr>
<td>Inform and Inform plus, Lucy Faithfull Foundation (LFF)</td>
<td>Two programmes. 1. To educate and advise people accessing illegal images of children on internet 2. To support family of someone who has accessed illegal on-line images of children</td>
<td>1. Adults arrested, convicted or cautioned for internet abuse of children 2. Partners, adult relatives and friends of above</td>
<td>Adults</td>
<td>Community or prison</td>
<td>LFF staff</td>
<td>1. Ten session course 2. 5 session course</td>
<td>Not yet evaluated - planned</td>
</tr>
<tr>
<td>ISOTP UK</td>
<td>Not specified</td>
<td>Internet offenders</td>
<td>Adults</td>
<td>Community or prison query</td>
<td>Probation officers</td>
<td>35 two hour group or 20-30 individual sessions</td>
<td>Not specified</td>
</tr>
<tr>
<td>Lucy Faithfull Foundation programme UK</td>
<td>To reduce the risks of further sex offending and enable young people to meet their needs in socially acceptable ways</td>
<td>Young men convicted of sex offences</td>
<td>15-18</td>
<td>Secure estate</td>
<td>Probation officers and social workers</td>
<td>Assessment using psychometric tests. Tailored individual work using Good Lives Model.</td>
<td>Research based Independently evaluated</td>
</tr>
<tr>
<td>NSPCC Offence Prevention Line UK</td>
<td>To reduce the risk of adult sex offenders reoffending</td>
<td>Adult sex abusers</td>
<td>Adults</td>
<td>Helpline</td>
<td>Social workers and counsellors</td>
<td>Telephone counselling and advice</td>
<td>Research based Process and outcomes evaluation underway</td>
</tr>
<tr>
<td>Programme</td>
<td>Goals</td>
<td>Audience</td>
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<td>Context</td>
<td>Who delivers</td>
<td>Methods</td>
<td>Evidence base</td>
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<tr>
<td>Sex Offender Treatment Core Programme (SOTP) + adapted, extended and supplementary programmes UK</td>
<td>To help offenders develop meaningful goals and practice new ways of thinking and behaving that lead away from offending</td>
<td>Adult men convicted of sex offences who are high or medium risk of reoffending</td>
<td>Adults</td>
<td>Prison</td>
<td>Probation officers, prison officers, psychologists</td>
<td>Assessment using psychometric tests then individual and group work.</td>
<td>Research based</td>
</tr>
<tr>
<td></td>
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<td>Adapted programmes for men who have social or learning difficulties</td>
<td></td>
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<td>Monitored</td>
<td>Monitored</td>
</tr>
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<td></td>
<td>Independent evaluation using control group</td>
<td>Published research</td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Published research</td>
<td></td>
</tr>
<tr>
<td>Stop It Now! Helpline UK</td>
<td>To reduce the risk of sexually abusive behaviour</td>
<td>Adult abusers and those at risk of abusing Family and friends concerned about an adult displaying worrying sexual thoughts or behaviour towards a child Parents and carers concerned about a child or young person with worrying sexual behaviour</td>
<td>Adults</td>
<td>Community</td>
<td>Child protection professionals and those who have worked with offenders, victims and their families</td>
<td>Confidential free helpline and email service providing advice.</td>
<td>Evaluation beginning see</td>
</tr>
<tr>
<td></td>
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<td></td>
<td><a href="http://www.stopitnow-evaluation.co.uk/">http://www.stopitnow-evaluation.co.uk/</a></td>
<td></td>
</tr>
</tbody>
</table>
4. All levels of prevention

<table>
<thead>
<tr>
<th>Programme</th>
<th>Goals</th>
<th>Audience</th>
<th>Age</th>
<th>Context</th>
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<th>Methods</th>
<th>Evidence base</th>
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</thead>
<tbody>
<tr>
<td>Youngsters against violence Netherlands</td>
<td>To break through the silence and show maltreatment and sexual abuse are not normal</td>
<td>Mixed</td>
<td>Young people</td>
<td>Schools and community</td>
<td>Young people who have experienced abuse</td>
<td>Workshops and presentations</td>
<td>Not specified</td>
</tr>
<tr>
<td>Kempe training for trainers programme on prevention USA</td>
<td>To reduce the risks of children being abusive through training, trainers to deliver workshops</td>
<td>Mixed – professional, para-professionals and parents</td>
<td>Adults</td>
<td>Community</td>
<td>Not specified</td>
<td>3 day training programme</td>
<td>Content based on research evidence Evaluation of training</td>
</tr>
</tbody>
</table>
Appendix 7: - Selected questionnaire responses

The survey responses for the programmes with evidence that they are effective or promising have been selected for inclusion in full below, with the permission of the respondents. The responses to the survey are presented in alphabetical order by country.

Country: Argentina. Respondent: Irene Intebi, ISPCAN Past President

1. What programmes working with boys and men do you know of that are directed at the prevention (consider primary, secondary and tertiary prevention) of sexual abuse and commercial exploitation of children and that have an evidence base, or show promise?

Promundo NGO: Program H: Engaging Young Men in Gender Equality, Brazil, (H for the Homens and Hombres, the words for men in Portuguese and Spanish) seeks to engage young men and their communities in critical reflections about rigid norms related to manhood. It includes group educational activities, community campaigns and an innovative evaluation model (the GEM scale) for assessing the program’s impact on gender-related attitudes. After participating in Program H activities, young men have reported a number of positive changes, from higher rates of condom use and improved relationships with friends and sexual partners to greater acceptance of domestic work as men’s responsibility and lower rates of sexual harassment and violence against women.


Program H in the world
Program H was developed and validated in Latin America and the Caribbean (Bolivia, Colombia, Jamaica and Peru) and subsequently evaluated in Rio de Janeiro, Brazil. The methodology has also been adapted for use in the Balkans, India, Peru, Tanzania and Vietnam and has been used as the basis for trainings and technical support in Brazil (in partnership with other non-governmental organizations in the north, northeast and mid-west regions of the country); in Asia (India, Nepal, and Thailand); in Sub-Saharan Africa (Ethiopia, Mozambique and Namibia); in Central America (Nicaragua, Costa Rica and Panama) and in the United States and Canada.

Partners
Program H was developed by Promundo, ECOS | Comunicação em Sexualidade (São Paulo, Brazil), Instituto Papai (Recife, Brazil), and Salud y Género (México), with support from the Pan-American Health Organization (PAHO), the World Health Organization (WHO), IPPF/WHR, JohnSnowBrasil and Durex – SSL International.
2. **Describe the theoretical approach which underpins the programme; the programme content in summary; target group; elements such as appropriate context (for example, residential versus community based), modality of implementation, etc.; level of the evidence base.**

Program H includes approximately 70 activities described in a 5-module downloadable manual, to carry out group work with young men (ages 15 to 24) on gender, sexuality, reproductive health, fatherhood and care-giving, violence prevention, emotional health, drug use, and preventing and living with HIV and AIDS. Each section contains a series of activities, lasting from 45 minutes to 2 hours, planned for use in groups of young men, and which with some adaptations can be used with mixed-sex groups.

The activities were tested in six countries in the Latin America/Caribbean region with 271 young men ages 15-24: a) INPPARES, in Lima, Peru; b) PROFAMILIA, in Bogota, Colombia; c) MEXFAM, Mexico, DF; e) Save the Children, in Oruro, Bolivia; f) BEMFAM, Rio Grande do Norte, Ceara and Paraiba, Brazil; g) PAPAI, Recife, Brazil (HIV/AIDS activities); and h) YouthNow, Kingston, Jamaica.

Theoretical approach:
In the past 20 years, numerous initiatives have sought to empower women and redress gender inequities. But many women’s rights advocates have learned that improving the health and well-being of adult and young women also requires engaging men, adult and young. The 1994 International Conference on Population and Development (ICDP) and the 1995 Fourth World Conference on Women in Beijing provided a foundation for including men in efforts to improve the status of women and girls.

In 1998, the World Health Organization decided to pay special attention to the needs of adolescent boys, recognizing that they had too often been overlooked in adolescent health programming. In addition, UNAIDS devoted the 2000-2001 World AIDS Campaign to men and boys, recognizing that the behavior of many men puts themselves and their partners at risk, and that men need to be engaged in more thoughtful ways as partners in HIV/AIDS prevention and the support of persons living with AIDS.

There has been increased recognition in the past few years of the cost to adult and adolescent men of certain traditional aspects of masculinity - including, their lack of involvement in their children’s lives; their higher rates of death by traffic accidents, suicide and violence than women; and their higher rates of alcohol and substance use than women. Young men have numerous health needs of their own that require using a gender perspective.

Gender – as opposed to sex – refers to the ways that we are socialized to behave, act and dress to be men and women; it is the way these roles, usually stereotyped, are reinforced and internalized and taught. The roots of many of boys’ and men’s behaviors are found in
the way boys are raised. Boys’ violence, their greater rates of substance use and suicide and the disrespectful behavior of some young men toward their partners stems mainly from how families and societies raise boys and girls. Changing how we raise and view boys is not easy, but it is a necessary part of changing some negative aspects of traditional versions of masculinity.

Most cultures promote the idea that being a “real man” means being a provider and protector. They often raise young boys to be aggressive and competitive – skills useful for being providers and protectors – while sometimes raising girls to accept male domination. Boys are also sometimes raised to adhere to rigid codes of “honor” that obligate them to compete or use violence to prove themselves as “real men”.

In most settings, boys are raised to be self-reliant, not to worry about their health and not to seek help when they face stress. But being able to talk about one’s problems and seek support is a protective factor against substance use, unsafe sexual practices and involvement in violence. Research confirms that how boys are raised has direct consequences for their health.

Thus, applying a gender perspective to working with young men implies two major points:

(1) **GENDER SPECIFICITY:** Engaging boys to discuss and reflect about gender inequities, to reflect about the ways that women have often been at a disadvantage and have often been expected to take responsibility for child care, sexual and reproductive health matters and domestic tasks.

(2) **GENDER EQUITY:** Looking at the specific needs that boys have in terms of their health and development because of the way they are socialized.

Discussions about boys and young men have often focused on their problems – their lack of participation in positive ways in reproductive and sexual health or their sometimes violent behaviors. Some adolescent health initiatives have seen boys as obstacles or aggressors. Some boys are in fact violent toward their female partners. Some are violent toward each other. Many young men do not participate in the care of their children and do not participate adequately in the sexual and reproductive health care needs of themselves and their partners. But many adolescent boys and young men do participate in the care of their children. Many are respectful in their relationships with their partners.

Program H starts from the assumption that young men should be seen as allies – potential or actual – and not as obstacles. Boys, even those who sometimes are violent or do not show respect toward their partners, have the potential to be respectful and caring partners, to negotiate in their relationships with dialogue and respect, to assume responsibility for children they father, and to interact and live in peaceful co-existence instead of violence.

Several of the objectives of the Program H manual are currently being evaluated in an
evaluation study that the collaborating organizations are carrying out, with support from Horizons (2002-2004). This evaluation process has included developing specific attitude and behavior questions based in part on these specific objectives and desired “end-states”. For more information on this evaluation process, please contact Instituto PROMUNDO at http://www.promundo.org.br/.

3. **Is there any formal framework (legislation, policy, formal and/or informal agreements) that supports the implementation of this/these programme/s?**

Many countries in Latin America have incorporated the Convention of the Rights of the Child (CRC) into their Constitutions. Thus both the CRC - signed by all countries in the region - and countries’ national Constitutions are the formal legal framework that obliges countries to offer treatment and prevention programs for young men and boys who engage in sexually violent behaviors.

4. **What professions, agencies institutions and/or organisations are responsible for programme implementation?**

There are no specific recommendations or agencies responsible for these programs in Argentina. In my opinion, these kind of programs fall under the child protection system that involves the legal, social welfare, health and education sectors and professionals working in those areas.

5. **What challenges to programme implementation are experienced in your country or region?**

There is almost no public or decision-maker awareness of the importance of any intervention (early or secondary/tertiary) with juvenile sex offenders. Therefore no budget is allocated to such interventions. Professionals working in the child protection field also lack the necessary training to carry out such programs.

6. **What/who supports programme implementation in your country or region?**

Some frontline professionals treating child sexual abuse victims support this kind of intervention as a potential effective way to prevent child sexual abuse.

7. **Any further comments on the topic?**

I have heard of a program in Chile, *Programa de Control de la Agresión Sexual* (CAS, Sexual Violence Control Program) developed by a Chilean NGO: Opción. It is a group intervention program with young male offenders and their caregivers and includes individual therapy sessions as a complement when needed. The pilot experience took place between June 2004 and August 2005. Outcomes have been evaluated using an “ex – post evaluation”. The external evaluation process was carried out by the School of Social Work of the Universidad
Academia de Humanismo Cristiano and by the scientific committee of the Chilean Scientific and Technological Development Support Fund (Fondo de Fomento al Desarrollo Científico y Tecnológico, FONDEF). Opcion contact person is Osvaldo Vazquez Rossoni and his email address is ovazquez@opcion.cl I suggest contacting him for further details.

Please note that the information regarding Promundo has been quoted from its webpage: http://www.promundo.org.br/en/activities/activities-posts/program-h/.

**Country: Australia. Respondent: Russell Pratt**

With regard to **Question One**:

There are a number of programs within Australia which undertake therapeutic work with young men and adult males who have either sexually harmed others or have offended sexually. They exist in many States of Australia, and States that do not have programs are working hard to implement such programs.

I reside in South Eastern Australia in the State of Victoria. We have programs for adult men, as well as children and young people, who have sexually harmed or offended. The adult system is run through the State Government's Department of Justice Sex Offender Programs (SOP) and works both in the community and in prisons with convinced sex offenders.

The work with youth aged up to 15 years is legislated for within the Children, Youth and Families Act (2005) under the banner of Therapeutic Treatment Orders (TTO). Since its commencement in 2007, the TTO system has worked with over 1600 young people therapeutically and is currently being evaluated externally. Initial data shows it is a very successful system. I recently submitted a 5000 word article to the ISPCAN special issue 2013 regarding children who harm, and also have a 10,000 word chapter regarding the TTO system and its theoretical underpinnings.

Programs for youth exist through Griffith University in Queensland (Professor Stephen Smallbone and colleagues) which is an outreach program. New South Wales also runs at least one therapeutic program through Cedar Cottage (Dale Tolliday and colleagues). Tasmania recently ran an invited attendee conference to look at how to set up a therapeutic program for youth based upon Victoria’s programs.

From here on in, I will describe the Victorian TTO program, as that is the one I have intimate knowledge of.

Your **Question 2** would be well answered by the content of my article.

**Briefly:**
Theoretical approach: trauma/attachment/brain developmental

Program content: broadly follows a sanctuary-style approach. Twelve month length that can be extended or reduced depending on an individual assessment. Four modules which can be group based: 1) understanding emotion, 2) techniques to manage emotions I experience 3) understanding what I did (this is the sexual abuse component - broad subject matter in group context, individual therapeutic one on one approach with therapist as well), 4) moving on - healthy sexuality, future orientation.

Target group: youth aged up to 15 years (currently considering expansion to 17 years) who have undertaken sexually abusive behaviours.

This is community-based treatment.

Modality of implementation: group and individual treatment program which is inclusive of family members. Program delivered by social workers and psychologists.

Level of evidence-base: strongly influenced by the work of Philip Rich, Kevin Creeden, Bruce Perry, Bessel Van Der Kolk, as well as others. Regular input from NAPN conference presentations.

Anything published on the program: Nothing at present.

Question 3: The Victorian TTO program is fully legislated and has a board appointed by the Victorian State Government to oversee decision making. The board is made up of treatment providers, police officers, lawyers who work in sex offence arena, child protection officers (I am on the board). The legislation provides a framework that allows up to two years of no-cost treatment for youth across the state, at 13 different treatment sites, both city and rural based. It also allows magistrates to defer sentencing for youth charged with sex offences and refer them to treatment. If treatment successful, charges are set aside permanently. The peak body of organisations providing treatment also have formal practice standards which have recently been updated.

Question 4: the TTO program is delivered through the system of Centres against Sexual Assault (CASAs) as well as the Children’s Protection Society and Australian Childhood Foundation. All are funded for a number of targets at the rate of approximately $10,000 per target. This is extremely cost effective. Most youth continue to reside in the home, following risk assessment or in small group homes if home is considered not suitable. The CASA system evolved from the 1970s Rape Crisis Centres which were based on feminist principles. To their credit, the CASAs took on this important work, which allows the voice of the victim to remain central in the story of treatment. The program is delivered by psychologists and social workers.
Question 5: challenges to the program:
The tyranny of distance in rural regions as well as the lack of resources away from city based programs. Training new staff into this particular way of working, the overwhelming demand on these programs. The difficulty for workers hearing of people being sexually assaulted and needing to find the likeable parts of the youth they are working with.

Question 6: what and who supports program implementation in Victoria?
The state government has recently doubled funding for this program in an economic climate where cutbacks are occurring in most other areas of health. This indicates their strong commitment and awareness of the important of this program and the success rates being achieved. Seven million dollars extra funding was provided in 2012 state budget.

Countries: Italy and Switzerland. Respondents: Dr. Alberto Pellai and Dr. Myriam Caranzano

LE PAROLE NON DETTE (UNspoken words)
An Italian school-based child sexual abuse primary prevention program targeting children aged 9-11

Alberto Pellai, MD, PhD in Public Health, Creator of the CSA primary prevention programme named “Le Parole non dette”, Milano Italy.

Myriam Caranzano-Maitre, MD, Executive Director from the Foundation ASPI, Councillor of ISPCAN, Lugano, Switzerland.

RATIONALE AND OVERALL PRESENTATION
“Le parole non dette” (Unspoken words) is a school based child sexual abuse (CSA) primary prevention programme aimed at teaching CSA prevention skills to boys and girls aged 9-11 that – thanks to an EEC grant in the context of the DAPHNE programme to reduce CSA prevalence and incidence rates – has become a European resource implemented and used in five different European countries.

This programme was created in 1998 and piloted into some primary schools in the city of Milan. After evaluation and validation (through a case/control study based on a pre-post questionnaire) the project was extended to almost 80% of primary schools in the city of Milano, involving over a 6 years period almost 15,000 schoolchildren and their families. Then the programme was implemented and replicated in other areas of Northern Italy (Vercelli and Varese) reaching thousands of children in this area. Since year 2003, the Italian Switzerland ASPI Foundation (www.aspi.ch) introduced this programme into the primary schools of this part of the Swiss Confederation, in cooperation with the local school Authorities and Parenting Associations. During the last decade, thanks to the publication of a handbook describing the model of intervention with children this project has been replicated in many different Italian sites and regions and nowadays is the most popular school-based CSA primary prevention
project in Italy. Thanks to a grant from the EEC European DAPHNE project “Le parole non dette” it has been adapted and replicated in four different European Countries (Slovacchia, UK, Spain and The Netherlands) after international training sessions and with periodical supervision meetings among partners.

This programme aims at teaching children how to avoid dangers and risks, how to recognize at-risk situations by relying on their emotional and sexual awareness and, above all, who to turn out in order to guarantee their safety. The project therefore promotes an approach aiming at preventing sexual abuse, rather than at healing its victims.

Cases of paedophilia, mistreatment (of children and women in particular) and child abuse have been increasing in our countries in the last ten years (while in other nations official data report a decrease in prevalence and incidence rates). Besides, new forms of CSA are coming to the attention of professionals involved in the field and also being debated in the media. Web generated exploitation of minors is a phenomenon which is growing dramatically all over the civilized world. It must be admitted that new media have contributed to disseminate these phenomena due to the distorted image of sex and affection and to the new socio-cultural model they convey. In the digital world, children are thus particularly exposed to dangers and can easily be deceived by the typical triggers of paedophilia, such as complicity, secrecy and making children feel guilty. Sexual abuse is characterised by asymmetry in the relationship between adult and child, implying concrete advantages for abusers and can be either active or passive. This distinction does not define its seriousness, since being concretely abused or being exposed to pornographic material can paradoxically have the same devastating effect, when it happens in the life of a minor whose sexual development is in its early stages. Recurring elements of abuse are the lack of consent, equality, constraint and secrecy. A feature making sexual abuse particularly difficult to identify and treat is that victims tend to deny it. The complexity of the issue often leads victims to repress and deny the experience they suffered from, or in other cases they heard of, reported and sometimes even denounced.

As regards the identification of previous child abuse cases, a recurring sociological element is that most abusers are people known by the children. Data gathered at European level suggest that incestuous abusers are less than 10% of all cases and aren't therefore the worst problem. On the other hand, the percentage of cases in extended families ranges from 30 to 60% among the number of total cases of abused minors and represent, therefore, the classic profile of abuse. According to statistics, most victims are between 9 and 12 years old. Several international surveys and epidemiological studies by scientific publications underline the discrepancy between the number of reported cases and the number of real cases. Numbers of reported cases are much less than the results of sociological studies carried out on anonymous children in schools seem to indicate. These worrying data indicate that if they can stay anonymous, around 20-25% (female) and around 15% (male) report to have suffered from serious or less serious sexual abuse. All epidemiological data that are available nowadays, probably underestimate the real prevalence rates of CSA and this should be especially true for males, who – when abused – are less equipped to cope and face the key elements associated with child sexual abuse, as complicity and secrecy, shame and fear. Males often keep silent about their victimization stories because they never receive messages to be open and speak.
about this issue with trusted adults. Besides, boys receive less sexual education than girls when they are infants. Most girls receive some form of sex education from their mothers before puberty, while most fathers never talk about growth, puberty, sex with their sons during childhood. Research shows that the less sex education a child receives during childhood, the more s/he is vulnerable to sex abuse.

The “Parole non dette” educational programme aims at increasing young people’s awareness of the risks, by enhancing their resilience in case they find themselves in dangerous situations and knowing who to turn to for advice and support. This programme was created to address the elements of complicity, secrecy, shame and fear, so that children feel able to tell a trusted adult and know they will be listened to and can be protected.

The focus is based on educating children aged 9 to 11 years old. The key objectives of the programme are to:

1) build children’s confidence in asking questions and seeking information;
2) enhance children’s knowledge and understanding about their bodies;
3) equip children with the tools necessary to enable them to understand when a situation is potentially risky and what actions to take to protect themselves;
4) help the children to develop critical awareness and build confidence so they feel able to trust appropriate adults and approach them to talk to and ask for help;
5) raise awareness about the programme and provide relevant information to the adults (parents, carers and teaching staff) to enable them to support the children’s learning. For the involved adults, the training sessions integrated into the model are aimed at reinforcing for all educators the importance of including prevention messages in everyday life, empowering their communication skills when dealing with children’s sexual education and helping them recognize the messages children send when they are facing challenges or a dangerous situation and are not able to explicitly ask for help (how to understand verbal and nonverbal cues in children’s behaviour based on active listening as stated in Thomas Gordon’s model is a basic component of the parenting training).

**FORMAT AND TARGET**

The programme consists of five lessons, and a Confidence Box is present throughout in which children can put questions for the facilitators to answer. The lessons focus on enhancing the children’s awareness and understanding of how they can protect themselves from sexual abuse; encouraging them to consider issues of respecting others and themselves, positive and negative touch, body awareness and sharing concerns with a trusted adult.

The focus is based on educating children aged 9 to 11 years old (4th and 5th grade).

Each lesson runs on a weekly basis and lasts two to three hours (depending on the contract made with the school implementing the programme).
EDUCATIONAL GOALS

Goal number 1: to ‘build children’s confidence in asking questions and seeking information’.

The two facilitators play a key role in helping to achieve this goal, creating a safe and environment in which the children feel they can ask questions and talk about the subject matter with adults. This becomes particularly evident during lesson 2, when puberty is discussed and as the programme continues the children appear more and more relaxed and grow in confidence. Lessons 4 and 5 are partially based on children’s questions that become frequent and very focused on the theme of sex education and sex abuse. Most students participate freely in in-depth and honest discussions about situations they were unsure or worried about. Boys in particular have a chance to ask and debate about many different and difficult situations they have been confronted with. Teachers and parents, after the completion of the programme confirms that children involved become more inquisitive about this topics both in school and at home.

Goal number 2: to ‘enhance children’s knowledge and understanding about their bodies’.

Essential in achieving this objective is lesson 2. Understanding about puberty, body changes and sexual development appears to improve, and children’s behaviour both inside and outside the classroom becomes noticeably different in many cases. All children learn that nobody can involve a minor in situations where sexuality is used as a trigger to obtain excitement, to cheat on somebody, to obtain power over a person, or to disrespect any human being. This educational goal is very important because in 4th and 5th grade often episodes of bullying (where sexuality is involved in many different ways) happen frequently and often males are the perpetrators of these bullying actions towards their female schoolmates. In fact, often after the completion of the project members of teaching staff observe that - thanks to the programme - pupils are “gaining more respect for each other and others in regard to differences, especially gender ones.” Lesson 3 aims at enhancing children’s understanding about their bodies in terms of ‘positive touch’ and ‘negative touch’, and evidence of learning is often demonstrated inside the same school settings as shown by many teaching staff observing they become “more aware of touching in the playground playing tag”.

Goal number 3: ‘equipping children with the tools necessary to enable them to understand when a situation is potentially risky and what actions to take to protect themselves’.

The numerous scenarios that children work through seem to enhance learning in relation to this objective. Thanks to many problem-solving situations proposed to pupils and the active educational approach used to involve them and to activate their personal resources and skills, children appear to grasp concepts effectively and quickly and become much more open to discussing topics with each other. Especially boys have their first chance in life to discuss about what a risk is and what is a risk associated with a situation having sexual connotations.
**Goal number 4:** to ‘help the children to develop critical awareness and build confidence so they feel able to trust appropriate adults and approach them to talk to and ask for help’.

The scenarios and situations suggested as role-playing activities to students encourages the children to talk to an appropriate adult if something happens that they feel unsure about. For males, this goal is very important because often males grow up learning that true men never ask for help and that asking for help is a girls’ thing. Although it is difficult to measure whether all children who attend the prevention programme become confident enough to approach a trusted adult for help in a real-life situation, the parents participating to the adults’ sessions following the completion of the school based curriculum targeting children always report that some children have been discussing risky situations in which they were involved in the past and never were revealed before, because they felt ashamed or feared.

**Goal number 5:** to ‘raise awareness about the programme and provide relevant information to the adults (parents, carers and teaching staff) to enable them to support the children’s learning’.

Pre- and post-programme meetings are always arranged with the parents and carers of children in each school, providing the opportunity for the adults to learn about the programme and to share the prevention goals, strategies and principles. Besides, pre-programme briefing meetings of teaching staff are held, so they understand the programme objectives and their active role in it. A post-programme evaluation meeting is also held and our experience shows that staff usually provide an overwhelming amount of positive feedback regarding their own learning. Knowledge gained from the programme empowers the teaching staff to discuss this topic area and others with the children, also after the programme is over.

**ELEMENTS TO BE CONSIDERED**

“Le parole non dette” has some unique characteristics that differentiate it from the many primary prevention programs available in the school environment all over the world:

a) It is completely run in the gym-hall of the school (or if a gym-hall is not available, in a big room where moving is easy and possible with no restraints), because it is based on games and activities with a holistic approach. The “whole child”, with his body, mind and feelings is the protagonist of this primary prevention curriculum. Most of the traditional primary prevention curricula were based on lessons developed in the traditional “classroom setting” where an adult explains and pupils give answers and provide solutions to problems he poses. Here children play, think, discuss and create their own prevention curriculum thanks to the stimuli provided by adults. In this approach adults have a tutorial position and role.

b) The theoretical framework within the content of “Le parole non dette” has been developed is the one described into the model “Life Skills Based Education” (LSBE) by the World Health Organization (WHO). WHO defines Life Skills as “abilities for adaptive and positive
behaviour that enable individuals to deal effectively with the demands and challenges of everyday life”, in particular to deal with highly stressful situations (and child sexual abuse is one of this kind of situations). All the knowledge and skills that children learn by being involved in the programme called “Le parole non dette” belong to the theoretical framework on which the LSBE model is based and respond to its educational goals.

c) Every lesson has a specific structure where children’s bodies and intellectual potential are recruited and activated in an integrated way. The typical structure of an educational session (lasting 2 hours) is:

- First part (10-15 minutes): welcome activities, dances, activities with music
- Second part: (45-60 minutes): STRUCTURED ACTIVITIES (Team games, role-playing, poster creation)
- Third part: (20 minutes – 30 minutes): THE THINKING PROCESS (works and discussion in small groups – circle time)
- Fourth part (10 - 15 minutes): BODY RELAXATION (body – relaxation exercises and activities with music).

This programme is the only prevention one available currently that includes relaxation exercises at the end of every educational session. Relaxation techniques have been integrated into the structure of this curriculum to make it concretely holistic, based on the promotion of resilience skills and physical well-being. The idea to integrate relaxation into the structure of this prevention program is aimed at allowing the pupils’ bodies to experience a feeling of concrete well-being. Besides, considering that some studies have outlined that fears and anxieties could be undesired side-effects affecting children exposed to this kind of interventions, relaxation activities have been included so to decrease the level of potential anxiety eventually experienced when the students are being exposed to the prevention messages. Conveying messages dealing with the child’s body vulnerability (as it happens when working on the theme of CSA) and at the same time allowing every pupils to experience how the body can make them experience wellbeing, is a strategy helping to realize that their body has a value, must be kept protected and is a source of beautiful feelings.

Especially for male pupils, this programme includes many different scenarios (to be discussed and dealt with, within the discussions and the circle time activities) where a male boy is put into an at-risk situation on behalf of another male older than him and must learn how protect himself. In circle time discussions, boys learn to talk with other boys about sexuality and sexual abuse and acquire prevention skills within their social group of referral. The whole programme is enhancing social norms and attitudes creating a context in which sexuality is seen as a value to be sustained through responsibility and respect of each other and boys have the same rights and do’s as girls to create a safe environment allowing everybody to fulfil completely his/her sexual health.
While working with children, some prevention actions are developed for their parents and teachers who are trained on CSA prevention principles and educational strategies to be implemented in the school and family settings. The main objective of these components targeting adults is to make communication and dialogue in families easier through the help of schools, bringing school and family together in the most delicate and respectful way. In Schopenhauer’s work, the author narrates how a group of hedgehogs need to get close to one another in order to share their heat during cold weather and how they succeed in the hard task of staying close without pricking each other. This metaphor refers to the complex relation between children and adults that need to be based on the fundamental ability to stay close without suppressing freedom, to share lives and affection and still make sure that everybody’s needs and personality are respected. Furthermore the project deals with the subject of communication in families even if this implies talking about critical issues which may hurt even if there is no particular risk situation. We are observing a growing number of dads attending parenting training sessions and this allow us to conclude that this kind of intervention is creating a kind of cultural transformation in the male world: if in the past, dads were not involved in the sex education of their children, now fathers want to be considered protagonists of this area of education into their family lives and are asking for information and skills to reach this goal in the best way possible.

BOOKS:


PAPERS:


attività di educazione socio-affettiva sessuale e prevenzione dell’AIDS per adolescenti: 40-53
Piacenza, Berti Edizioni.


**Presentations at International Conferences:**


Child Abuse and Neglect: 211-212.


*Is there any formal framework (legislation, policy, formal and/or informal agreements) that supports the implementation of this/these programme/s?*

Since 2002, Le parole non dette (Unspoken words) has been adopted by the Swiss Foundation for Help, Sosten and Protection of Children (ASPI [www.aspi.ch](http://www.aspi.ch) – Italian Part of Switzerland) as the official CSA prevention program for children attending elementary schools in the Italian part of Switzerland. In this decade thousands of children, hundreds of parents and hundreds of teachers have been participating in this prevention programme, receiving public granting and funding from the local Department of Education.

In 2011 The Hedgehogs (‘Porcospini’) programme, aiming at replicating “Le parole non dette” in five different European Countries as a pilot education initiative – was funded by the E.U. DAPHNE III programme, thorough a grant of €600,000 Euros (almost 1 million dollars). The lead partner in this pilot project, called Specchio Magico, is an Italian-based organisation, conducting awareness campaigns against child abuse and school-based prevention programmes. Thanks to Daphne funding “Le parole non dette” has been replicated and implemented in the United Kingdom, the Netherlands, Slovakia and Spain.
What professions, agencies institutions and/or organisations are responsible for programme implementation?

The programme has been implemented on behalf of school districts using public funding to cover the related costs and of Parenting Associations funding the prevention programme into regional and local schools covered by their services. In the Italian part of Switzerland, ASPI Foundation is in charge of the whole implementation of the project. The professionals involved in the project - conducting training sessions with children, teachers and parents – are all qualified and specialized people, receiving “ad hoc training” to become programme specialists. Periodical professional supervision is provided to all professionals working on the project. Methodology of intervention is based on the theoretical and practical assumptions characterizing the model of humanistic philosophy by Carl R. Rogers and the Communication Theory model by Thomas Gordon, with a specific emphasis put on the concept of “Active listening”.

What challenges to programme implementation are experienced in your country or region?

Sex education in Italy has not been integrated into the school curriculum. There is not a law ruling sex education and making it compulsory for students. In Italy, most schools still do not have any kind of sex education available for their students and most teachers prefer not to raise this issue with their classes. The same kind of resistance is used to prevent the implementation of CSA prevention programs in elementary schools.

In the Italian part of Switzerland, School Authorities decided to implement a theoretical framework for Sexual Education in Swiss Schools and used the model of “Le parole non dette” as the example to look at for developing new approaches in this field. In 2008, new Regional Departmental Guidelines were implemented and published for developing new sex educational programs targeting schoolchildren, aged 3 years and older. The educational approach sustained in these Guidelines is respectful of the stage of development of children and aims at promoting harmonized and well-balanced sexual development, including messages related with child sexual abuse primary prevention. Our major challenge currently is to convince school teachers that sexuality must become a topic they have to include in their school programs and that sex education must be integrated into all school curricula. Another challenge is help some parents to overcome some parents’ resistances, though most of the parents are very happy to have the prevention programme made available for their children in the school environment.

What/who supports programme implementation in your country or region?

Private funding and Associations like: LIONS, Rotary, Parenting Associations and Local Municipalities.

In the Italian part of Switzerland: Parenting Associations and Local Municipalities, Kiwanis, and
other private donors. With major funding, we could be serving more schools in our region. Some schools ask for the programme but cannot obtain it because the available funding does not allow provision of the programmes to all those who are requiring it.

Commentary from Alberto Pellai

Another area of the prevention work we are doing in these years and that is specifically targeting men is aimed at reinforcing parenting skills among fathers to be, new fathers and fathers with children aged 3-6 years. This area of work has been developed through three different actions:

a) Research involving 600 new fathers and exploring their information, attitudes and behaviors related with transformations occurring in men when they become fathers (an abstract of the research is attached below).

b) The "circle of fathers" experience: an innovative prevention intervention targeting fathers to be and new fathers (whose children are aged less than 6 months) based on the model of self-help groups and aimed at reinforcing parenting skills and fathers' involvement in the first stages of life and development of their newborns. Right now almost 500 fathers have been participating in the Circle of Fathers.

c) An interactive exhibition/experience for fathers and children whose age is 3-6 years old (those attending pre-elementary schools) helping fathers to connect with their children through playing and having fun together. This exhibition has been taken into many different areas of Italy, involving thousands of fathers and children.

All these activities are aimed at reinforcing parenting skills and empowering fathers to develop an emotional healthy relationship with their kids and helping them to grow skilled for life and abuse-free.

ABSTRACT of the research:
What new fathers know, think and do.
A survey about father's attitudes, beliefs and behaviors in a sample of 570 men just after the birth of their newborn.

Goal To know and analyze information, attitudes and behaviours related to transformations occurring in men when they become fathers.

Methods A self-administered questionnaire has been given out to all men whose newborns were born in the Hospitals located into Borgosesia, Ivrea, Novara, Verbania and Vercelli (Piedmont region in northwest of the Italy) in the last quarter of 2006. The questionnaire was created ad hoc and filled out on the day of discharge; results underwent statistical analyses through SPSS system.

Results For the duration of the research, out of 870 men who became fathers in the hospitals involved in this study, 570 responded voluntarily to the self-administered questionnaire (65.6%
of the total sample). They showed a lack of information about how to take care of their newborns and the emotional turmoil of women after delivery (58% think children are blind when they are born, 52% think it’s better to breastfeed newborns at fixed times and 47% ignore that mothers can enter a depression state). 88% of respondents were in the delivery room to see their child’s birth, 56% took a leave from job to stay with mother and child in the hospital and 58% of them report the intention to take an additional 2-3 days leave after coming home from the hospital. 27% had trouble sleeping during pregnancy and are afraid not to be good fathers for their child. 90% believe that their newborn will make them change life habits. Most of the new fathers had difficulties in sharing emotions and feelings related with their status of fathers to be with other men. Some of these results are significantly different in older fathers, fathers having their first child and fathers with a lesser level of education.

Conclusions During pregnancy and in the first months after their child is born, fathers to be and new fathers must be considered a potential target for educational interventions aiming at promoting their parenting information and reinforcing their positive attitudes and beliefs related with their fathering status.

Country: South Africa. Respondent: Joan van Niekerk, ISPCAN President Elect

1. What programmes working with boys and men do you know of that are directed at the prevention (consider primary, secondary and tertiary prevention) of sexual abuse and commercial exploitation of children and that have an evidence base, or show promise?

Primary prevention: Example 1: (a focus on the general population of men and boys, not specifically targeting those who might be considered vulnerable to abusive behaviour) “Sonke Gender Justice” - Sonke's programme focusses on encouraging young men to embody constructive and positive masculinities in South Africa.

Example 2: A Life skills programme, integrated into the life orientation curriculum in the first year of high school: The programme was originally designed to assist in the reduction of teenage pregnancies in schools, however the evaluation indicated that it assisted in the development of responsible decision making around sexual behaviour generally and opened up the debate on gender equality and the sexual rights of women and girls.

2. Describe the theoretical approach which underpins the programme

Example 1: Engaging men in a positive way, encouraging debate and discussion about positive masculinities that are reflected in protective strengths and behaviour towards women and children, rather than acts of violence and sexual prowess.

Example 2: Psycho-educational programme based on the belief that knowledge, reinforced by experiential learning, will change attitudes and behaviour.
- the programme content in summary – Example 1: Through developing discussion and support groups at community level with men and supporting behaviour that is pro-social.
- Example 2: Children (Early adolescents) are taken through a 12 week programme of building self awareness, exploring their future aspirations, and the acquisition of practical life skills and knowledge such as gender awareness, decision making specifically in relation to sexual behaviour, parenting knowledge and skills. Part of the programme involves the care and parenting of a “child” (a doll/object representing a child).
- target group –
- Example 1: men broadly – especially young men
- Example 2: both genders – but with a specific focus on boys within the programme.
- elements such as appropriate context (for example residential versus community based), modality of implementation, etc. Example 1: Community based
  \hspace{1cm} Example 2: School based but with the involvement of parents and caregivers.
- level of the evidence base – Example 1: this programme has been evaluated and there is evidence of effectiveness
- Example 2 – The evaluation of the pilot programme was very promising.
Example 1: The Sonke Gender Justice project is seen as a progressive men’s movement in South Africa and has been replicated in other African Countries. It is seen as a primary prevention programme.

3. **Is there any formal framework (legislation, policy, formal and/or informal agreements) that supports the implementation of this/these programme/s?**

The Children’s Act has a chapter on prevention and Early Intervention programmes aimed at the prevention of all forms of Child Abuse and Neglect. There is also a national strategy on Child Protection which also speaks to primary prevention. However the presence of law and policy does not mean that resources will follow.

3. **What professions, agencies institutions and/or organisations are responsible for programme implementation?**

In theory, government has the responsibility to ensure that legislation is implemented especially when provisions indicate the activity is mandatory for a government department – which is clearly the case with regard to the Prevention and Early Intervention chapter of the Children’s Act. However implementation of this programme is via a non-government organisation, supported by a range of grants from trusts, donors and projects.

This applies to projects at all levels of prevention:

5. **What challenges to programme implementation are experienced in your country or region?**

- Lack of resources
- Lack of focus on prevention and early intervention – the tertiary prevention or
response services take the “lion’s share” of the inadequate resources allocated to Child protection in South Africa.

- Lack of sufficient research to establish a clear evidence base for programmes.
- Often funding is granted for short term projects – e.g. a year which makes the establishment of a clear evidence base very difficult.

5. **What/who supports programme implementation in your country or region?**

Mostly grants, including international donors whose interests may not necessarily be altruistic – but rather political – e.g. USAID. Some limited funding for these programmes comes from government where there is a legal mandate that is clear that provision is a government responsibility.

**Secondary prevention**

*Question 1*: Childline runs extensive treatment programmes for children who have experience abuse and neglect. Boy children are included in these programmes and every effort is made to reach out to boys, with the goal of reducing their traumatic responses, thereby reducing the risk of externalisation of their trauma and the development of abusive behaviour.

These programmes are presently being evaluated under a UNAID/PEPFAR grant. However the evaluation research is not longitudinal – the donor research team will be looking at the short term rather than the long term impact of the therapeutic programmes.

These programmes are supported by legislation and policy – again the Children’s Act No 38 of 2005 as amended applies and reference to these programmes is made in the Chapter in the Act on prevention and early intervention as well as the policy document: *National Strategy on Child Protection*.

Financial support for these programmes is very inconsistent – both from government and from donors which is very concerning.

Rural children are very difficult to include in these programmes as due to the cost of decentralisation they tend to be urban based. They are cognitive-behavioural in their theoretical approach, parents and caregivers are integrated into the treatment process and individual, play therapy (depending on the age of the child), group and family therapy modalities are used.

**Tertiary prevention:**

In some of the Childline offices, Childline runs a programme with boys and youth whose sexual behaviour is criminal, abusive or exploitive of other children. This has a cognitive-behavioural focus from a theoretical perspective but other theoretical perspectives are integrated as per
the needs of the children involved. Parents and caregivers are also involved.

The programme is long term, 6 months to 2 years, depending on the needs of the child, community based. We do not have the resources for a residential programme.

Again this programme is based on the assumptions that intervention in childhood and adolescence will prevent a life time of offending.

The programme is supported by law and policy – “the Child Justice Act no 75 of 2008, which establishes diversion programmes for children in conflict with the law, if they are acknowledging of their behaviour. However this service is not supported by government – and working with offenders is not popular with donors. It is a financial struggle to keep these programmes open.

Research into two of the cohorts of children involved in these programmes indicate that without exception all the boys in these programmes have been exposed to abuse themselves – but not always sexual abuse – more frequently exposure to domestic violence (90%) or physical abuse (85%). This was an interesting finding as the assumption is that experience of sexual abuse is more productive of sexually violent behaviour.

This programme is being presently researched for evidence of effectiveness.

**Country: UK**  
**Respondent: Sheila Brotherston, The Lucy Faithfull Foundation**

1) The programme outlined below is delivered by the Lucy Faithfull Foundation (LFF) to young men aged 15-18 years who are serving custodial sentences within the young people’s secure estate in England. The programme model shows promise given the congruence with the key principles of effective programmes outlined in the research recently published by Worling and Langton (Worling and Langton, 2012).

The LFF programme delivers individually tailored assessment and intervention packages to young males serving custodial sentences for sexual offences. The packages are developmentally sensitive to the particularly complex needs of adolescents and young men convicted of sexual offences.

**Theoretical Approach**
A number of models have been developed to help target sexually harmful behaviour in adults and young people. The predominant model in the sexual offending area is that of relapse prevention (Pithers, 1990). This approach has focused on the identification and management of dynamic risk factors or criminogenic needs (aspects of the offender and his situation that predict reoffending). More recently a number of limitations of this approach have been highlighted including its negative (or avoidant goal) focus which often fails to motivate
offenders or recognise non-criminogenic needs. As a consequence, a number of strength-based approaches have been developed. One of the most widely recognised being the Good Lives Model.

The primary model used in delivery of the programme is the Good Lives Model (Ward and Gannon, 2006). The model explains that all human beings are trying to meet their core social and personal needs (e.g. intimacy and belonging, a sense of achievement and emotional wellbeing). Young people who sexually abuse are no different except they are meeting some of these needs through inappropriate means. The model suggests that as a result of often adverse life experiences, limited opportunities and poor internal capabilities, young people are prevented from meeting these needs by more pro-social means. The model promotes risk management and the achievement of human wellbeing through enhancing capabilities and skills and providing opportunities for young people to meet their needs in a socially acceptable manner.

Ward and Gannon (2006) outline ten groups of ‘primary goods’ (or basic human needs): life (including healthy living and functioning); knowledge; excellence in play and work (including mastery experiences); excellence in agency (autonomy and self-directedness); inner peace (freedom from emotional turmoil and stress); friendship (including intimate, romantic and family relationships); community; spirituality (in the broad sense of finding meaning and purpose in life); happiness and creativity.

Relapse Prevention, as part of the Risk/Needs model, constitutes an effective and impressive achievement and empirical research indicates that it can cut reoffending rates in general and in sexual offenders by 10-50%, (Andrews and Bonta, 1998; Hanson et al., 2002). However, LFF believes that especially with regard to working with young people who sexually offend, it has a number of theoretical and therapeutic limitations, particularly in the areas of treatment alliance and offender motivation. It tends to focus on deficit and risk management rather than building on strengths and creating opportunities to harness a young person’s positive concerns and values. In the ‘Good Lives Model’ (GLM), risk factors are regarded as internal and external obstacles that make it difficult for an individual to implement a good lives plan in a socially acceptable and personally fulfilling manner. The GLM is a strength based perspective concerned with promoting offenders’ pro-social goals (goods) alongside managing their risk (Ward & Stewart, 2003). Primary human goods are states of affairs, states of mind, personal characteristics, activities or experiences that are sought for their own sake and are likely to increase psychological well-being if achieved. For example, relationships, mastery experiences, a sense of belonging, a sense of purpose, and autonomy. By incorporating Relapse Prevention within Good Lives we are able to integrate aspects of treatment not well dealt with by the risk/need perspective, such as the formation of a therapeutic alliance and motivating young people to engage in the difficult process of changing their lives. According to Ward and Maruna (2007) the promotion of specific goods or goals is likely automatically to eliminate or modify commonly targeted dynamic risk factors (i.e. criminogenic needs). In the light of this, we agree that “risk-need principles should be nested or embedded within a good lives framework”
In the LFF programme there is an important emphasis on the construct of personal identity and its relationship to a young person’s understanding of what constitutes a good life. Individuals’ conceptions of themselves directly arise from their basic value commitments to pursue human goods, which are expressed in their daily activities and lifestyle. People acquire a sense of who they are and what really matters from what they do; their actions are suffused with values. What this means for the LFF practitioners is that it is not enough to simply equip individuals with skills to control or manage their risk factors, it is imperative that they are also give the opportunity to fashion a more adaptive personal identity, one that bestows a sense of meaning and fulfilment (Maruna, 2001).

By identifying the needs (or ‘goods’) met, the reasons for the young person’s abusive behaviour become clearer and this also provides a more effective means of motivating them for intervention. That is, the problem is not with the needs sought by the young person but the means by which they have gone about meeting these needs. Therefore, intervention needs to help the young person develop the necessary capabilities and skills (‘individual protective factors’) as well as providing appropriate opportunities (‘contextual protective factors’) to secure these important personal and social goods in acceptable ways, rather than simply focusing on the management of risk. Using a strengths-based approach that assesses risk and needs, we encourage the development of better lives in the young people. The fact that our service is embedded in institutions enables us to work with problematic, risky behaviour by developing high quality relationships with the young people themselves and to work as a team with the other staff of all types in the custodial settings. We have a strong emphasis on continuity of therapeutic intervention. In almost all cases where a young person starts intervention, he will keep the same practitioner for a period of at least one year. This strong therapeutic alliance helps the young people, their families and other professionals develop trust in our specialist intervention, thereby increasing the chance of successful rehabilitation upon release.

**Programme Content**

The programme is best described as a spine, which is sufficiently flexible to respond to the different needs of each young person (including young people with learning difficulties) and link with other available learning opportunities. A New Life Plan is developed throughout the programme to relate to immediate and future life circumstances and experiences.

- **Assessment Phase and Initial Formulation**

  The assessment framework maps on to the dynamic risk factors and is conducted on the basis of semi-structured interviews. Personal maintaining factors are considered, i.e. offence specific, sexuality and sexual knowledge, self concept and social functioning, self management skills. Contextual maintaining factors are assessed, i.e. offence specific, sexual attitudes and practices, family functioning, environmental conditions. Finally personal and contextual treatment system factors are considered. A battery of psychometric tests developed in consultation with Richard Beckett, Consultant Clinical Psychologist, contribute to the
assessment process where appropriate. Wherever possible, family members and key staff within the young person’s current living environment are involved in the assessment process and from this point onwards to assist in supporting the young person’s change process.

On the basis of the information gathered during the extended assessment the LFF practitioner establishes an understanding of the young person’s difficulties and the extent to which these were a factor in his sexually abusive behaviour. In addition, the LFF practitioner formulates a provisional hypothesis about what factors maintain the young person’s difficulties. This formulation includes personal and contextual strengths and concerns, as well as identifying possible predisposing (‘high risk’) factors. Mental health concerns and learning needs are also identified. The formulation guides intervention by highlighting specific target variables for treatment. The hypotheses help determine which problems will be treated directly, which difficulties will be prioritised and any areas which need referral to an additional specialist service or can be addressed by other facilities within the regime.

- **Intervention**
  The intervention process begins with work on the following areas:
  
  * **Boundaries and expectations:** i.e. rules for working together, identifying key people to support the young person in his work
  * **Perceived gains and losses of behaviour change:** i.e. identifying and understanding perceptions of gains and losses, reasons for denial or for not wanting to change, recognising and managing denial/avoidance strategies, reasons to change.
  * **The change process:** i.e. understanding the change process, managing uncertainty or dips in motivation
  * **Coping with difficult feelings:** i.e. identifying difficult emotions or problematic arousal, short term self management strategies including positive thinking
  * **Therapeutic contracting:** i.e. a shared formulation for intervention: defining the areas for work and how progress will be evaluated, for example, psychometric tests, regular reviews, involvement of others.
  * **Thoughts, feelings and what we do: how the goals of intervention will be achieved:** i.e. Cognitive Behavioural Approach (link between thoughts, feelings and behaviours; how thinking styles develop); methods of working (e.g. role play, written exercises, videos etc.)

This is followed by the Offence Specific Component. The three elements of the component are:

1) learning to define sexually abusive behaviour: what it is and how it happens;
2) focusing on the processes specific to the individual’s offending and understanding them;
3) using the learning to do things differently and create a New Life Plan.

As the young person completes each element of the Intervention Plan, the LFF practitioner checks to see if he has met the learning objectives set. If the young person is progressing but has not met all the objectives yet, they move on to the next element as the young person may meet the objectives through the vehicle of future exercises rather than through repeating the same exercises. If, however, the young person is not making progress due to blocking factors, for example, family, learning, mental health problems then a reassessment will be made to
determine the most appropriate way forward.

When the young person has completed all three elements, the LFF practitioner checks again to see what has been achieved. By the end of the component, some young people will have met most, or all, of the learning objectives set out in the initial treatment formulation. If further treatment needs are not evident, the young person may not need further work other than to plan how to develop and maintain his New Life goals. The young person may do as many or as few of the other programme components as are necessary to meet his treatment needs, and in some cases new work is developed to meet his particular needs.

Some young people may demonstrate the need for further work to modify their core beliefs and hence may need to move next to the component entitled “My view of Myself, Others and the World” which focuses on identifying and managing unhelpful schema that may disrupt the change process. This also provides an opportunity to evaluate received messages. Work with family members will be allied to this where possible. Following this, some young people may still lack general or victim-specific empathy and need to undertake the component “Impact of Sexually Abusive Behaviours” which focuses more deeply on developing empathy for others, including the young person’s own victim.

Other young people may have met the learning objectives for the Offence Specific Component but demonstrate the need to learn new skills or receive specific education and may move to the relevant component, for example: “Sexuality and Sexual Knowledge” or “Managing My Feelings and Behaviour”. Each component includes the application of key material, which is likely to be relevant in most cases plus new material that is tailor-made to suit the particular needs of individuals. Some young people may need to do the entire programme.

**Target Group**

The LFF programme is designed for individual delivery to young men aged 15 to 18 who have been convicted of a sexual offence, and who are detained by a court order in the young people’s secure estate. The service is based at four sites within the estate. In special cases, where a young man in detention is identified as having significant sexual behaviour problems but does not have an index offence for sexual offending, he may be considered for the programme.

Given limited resources, priority for inclusion is given to those whose treatment need and risk of sexual reoffending is highest. Recidivism studies on young people who sexually offend (Weinrott 1996; Prentky 2000) show that only a minority of them go on to sexually re-abuse. However, research demonstrates that a significant proportion of high risk recidivist adult child abusers start their sexually abusive behaviour as juveniles (Abel and Rouleau, 1990 p.13). Priority for inclusion in our programme is given to young men who have a similar psychometric profile to such adults and who have behaviour patterns which indicate a continuing problem of sexually abusive behaviour towards children, peers or adults (Beckett, 2006). Priority is also given to young men whose release is dependent upon the parole process.
Context

The LFF programme has to be adaptable to several different contexts within the young people’s secure estate. LFF practitioners delivering the programme have gained considerable experience in addressing some of the challenges and opportunities that such environments offer. While the culture of the secure environment sometimes appears to be at odds with the implementation of therapeutic interventions, LFF’s experience suggests that with training and on-going support, prison staff can play a positive role in supporting work with young people who cause sexual harm to others. We have learnt how to value contributions from other agencies and to collaborate within a treatment team often involving the young person’s personal officer (i.e. a prison service employee).

The secure environment often provides boundaries and security for young people who have little experience of adults behaving appropriately in their lives and can also provide an opportunity to succeed in areas such as education, sports or employment training. In addition, courses and activities which complement the young person’s intervention plan and assist them in building a ‘new life’ can be accessed through the sentence planning process.

LFF acknowledges that working with young people in a custodial environment can be difficult and challenging for prison staff. If the programme is to be successful, it is vital that the staff who have responsibility for the day to day care of young people are made aware of its purpose and the important contribution they can make to the process.

Level of the evidence base

The service provided by LFF in the young people’s secure estate was subject to external evaluation by the National Centre for Social Research (Nat Cen) in June 2012. The evaluation noted that the LFF service with young people who sexually harm worked in a way that appeared to represent the key principles and components of effective practice outlined in a recent review of evidence of ‘what works’ with young people who sexually offend (Worling and Langton 2012).

3. Existence of a formal framework

The programme exists within a formal specification developed by the commissioners of the LFF service, the Young Justice Board of England and Wales (YJB). Work is still on-going in England and Wales on the development of an overall strategy for the management of young people who engage in sexually harmful behaviour.

4. Responsibility for Programme Implementation

As the organisation responsible for service delivery, LFF has responsibility for programme implementation in the establishments where the programme is delivered. The YJB regularly
monitor adherence to the areas within the specification. Other organisations linked with programme implementation include the Prison Service, Youth Offending Teams and the National Offender Management Service (NOMS).

5. Challenges to programme implementation
a) Accessing the families of young people who are undertaking the programme due to the lack of proximity of the custodial establishment to families. Young people may be placed a considerable distance from their home area.
b) Difficulty in ensuring an understanding of strengths based approaches within risk management processes.
c) Limited resources available to support young people following their release from custody.
d) A lack of specialist services available to deliver on-going work with young people following their release from custody and as a means of diverting young people from custody.
e) Differences and lack of compatibility between the models of delivery of work within the youth justice system and organisations with responsibility for services for young people aged 18 and over.

6. Support for programme implementation

Programme implementation is supported through the commissioning framework for the service but is not underpinned by a cross government strategy in relation to young people who engage in sexually harmful behaviour.

References


Country: UK Respondent: Donald Findlater, The Lucy Faithfull Foundation

1. What programmes working with boys and men do you know of that are directed at the prevention (consider primary, secondary and tertiary prevention) of sexual abuse and commercial exploitation of children and that have an evidence base, or show promise?

As will become apparent from what follows, there is much to say, even from this one country, the UK; but also “programme” is not a sufficient description, as some “responses” to CSA that attempt to prevent repetition of harm would not call themselves “programmes” e.g. MAPPA Risk Management (Multi-Agency Public Protection Arrangements). In addition, the Stop it Now! UK & Ireland Helpline is not a “programme” but offers a service that aims to help adults prevent CSA, including:- those who have offended in the past; those troubled by their sexual thoughts towards children who are anxious not to act on those thoughts; as well as helping parents of
young (mostly) boys displaying sexual behaviour problems. So secondary and tertiary prevention responses. In addition, one actual programme – “Hedgehogs” – is designed as a primary prevention response targeting 10/11 year old children aimed at protecting them from CSA. In fact those delivering it see its merits as a primary prevention response for boys, so they do not go on to perpetrate abuse. But it is in its early stages as part of a Pan-European approach.

2. Describe the:
   - theoretical approach which underpins the programme
   - programme content in summary
   - target group
   - elements such as appropriate context (for example residential versus community based), modality of implementation, etc.
   - level of the evidence base
   - references to any research published on the programme using the standard reference format.

Below is a summary of programmes being implemented in prison and probation settings in the UK of which we at the Lucy Faithfull Foundation are aware and which are directed at the prevention of child sexual abuse. The prison and probation programmes cited are accredited. In order to achieve accreditation, programmes will have demonstrated that they are based on sound evidence on what techniques and interventions help offenders to change and what assessment tools are reliable in targeting the appropriate offenders for each intervention. For every intervention there is also a commitment to rigorous monitoring of the quality of programme delivery and an evaluation of the impact made by the programme on future reoffending.

Tertiary Programmes for adult male convicted offenders

UK PRISON SEX OFFENDER TREATMENT PROGRAMMES

SOTP Core (Sex Offenders Treatment Programme)
SOTP Core helps offenders develop an understanding of how and why they have committed sexual offences. The programme also increases awareness of victim harm. The main focus is to help the offender develop meaningful life goals and practice new thinking and behavioural skills that will lead him away from offending.

The Core SOTP is the main programme for medium and high risk sex offenders in prison. In 1998, an independent evaluation found that the Core SOTP led to improvements in nearly all of the dynamic risk factors targeted during treatment as measured by psychometric tests. Over two thirds of offenders changed in terms of their attitudes supporting offending, and one third
of the sample changed in all the areas targeted by treatment.

An outcome study in 2003 compared the two year reconviction rates of 647 adult male offenders who had taken part in the Core SOTP between 1992 and 1994, with 1910 adult male offenders who had not taken part in the Core SOTP. The two samples were matched on year of discharge and shared the same broad characteristics. The treated offenders had statistically significantly lower sexual and/or violent reconviction rates at two years than the untreated offenders (4.6% compared to 8.1%). The biggest impact on reconviction occurred with medium risk offenders. Low risk offenders were very unlikely to be reconvicted whether treated or not, and the Core SOTP did not seem to be sufficient treatment for high risk sex offenders.

**SOTP Adapted Programme**
Covers similar areas to Core SOTP, but is adapted for those who have social or learning difficulties. It is designed to increase sexual knowledge, modify offence-justifying thinking, develop ability to recognise feelings in themselves and others, to gain an understanding of victim harm and develop relapse prevention skills.

NOMS has examined pre- to post-treatment change on psychometric tests with a sample of over 200 offenders who had taken part in the Adapted programme. There was significant change in all of the major targets of treatment, including relapse prevention, attitudes supporting offending, denial and distortions, victim empathy and self-esteem.

**SOTP BLB (Sex Offenders Treatment Programme Better Lives Booster)**
This programme is designed to boost sexual offenders' learning from other SOTPs and provide additional opportunities to practice personally relevant skills. It can be run in two forms - a low intensity programme (one session a week) helps to maintain change in long term prisoners and the high intensity, pre-release programme is focused on preparation for transition into the community.

**SOTP ABLB (Sex Offenders Treatment Programme Adapted Better Lives Booster)**
This programme is aimed at those who have completed the Adapted SOTP. It shares the same aims as the Core version but the treatment delivery methods are different so as to accommodate different learning styles and abilities. A low intensity version is for long term prisoners and a high intensity version is for those who are in the last year of their sentence, preparing them for release.

**SOTP Extended (Sex Offenders Treatment Programme Extended)**
The Extended SOTP is targeted at high and very high risk men who have successfully met the treatment targets of the Core programme. The programme covers 4 areas:

- Recognising and modifying patterns of dysfunctional thinking
• Emotional regulation
• Intimacy skills
• Relapse prevention.

**SOTP HSF (Sex Offenders Treatment Programme Healthy Sexual Functioning)**
This programme aims to promote healthy sexual functioning, mainly in high-risk sexual offenders, who acknowledge current or very recent offence-related sexual interests. Modules include:

• Developing a more healthy sexuality
• Patterns in sexual arousal
• Behavioural strategies for promoting healthy sexual interest
• Relapse prevention.

**SOTP Rolling (Sex Offenders Treatment Programme Rolling)**
The Rolling programme is aimed at those offenders who are assessed as requiring a less intensive level of treatment, with more emphasis on relationships skills and attachment styles deficits. The group runs continuously, with members joining and leaving, so members will therefore be at different stages of treatment, depending on when they joined the group.

**UK COMMUNITY PROGRAMMES – Typically run by Probation Services**

**C-SOGP (Community Sex Offenders Group Programme)**
Helps offenders develop understanding of how and why they have committed sexual offences. The programme also increases awareness of victim harm. The main focus is to help the offender develop meaningful life goals and practice new thinking and behavioural skills that will lead him away from offending. It either involves 240 hours of group work over a period exceeding 2 years, or 100 hours of group work in about a year.

**NSOGP (Northumbria Sex Offenders Group Programme)**
Helps offenders develop understanding of how and why they have committed sexual offences. The programme also increases awareness of victim harm. The main focus is to help the offender develop meaningful life goals and practice new thinking and behavioural skills that will lead him away from offending. NSOGP aims to prevent sex offending by adult male sex offenders. The programme is suitable for male sex offenders who are within the normal IQ range. It is not suitable for:

• Female sex offenders
• Sex offenders with an IQ of less than 80
• Men with severe drug/alcohol misuse
• Men with current mental health problems
• Men assessed as psychopathic
• Men in total denial of their sex offending.

The programme involves 144 hours of attendance consisting of sessions on one or two days per week. The core programme consists of four modules and men can attend at the beginning of any module. High risk/high deviancy men will attend the core group followed by Relapse Prevention (36 hours). Low risk/low deviancy men will normally complete individual preparation work followed by the Relapse Prevention Programme. Offenders released from prison will follow similar routes according to their assessment of risk and deviancy.

NSOG Relapse Prevention: Better Lives Programme
The relapse prevention group is designed to meet the needs of male sexual offenders and forms an integral part of the Northumbria Sex Offender Programme, but is a separate closed group that specifically targets issues relating to relapse prevention. It comprises of 12 sessions of three hours each. The group meets weekly in order to give members time to undertake homework and practice skills learned in the group. Regular homework is set to ensure continuity of learning and that learning is applied to an offender’s ‘real life’. Most offenders will join following completion of the Core Group (NSOG); others will enter directly from the prison Sex Offender Treatment Programme providing they have made satisfactory progress in treatment.

TVSOGP (Thames Valley Sex Offenders Group Programme)
Helps offenders develop understanding of how and why they have committed sexual offences. The programme also increases awareness of victim harm. The main focus is to help the offender develop meaningful life goals and practice new thinking and behavioural skills that will lead him away from offending. The programme aims to prevent sexual re-offending by:

• Increasing awareness of the way an offender's attitudes and behaviour has affected the victim and those close to the victim
• Confronting sex offenders' denial by encouraging them to take full and active responsibility for their sexual behaviour
• Conducting a detailed analysis of the offending behaviour to assist in making an accurate assessment of risk
• Teaching offenders ways of interrupting their offending behaviour patterns and increasing their ability to lead an abuse-free, new life
• Identifying and examining the perceptions and attitudes of group members towards women, children, men and sexuality, which may have contributed to their offending.

The programme is designed for male sexual offenders aged 21 or over who have been convicted of any sexual offence including non-contact sexual offences and are subject to a condition of attendance in a community sentence or post-custodial licence. It is not suitable for:
• Female sexual offenders
• Sex offenders with an IQ of less than 80
• Men with severe alcohol/drug misuse behaviours
• Men with current mental health problems
• Men assessed as psychopathic
• Men who are unable to speak/understand English
• Men in total denial of their sexual offending.

Prior to the programme, participants are assessed by psychometric measures for deviancy and to determine which blocks of the programme need to be undertaken.

The four program blocks are:
• Foundation block (10 full days)
• Victim Empathy (8 sessions)
• Life Skills (10 sessions)
• Relapse Prevention (24 sessions).

**ASOTP-CV (Adapted Sex Offender Treatment Programme - Community Version)**

Community sex offender programme similar to SOTP, but adapted for those who have social or learning difficulties. It is designed to increase sexual knowledge, modify offence-justifying thinking, develop ability to recognise feelings in themselves and others, to gain an understanding of victim harm, and develop relapse prevention skills.

**Becoming New Me**

The Becoming New Me (BNM) programme is designed for sex offenders who have an intellectual disability (IQ of 50 and below). On BNM there is less reading and writing and more pictures, symbols and role play. On the BNM, offenders do not have to read or write things down. Staff working on BNM have been specially trained to use different approaches in group work. BNM helps offenders think about the thoughts, feelings and behaviour that made them offend. It helps offenders learn and practise new ways of thinking and behaving, which can ultimately assist offenders to plan a better life where they would be less likely to offend again.

BNM consists of approximately 90 sessions. There are at least two sessions per week and offenders must attend every session. If offenders are doing the group in prison, there will be three or four sessions per week. If offenders miss a session they will have to complete catch up work. The group sessions all last for a morning or an afternoon. They are two to three hours long, with a short break in the middle.

**ISOTP**

A programme for internet offenders. It is delivered over 35 two hour group sessions, delivered once or twice a week. It can also be offered on an individual session basis over 20-30 sessions.

**Evaluation of probation programmes**

The first study into probation programmes looked at two year reconviction rates after
treatment. One hundred and thirty three offenders who had received treatment had a lower sexual reconviction rate than a comparison group of 191 offenders who had not received treatment.

The reconviction rates of 155 sexual offenders who started CSOGP (one of the community sex offender programmes) have been compared with 55 offenders who did not receive treatment. Those who took part in the programme had lower rates of reconviction for sexual offences than the comparison sample.

A study found the two year reconviction rate of sexual offenders who completed a community sex offender programme was significantly lower than the predicted reoffending rate for this group.

The pre- to post-treatment psychometric change of a sample of 264 internet sexual offenders who took part in the ISOTP was examined. Offenders showed an improvement in relationship skills and a decrease in pro-offending attitudes.

**Deaf offenders SOTP – Alpha Hospital, Bury**
The Deaf Sex Offenders Treatment Programme is an integral part of the treatment for Deaf patients who have committed sexual offences and is one of only two programmes in the UK. The programme utilises a CBT approach based on the treatment manual of HM Prison Service Core SOTP, but adapted to meet the cultural and linguistic needs of this Deaf patient group.

**Circles of Support & Accountability (not quite a programme!)**
Circles of Support and Accountability are formed by a group of volunteers who provide a means of practical and emotional support to a sex offender within the community whilst at the same time holding him accountable for his behaviour. First developed by the Mennonite Church in Canada, ‘Circles’ is based on the principles of restorative justice and aims to balance the needs of the community with those of the offender in order to both minimise risk and to begin to enable the offender (Core Member) to lead an offence-free life.

By supporting sex offenders within the community, helping them to reintegrate and, crucially, holding them accountable for their behaviour, Circles aims to reduce the risk of reoffending and so to create safer communities for children. Circles’ volunteers offer practical and emotional support to the Core Member, enabling them to begin to develop and maintain a meaningful and appropriate lifestyle in which the risk of further offending is reduced.

Each Circle consists of 4-6 volunteers and a Core Member. The Circle meets weekly and volunteers also spend individual time with the Core Member, either face to face or by phone. The Circle provides support and practical guidance in such things as developing social skills and accessing benefits. It also helps the Core Member find hobbies and interests. Its ‘life’ is initially for 12 months, but may extend beyond this for as long as the Core Member and volunteers consider it useful. At all times, the primary aim is to ensure that public safety is not
compromised.

Circles Projects are typically coordinated and run by non-government organisations, like The Lucy Faithfull Foundation (LFF), across the country. The LFF was the first to develop this work and has completed 46 Circles to date.

Positive evaluation results of Circles were found in a study of the Hampshire and Thames Valley Circles of Support and Accountability and in the 2005 report published by Quaker Peace and Social Witness: ‘Circles of Support and Accountability in the Thames Valley – The First Three Years, April 2002 to March 2005’.

Other approaches
There is much activity going on additional to the above – testing of the use of the polygraph; chemical interventions for those whose needs indicate utility as an adjunct to cognitive behavioural approaches.

Tertiary (and Secondary) Responses to Internet Child Pornography Offenders

THE LUCY FAITHFULL FOUNDATION

Inform Plus
This is a ten-session course (one 2.5 hour session per week) offering education, exploration and practical advice to people who have been arrested, convicted or cautioned for accessing illegal images of children online. It is not designed as a treatment programme, although for those men who receive a caution or a short prison sentence, it may be the only intervention they receive.

The modules covered by the programme are:
• Offence analysis
• Fantasy in offending
• Addiction/compulsion/habits, collecting behaviours
• Disclosure, Relationships and Social Skills
• Relationships and Social Skills
• Victim Empathy
• The Legal Process
• Relapse Prevention & lifestyle changes.

There is growing international evidence that the type of cognitive-behavioural techniques that NOMS accredited programmes apply are the most effective in reducing offending behaviour. Accordingly, although a formal evaluation (in preparation) has yet to be carried out on the Lucy Faithfull Foundation’s Inform Plus programme, it is designed on cognitive behavioural principles and positive feedback from group members consistently indicates the group achieves its objectives of providing information and support.
(Note: an adapted version of this programme is being piloted for young people who have offended online, whether convicted or not.)

**Inform**
The Inform programme is a course for partners, adult relatives and friends of anyone who has been accessing indecent images of children online. It offers a safe space to discuss and explore the emotional and practical impact of Internet offending in a supportive environment. Its purpose includes offering informed support to adults who remain part of the convicted offender’s social network. Each group typically has up to six members, who meet for five evening sessions.

The group aims to:
- dispel myths about Internet offending and provide you with the facts;
- explore questions such as why their loved one began to offend and continued offending;
- consider practical issues, including sentencing outcomes and the Sex Offender Register;
- help with practical strategies to plan for the future, including ongoing risk management;
- provide emotional support to help cope and alleviate feelings of stress and isolation;
- enhance recovery.

**CROGA**
An online self-help tool, managed by Lucy Faithfull Foundation, for Internet Child Pornography offenders, currently available in English, Polish, Spanish and Italian.

3. **Is there any formal framework (legislation, policy, formal and/or informal agreements) that supports the implementation of this/these programme/s?**

Yes, mostly in tertiary prevention responses to be found in legislation

4. **What professions, agencies institutions and/or organisations are responsible for programme implementation?**

Mostly Probation Officers, Prison Officers, Psychologists Social Workers and other trained therapists. But trend is towards de-professionalising....so change is afoot!

5. **What challenges to programme implementation are experienced in your country or region?**

There is a lot going on, predominantly at a tertiary level with adults, and mostly for those with convictions. Some Health Services provide such tertiary approaches for the un-convicted, but this is not typical. Similarly there are specialist services providing programmed work with young people (tertiary), but provision is patchy and in many areas non-existent.
6. **What/who supports programme implementation in your country or region?**

Government Departments – Home Office (Police); Ministry of Justice (Prisons and Probation; Youth Justice); Departments of Education and Health (Children’s Services and Hospitals). And also Non-Government Organisations e.g. NSPCC, Barnardos, Lucy Faithfull Foundation.

Would more support be useful? Absolutely!! There is too strong an emphasis on responses after abuse rather than work to prevent it. Government is currently looking at research on early intervention, so hopefully this sexual abuse prevention agenda will profit.

7. **Any further comments on the topic?**

Too many!

The Model of Smallbone and Wortley has been an inspiration to our thinking on a comprehensive approach to prevention. But we must not neglect value of Situational Prevention initiatives.
Appendix 8: DTS Presentations

Working with men and boys – preventing sexual abuse

Purpose of workshop:
- To introduce promising prevention strategies and programmes from around the world
- To explore their relevance & how to implement a prevention strategy and programmes

Facilitators:
Joan van Niekerk, Jenny Gray, Enid Hendry

The aim of the ISPCAN Denver Thinking Space
- Is to bring international experts together in order to debate a specific child protection challenge, share theory, research and evidence-based practice on the topic and then develop a report that will provide the international community with a ‘snap-shot’ of high-level clinical and policy advice that is:
  - informed by multi-cultural, multi-lingual and multi-disciplinary input;
  - universally applicable or adaptable across language and culture;
  - sensitive to the realities of resources; and
  - a practical resource for the use of senior practitioners hoping to influence policy-makers and senior officials in their own geographical and cultural areas.

Context & background
- The Denver Thinking Space 2013 focused on the identified problem/challenge to find effective, internationally applicable solutions to preventing child sexual abuse through work with men and boys
- This was not a “one size fits all” exercise, but an effort to establish some generic principles and concepts for prevention

Concept and Background
- The process of this research is iterative
- The outcomes of the initial research & workshop report have been discussed at the ISPCAN regional conferences in Dublin, Ireland (European ISPCAN Regional Conference), Vino Del Mar, Chile (Latin American ISPCAN Regional Conference), Melbourne, Australia (Australasian Conference) & Denver (USA) in order to add to the research paper

Further inputs have been invited from experts working in this field and added to the paper.
- Although this is recognised as a constantly evolving field of knowledge and practice, this is now the final consolidated paper which will be made available to delegates and on the ISPCAN website www.ispcan.org
The start of the process

- A questionnaire was developed and sent to researchers and practitioners working in this particular field.
- Snowballing sampling was used – as practitioners and researchers heard about the project, new names and projects were identified and included.
- In the first round of inquiry, the questionnaire was sent to 148 professionals in 94 countries. This included countries in every region of the world. Those contacted had been identified through ISPCAN’s network and with the help of UNICEF as people with experience or expertise on the topic.

Survey responses

Forty (40) people responded to the survey (27% of those contacted).

Responses were received from twenty eight (28) different countries (10.8% of the world’s countries)

At least one response was received from each major region.

Key survey findings

There are promising examples of preventive work with men and boys in all five major regions.

There are many countries and parts of world where preventive work with men and boys is absent or in early stages of development.

There are many positive examples of collaboration where work begun in one country has been adapted and extended.

There are international networks of organisations and donors addressing the issue of prevention which facilitates the exchange of information and the efforts to adapt concepts and principles to new contexts and cultures.

Critical supports for effective prevention

- Work embedded in a well implemented legal and policy framework
- Clear, well understood mandate from government, backed by resources and infrastructure
- Reliable long term financial support
- Cooperative arrangements between individuals, organisations, donors and countries.

Challenges

- Prevention is a low priority
- The actual concept of prevention is not understood
- Lack of resources: training, funding, facilities ...
- Funding limited and short term (although some donors appear to recognise the need for more sustained support of programmes)
- Cultural and social attitudes, disbelief/denial, discrimination
- Constructs of masculinity supporting aggressive sexual behaviour and male entitlement
- Taboo and difficult nature of subject

Challenges

- Absence of and resistance to sex education in some countries
- Limited research on effectiveness of primary prevention programmes
- Use of internet and social media changing nature of children’s access to and experience of pornography and violence
- Working across disciplines and services
- Geography and accessibility of services
- Absence of government strategy supported by resources and clear accountability.
- The issue of prevention is neglected in some vulnerable groups, for example children with disability
The programmes identified in the original research process

- Evidence-based programmes at each level identified in countries with high, medium and low incomes per capita
- 36 primary prevention programmes from 12 different countries
- 18 secondary prevention programmes from 9 different countries
- 15 tertiary prevention programmes from 3 different countries
- 1 programme covering all three levels, and
- 11 international programmes

Key findings on programmes

- Tertiary programmes of work with men and boys who offend are the most well developed and extensive
- Work with boys and young men with sexually harmful behaviour are most widely described secondary intervention
- Primary prevention interventions exclusively for men and boys are least well developed. Majority focus on self protection from abuse and are for mixed gender groups.

Developing child protection strategies

- Take public health approach, including primary, secondary and tertiary levels, with emphasis on primary
- Take gendered approach and include work with men and boys
- Take ecological approach to address societal, community, relationship, individual and situational risk and protective factors
- Adapt strategy to political, social, cultural and religious context
- Be guided by behavioural change theory.

Developing child protection strategies

Child sexual abuse has no single cause and therefore no single solution
Multi-layered strategy is required
Both long and short term strategies and programmes are required with a commitment to tracking effectiveness and efficiency over the life trajectory of children
Adaptation of concepts and programmes to contexts and cultures is critically important, rather than efforts at blanket application.
The Smallbone et. al. (2008) framework to plan a comprehensive strategy shows promise.

Framework for strategy development (adapted from Smallbone et. al. 2008)

<table>
<thead>
<tr>
<th>Primary prevention</th>
<th>Secondary prevention</th>
<th>Tertiary prevention</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Abusers and potential abusers</strong></td>
<td>Campaigned to raise awareness and change attitudes</td>
<td>Help lines</td>
</tr>
<tr>
<td><strong>Children and young people</strong></td>
<td>Self protection and gender equality</td>
<td>Counselling of at risk children</td>
</tr>
<tr>
<td><strong>Communities and families</strong></td>
<td>Parenting/ community capacity building</td>
<td>Interventions for domestic violence</td>
</tr>
<tr>
<td><strong>Situations</strong></td>
<td>Training</td>
<td>Situational interventions</td>
</tr>
<tr>
<td><strong>Systemic</strong></td>
<td>Public debates on traditions -</td>
<td>Targeted interventions</td>
</tr>
<tr>
<td><strong>Law and Policy</strong></td>
<td>Blanket provisions</td>
<td>Focus on where children might be vulnerable</td>
</tr>
</tbody>
</table>

Alternative typologies for prevention (Gordon 1983)

- **Universal prevention** includes strategies and programmes that target the general public or a whole population group.
- **Selective prevention** targets individuals or a subgroup of the population whose risk is significantly higher than average.
- **Indicated/ focused early interventions** targets high-risk individuals who are identified as having minimal but detectable signs or symptoms of social problems (early
The Protective Factors Approach: Children's Bureau US (2014)

- based on developing an understanding of both risk and protective factors and divides prevention interventions into addressing and promoting
  - Individual protective factors
  - Relational protective factors
  - Societal or community protection factors.
- (Very similar to Smallbones et al.)

Identified 10 protective factors with the strongest levels of evidence

- Self-Regulation
- Relational Skills
- Problem-Solving Skills
- Involvement in Positive Activities
- Parenting Competencies
- Caring Adults
- Positive Peers
- Positive Community
- Positive School Environment
- And motivates for Prevention programmes to be structured around programmes that enhance these 10 protective factors.

Key messages for practice

Preventing a significant proportion of child sexual abuse is possible – such offences are not inevitable
Prevention can happen at any stage of life cycle but the earlier the better
Limited resources are not necessarily a bar to primary prevention work
Prevention is not just a professional problem – scale of problem requires everyone to play their part
Men and adolescent boys should be seen not just as a problem, but as part of solution
Tackle marginalisation of fathers (and men and boys generally) - engage, encourage and support men to care for their children
Label the behaviour not the person

Key messages for practice

Children, parents and carers need information about healthy, harmful and illegal sexual behaviour and to be able to talk about safety, consent, abuse and its consequences
Learn to be comfortable discussing sex in developmentally appropriate and culturally sensitive ways
Be ready to recognise and act on red flags/early indicators of dysfunctional behaviour, but beware premature labelling or criminalisation of child
Interventions should be based on holistic, multi-disciplinary, developmentally-informed assessments, using validated measures
Assessments should address how to manage risks posed while treatment is underway

Key messages for practice

A developmental approach is essential in work with young people who sexually harm others.
Programmes that work for adults may lack this dimension
Research supports use of short term sexually abusive behaviour-focused CBT interventions, such as multi-systemic therapy (MST), which includes input to carers
Empathy and quality of relationships are critical to effectiveness of therapeutic interventions

Key messages for practice

Recognise impact of work with men and boys who sexually offend on own health and well-being and take measures to sustain self.
Sensitivity to culture and context is critical
The protection of children who are particularly vulnerable (the disabled, those involved in commercial sexual exploitation) may require specific prevention strategies and programmes
Appendix 9: Understanding demand for CSEC and engaging men and boys in prevention

EPCAT2014

Introduction
The last two decades have witnessed a growing recognition that sexual exploitation and sexual violence are inextricably linked to gender construction and dynamics. Across different contexts, gender has been identified as a critical determining factor for whether or not someone will use or be subjected to any form of violence and sexual exploitation. Research conducted over the world has generally concluded that while sex perpetrators are overwhelmingly (though not exclusively) men, victims are mostly girls and women. Literature has also increasingly shown that the sexual exploitation of children (CSEC) is rooted in social norms related to sexuality and patriarchal values and practices that support codified masculine and feminine gender roles which are in turn reinforced and reproduced by families, communities and social institutions.

Whilst it has become evident that sexual exploitation of children (CSEC) is a gendered problem, historically little attention has been given to the importance of involving men as key allies to prevent such behaviors, and even less to contexts in which men and boys themselves are victims of sexual violence and exploitation. From ECPAT’s perspective, engaging men in the prevention and protection of children from sexual exploitation, and incorporating a gender perspective into policies and programming is an essential strategy to address the demand for sex with children and ultimately reduce the incidence of this contemporary form of slavery.

Understanding demand for CSEC
The demand side of commercial sexual exploitation of children has long been invisible and ignored. However, recently a number of agencies such as ECPAT have begun to incorporate a gender approach to research programmes on the issue, thus contributing to expand the knowledge base on the profile of perpetrators and motivations underlying their behaviour.

Besides recognizing that the majority of men who engage in child sex are not pedophiles but situational offenders whose conduct is driven by a complex interplay of individual conditions and cultural, social, political and economic factors, the consistent picture from research seem to suggest that while the age of children in prostitution tends to be between 14 and 17, customers are aged between 15 and 60 years. Indeed most of the studies lead to the conclusion that: a) very few buyers are looking for pre-pubertal children specifically; b) in many settings, buyers seek and have a preference for adolescent girls in prostitution, a practice often facilitated by the lack of legal protection from prostitution for children above the legal age of consent; and c) those engaging in commercial sex can at times be under the age of 18.

Current knowledge of the demand for sex services indicates that reasons for the commercial sexual exploitation of children vary according to the specific cultural and historical context, the prevalent social norms and power dynamics, and other contingent factors, such as the applicable legal and policy frameworks. In Latin America, an investigation conducted by ECPAT in Peru identified the following motivations behind offenders’ behaviour: a) perception of the girls that are victimized through prostitution as being those from marginalized families and therefore exploitable; b) the idea that there is a demarcation between ‘good’ and ‘bad’ women (‘Madonnas’ and ‘whores’), with females in prostitution, both women and children, not considered respectable as they supposedly ‘agree’ to sell their sexuality as a commodity; c) the racist idea that certain groups in Peru, particularly girls from the jungle regions, are thought to be more sexualized, sexually mature at a younger age, “hotter” and therefore more desirable sexual partners; d) sex with younger sexual partners, particularly adolescents, is seen as expression of masculinity, power and control; and e) peer influence. An ILO/IPEC qualitative study on the demand side of CSEC involving Chile, Colombia, Paraguay and Peru exposed similar findings, confirming that some men did not regard having sex with a person under 18 as an abusive behavior, rather they viewed adolescents as subjects capable of consenting to paid sex.

In the Global North men appear to be driven to buy sex for reasons such as an immediate sexual urge, entertainment and pleasure, racial and sexual stereotypes, or due to the absence of commitment and emotional connection inherent to prostitution. In many countries in Asia, premarital sex is socially sanctioned and girls’ sexual activity may be repressed and controlled through such customs as placing a premium on girls’ virginity. In these contexts, resorting to prostitution may become a means to gain sexual experiences otherwise

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131 ILO/IPEC (2007). The demand side of the commercial sexual exploitation of children and adolescents in Chile, Colombia, Paraguay and Peru. Summary of the results of the investigation. Accessed on 7 February 2013 from: [http://www.ilo.org/ipecinfo/product/searchProduct.do?userType=3&type=normal&selectedLanguages=1200&selectedCountries=220&selectedSortById=4](http://www.ilo.org/ipecinfo/product/searchProduct.do?userType=3&type=normal&selectedLanguages=1200&selectedCountries=220&selectedSortById=4)

forbidden.¹³³ In Africa, the continent most affected by the HIV/AIDS epidemic, customers of prostitution may choose to have paid sex with a young girl because this is perceived as more safe.¹³⁴

An important finding that has emerged from recent research is the request for paid sex with children and adolescents by particular groups of men, including truck drivers, miners and other men who migrate or are highly mobile in their work.¹³⁵ The role of military and police peacekeeping personnel and humanitarian workers in the sexual exploitation of children and adolescents in conflict and post-conflict contexts has also been increasingly acknowledged¹³⁶ as was the involvement of clerics and various religious leaders.¹³⁷

Another result that the inclusion of the gender perspective into research programmes exploring CSEC has recently achieved is the growing attention devoted to the sexual exploitation of boys and the social and cultural norms that impact on this practice. Historically, the notion of masculinity and the social expectations of boys and men allow assumptions to persist about boys as perpetrators rather than survivors of sexual exploitation. A series of ECPAT studies in South Asia (Bangladesh, Pakistan and India) confirmed this, concluding that sexual exploitation of boys is more hidden and continues to be under-reported and “socially invisible” due to the stigma attached to same-sex relations (i.e. homophobia). Contrary to a common misconception, the research revealed that child sex offenders were primarily men who identified themselves as heterosexual and bi-sexual and that although most exploiters were local men, in cities such as Hyderabad in India, they also included female perpetrators. Motivations behind the purchase of sex services from boys were identified, inter alia, in the taboo on premarital sex and in the rigid gender segregation common in these societies which results in the absence of space where men may have access to female sex partners.¹³⁸ In collaboration with local partners, ECPAT has also undertaken research on sexual exploitation of boys in a number of Latin American countries. In Colombia, factors predisposing to commercial sexual exploitation of boys and male

adolescents identified by the research encompassed, among other, rejection by the families of their children’s homosexuality, social exclusion due to dysfunctional families, absence of a father figure, and sexual abuse in early childhood years, often by a male close to them. In Guatemala, the demand for paid sex with male children in this country was found to be linked to accessibility and economic convenience. The study also looked at the social perception of commercial sexual exploitation of boys, confirming that in a society where machismo is dominant, boys’ victimization goes unnoticed and unaddressed, and even when its occurrence is recognized, there is a common belief that homosexual and transsexual boys engage in paid sex because “they like it”. Across different countries and regions, cultural aspects linked to male roles and masculinity, discrimination and homophobia result in the difficulty for boys to report sexual abuse and exploitation as well as in a lack of care and treatment services tailored to their specific needs.

Engaging men and boys in the fight against CSEC: examples from the ECPAT network

The connection between the construction of normative concepts of masculinity and sexual exploitation and violence in all its forms does not mean that men and boys cannot change attitudes and behaviours related to sexual rights. Initiatives which incorporate a gender dimension by involving deliberate discussions of gender and masculinity are particularly effective. It is therefore imperative that efforts to prevent sexual exploitation of children encourage men and boys (and women and girls) to critically reflect upon, question or change social norms that create and reinforce gender inequality and vulnerability for men and women. It is also not sufficient to engage men in narrow discussions on sexual exploitation and violence, for example by merely informing or “warning” men about legal sanctions. Rather, there is a need for sustained awareness raising efforts aimed at transforming sexuality, manhood and gender relations using a gender transformational approach which should start at an early age. It is important to engage peer groups, social groups, and entire communities in the questioning, criticism and reconstruction of norms related to masculinity, sexuality and gender relations. Such efforts can range from community-level mobilisation and campaigns to advocacy. For example, it can be particularly effective to engage community leaders or specifically “male” leaders (male religious leaders, men in the command structure in militaries, male celebrities, etc.) in questioning stereotyped views about men, sexual violence and CSEC, as they can be important influences on other men. Women and girls should also be engaged in community-level efforts, as they contribute to and reinforce norms related to masculinity, sexual violence and child sex trafficking. Additionally, a greater understanding of the factors that inhibit and discourage men and boys (as well as women) from sexual exploitation of children across different contexts and cultures must be developed so that strategies for engaging men and boys in the prevention and protection of children from this

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contemporary form of slavery can be realized.  

Since its inception, ECPAT has constantly focused on the various contributing factors to CSEC, including demand, especially by targeting potential situational child sex offenders and in particular tourists and travellers. However, it is only in recent years that a more comprehensive approach to the cultural and social factors that lead to social tolerance towards CSEC has been introduced. Working with men and boys on social constructs of masculinity and concentrating on elements that can lead them to CSEC has increasingly become a key strategy of the organisation. Consequently programmes and projects engaging men and boys as agents of positive social change for increased prevention and protection of children have begun to take shape across different countries and regions. ECPAT has adopted diverse and combined strategies to engage men and boys in the fight against CSEC, and although generally isolated and limited, the examples from the network outlined below show that some promising work has been initiated, particularly in Latin America and with the meaningful participation of children and youth.

a) Awareness raising campaigns addressing gender stereotypes and the demand, including specific segments of such demand

One of the main strategies adopted by ECPAT to reduce the demand for sex with children is through awareness raising campaigns targeting child sex offenders. Whilst many of these initiatives have revolved solely around placing responsibility on the perpetrators, some have focused on challenging the mainstream constructions of masculinities and the socially endorsed views of gender that sustain the perpetuation of CSEC. An example is the “No hay excusas” campaign implemented in 2006-2007 by the NGO Raices, a member organisation of ECPAT in Chile. Developed as part of the “Tejiendo Redes Project” coordinated by ILO/IPEC and carried out in Chile, Colombia, Paraguay and Peru, the campaign, the first of its kind in Chile, was intended to question the justifications that support commercial sex with teenagers and that are often used to place responsibility on the child rather than on child sex offenders (e.g. “this girl is no longer a child”, “I don’t exploit him/her because I pay”, “nobody is forcing them to engage in paid sex”, etc.). By generating reflection about prejudices and stereotypes around this violation, the initiative contributed to change social attitudes towards CSEC.

Another effective approach to demand reduction adopted by ECPAT involves tailored sensitization for specific groups of men who are known to engage in paid sex with children and adolescents (such as truck drivers, mine workers, military personnel, etc.). A successful example is ECPAT Belgium’s “Stopchildprostitution.be” campaign which since 2004 has targeted all Belgians travelling abroad: tourists, businessmen, the army on a foreign mission, the embassy personnel, development-aid workers, bus and truck drivers.

b) **Promoting positive role models for young men and boys**

Celebrities and male leaders in the political, economic and cultural domains have critical roles to play in promoting a vision of childhood free from sexual exploitation, and in advocating for the social changes that are needed to make this vision a reality. Men can also provide positive role models for young men and boys, based on healthy models of masculinity. The “Man to Man” campaign being implemented since 2009 by Beyond Borders/ECPAT Canada is an example of how this strategy can be effectively utilised. By featuring several high-profile Canadian men who take a stand against CSEC, the campaign has stimulated public discussion and awareness on the issue of demand, including on myths used by offenders used to justify their behaviours, and has also seen an increasing number of men involved in combating this violation.  

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**c) Supporting young men in structured reflection on norms and form and non-formal education on gender norms and CSEC for male and female teenagers**

ECPAT has organised group educational activities for boys to support reflection on gender construction and stereotypes. After conducting research on the demand for sex with children in Peru (see above) and with the aim to promote awareness of the harms and consequences of CSEC, men’s roles in perpetuating sexual exploitation and their potential for being catalysts for change, in 2007 ECPAT International and the local organizations IDEIF, REDES and CODENI involved high-school student boys from all-boys schools in forums with teachers and parents as well as three-day workshops with adolescent boys aged 14 to 16 years old. According to ECPAT evaluation of this activity, 40% of the students involved achieved a positive behavioral change, 70% were able to share efficiently what they have learned regarding social norms, sexuality and sexual exploitation and 90% discussed the issue with their families.

ECPAT International has also worked with groups in Uruguay and Peru to design and pilot educational materials for young people, both boys and girls, to facilitate their critical analysis of concepts related to gender, sexuality and age relations, using a rights based framework. In Uruguay, ECPAT International, in collaboration with the NGO Gurises Unidos, has developed a training manual for high-school teachers to help them address a variety of issues (such as gender, violence and CSEC, youth participation and promoting children’s rights) with their students. The training modules include child-friendly information on these topics, activities for the classroom, videos and discussion guides. In Peru, ECPAT partner organisations (CHS and Redes) engaged 40 schools from Huancayo, Lima, Iquitos and Cusco in workshops to sensitise male and female teenagers on how gender and sexuality concepts can either facilitate CSEC or

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from:

ipo_child_prostitution_campaign.jsp


144 “Man to man campaign”. Accessed on 13 February 2013 from:

have an impact on the prevention and protection of young people. A variety of training and audiovisual materials were developed by ECPAT groups and piloted in September and October 2010 with 400 teachers and 400 student leaders in the provinces of Junin, Cuzco and Loreto. Along with formal awareness raising programmes on gender and CSEC in schools, ECPAT groups have also promoted innovative and promising non-formal educational practices such as the Interactive Gender Theatre developed in 2002 by children and youth from the International School of Equal Opportunities (ISEO), one of ECPAT member organisations in Ukraine. The main goal of this initiative was to promote gender equality through new and effective ways to spread information among young people. The programme intended to educate children and young people about a number of issues affecting their lives, such as children’s rights, harmonious and equitable gender relations, the consequences of early sexual activity, CSEC and child trafficking.

e) Supporting child protection work with marginalized youth

In an effort to provide adequate support to a group of children who are particularly discriminated against, ECPAT Brazil implemented a programme targeting young and adolescent transsexuals. The project builds on the findings of a 2008 study which identified a strong link between CSEC and transsexuality in Fortaleza. Involving individuals aged between 16 and 25 years coming from the most impoverished outskirts of the city, the programme adopted multiple strategies. A key methodological approach was the involvement of young people as social educators. In the framework of the project, adolescent and young transsexuals were provided with opportunities for “peer counseling” to discuss a variety of issues such as family, sexuality, gender and violence. Thanks to this programme, in 2010 almost 40% of those involved in this initiative ended up leaving sexual exploitation within the year. 146

f) Involving the most affected and nurturing their leadership

Child and youth participation is a key component of ECPAT’s work, as testified by the Youth Partnership Programme (“YPP”) which involved 11 countries in Asia, Africa, Eastern Europe/CIS, and Latin America. Focusing on reaching out to the most marginalised and disadvantaged groups of children and youth, such as survivors of CSEC and those most at-risk, the YPP has creatively contributed to challenging and changing the social norms and beliefs around gender, sexuality and other issues in which CSEC is rooted by: a) promoting community dialogues on sexuality, gender, CSEC and related issues which targeted, inter alia, different groups of men (including fathers, young boys, teachers, and influential men such as community and religious leaders); b) conducting media work (e.g. radio programmes to discuss CSEC, HIV/AIDS, gender and sexuality norms and practices through local radio channels, reaching out to a very wide local audience); c) organizing creative and innovative educational activities for young people (such as theatre, games, art, etc.) to give voice to children’s views while at the same time enabling an explicit discourse that recognises and address CSEC, sexuality, gender roles and

www.ecpat.net
other related issues.\textsuperscript{147}

g) Working with men as system gate keepers
Recognizing that men play key gatekeeper roles, especially in relation to the criminal justice system, ECPAT groups have devoted consistent efforts to building the capacities of police officers and judges in combating the different manifestations of CSEC. In addition to a focus on child rights and survivors needs, this work has placed emphasis on the gender dimensions of CSEC in order to improve the responses to both female and male survivors. Nearly all training manuals and training sessions that ECPAT International and ECPAT groups have developed in this area include a reflection on how gender issues impact on CSEC and related law enforcement interventions.\textsuperscript{148}

Conclusion and recommendations for the ECPAT network
The increasing knowledge on CSEC accumulated in recent years has allowed to understand that this is a gendered problem that cannot be solved solely by placing responsibility on men and boys as offenders. The demand that fuels this violation is the expression, inter alia, of gender and generational inequalities of power that they themselves can contribute to question and change. By promoting research on this key driving force from a gender perspective, ECPAT and other agencies have shed light on the social, cultural, economic and historical elements that work together to subtly create sexually exploitative behavior against children and adolescents. In this way new avenues for addressing the problem at its source have been identified. As a result of this improved understanding of the demand, ECPAT has increasingly learned that while some men and boys are part of the problem, all can be part of the solution. This has led to the development of a number of initiatives to engage the male population in the prevention of CSEC and address the patriarchal norms of gender and sexuality in which CSEC is rooted. Whilst emphasising the gender dimension, work conducted in this area has always been embedded in the children’s rights framework and in a broader system of child protection which recognizes the importance of a protective continuum of care.
Concentrated mostly in the Latin American region, actions promoted by the ECPAT network to date have mainly focused on primary and secondary prevention while only limited efforts have been spearheaded for engaging men and boys in tertiary prevention. Although experience from member organisations show promising, this review has identified several areas that deserve further attention and investment:

• Taking stock of existing research conducted from a gender perspective, ECPAT should further expand its efforts to understand the context-specific and unique roots behind the demand. It should also build knowledge on areas partially neglected or still insufficiently investigated by current studies, such as the problem of female perpetrators, and factors inhibiting and

\textsuperscript{147} Ibid.
discouraging men and boys (as well as girls and women) from engaging in sexual exploitation of children across different contexts and cultures. It is also crucial that each research study that ECPAT undertakes on CSEC, adopts a gender lens that enables to examine how prevailing social norms related to gender construction, masculinity and sexuality, impact on the different manifestations of this violation;

• There is a need for an in depth-mapping of ECPAT work with men and boys as well as for enhancing evaluation of existing preventive initiatives to address CSEC and related issues such as gender inequality and constructions promoted by ECPAT. Regrettably, there is still insufficient evidence base to support the effectiveness of the work conducted to date, especially in determining behavior change;
• Opportunities for ECPAT groups to learn from other member organizations (such as Paicabi in Chile and Gurises Unidos) which have successfully incorporated the category of gender into research programmes and interventions, should be created;
• It is recommended that the innovative and creative ways of addressing CSEC and its links to gender dynamics developed by children and young people, be further expanded, especially in countries where CSEC and sexuality are still a taboo subject;
• ECPAT should build or revitalise partnerships with other organizations dedicated to engaging men and boys in gender transformative initiatives as there is still a lot to learn on concepts and methodologies for effective work in this area;
• In a medium and long term perspective, it is recommended that ECPAT does not limit its work with men and boys to addressing the demand and changing the social norms in which CSEC is rooted. Recognising the multiple roles that men and boys (and women and girls) can play in addressing the different underlying causes of CSEC (not only the demand) will allow to explore and use the full potential of male engagement in child protection.


1 The research reports are available at: Bangladesh
http://www.humantrafficking.org/uploads/publications/Pakistan.pdf; India


1 Ibid.

Appendix 10: “Screening Tests” – A good idea?

Richard Roylance

Introduction

The desire to introduce a ‘test’ or a ‘series of tests’ to assist in the identification and management of undesired outcomes is understandable – whether it be to identify someone carrying an infectious disease, the presence of a potential terrorist at an airport, or a person who will sexually offend against a child.

This Denver Thinking Space has identified a number of characteristics of men and boys that are associated with an increased risk for going on to sexually harm children; or for being vulnerable to become future victims of sexual harm.

This Addendum section is included to illustrate how the introduction of ‘tests’ and/or ‘screenings’ strategies - unless carefully considered - may (counter-intuitively) worsen rather than improve the situation for children.

This is because of fundamental mathematical limitations to the usefulness of ‘tests’ when they are applied at the population level. These limitations are well known to students of public health and mathematics, but readers who have not received this specialised training will find the following discussion of use.

The goal of this section is to explain some basic concepts in the interpretation of ‘tests’, and to provide some simple worked examples. This may be the first time that decision makers and advocates who have not had the advantage of specialised training are exposed to these important concepts.

This information will improve their capacity to critically interpret proposals which include the introduction of ‘screening tests’ without including analysis of the implication of ‘false positive’ and ‘false negative’ test results. Specifically, what follows will provide a context to better answer two obvious questions which will have already occurred to the reader:

- If there were a ‘test’ or ‘series of tests’ that helped identify someone likely to sexually harm a child (e.g. has previously sexually harmed a child, has accessed child pornography, has a personal history identified as ‘risky’ etc.) – doesn’t it make sense to introduce it/them?

- If people who sexually harm children are a small part of the population - isn’t a population level (i.e. ‘Primary Prevention’) approach a waste of limited resources?

Some Concepts
As noted above, we all have some life experience of ‘tests’ that are used to confirm or refute the presence of a disease or some undesired outcome. Ideally such tests will correctly identify all people with the problem we are worried about (i.e. ‘True Positives’), and similarly correctly identify all people who are not affected (i.e. ‘True Negatives’).

In the context of this paper, let us assume that a test (or series of tests) is developed using the evidence-base discussed in this paper to identify people who are likely to go on and sexually harm a child - the ‘Future Sexual Harm’ (FSH) Test. If this FSH Test were a perfect test, it would never be positive in a person who is safe with children (i.e. no ‘false positive’ results), and never be negative in a person who will go on to sexually harm a child (i.e. no ‘false negative’ results).

At this point that it should be noted that in theory almost all tests fall short of this ideal – and in practice all tests produce ‘false positive’ and ‘false negative’ results.

The practical implications of such shortcomings depend upon a number of factors, but importantly - variations is how often our imaginary FSH Test produces ‘false positive’ and ‘false negative’ results, and how commonly people sexually harm children in the population - can produce extreme variations is how useful the test will be in practice.

At first thought, it may be reasonable to think that even if our imaginary FSH Test (even if not perfect) is a move in the correct direction, and its introduction would generally be a good thing. However, the simple thought experiment below demonstrates how the introduction of such a FSH Test could have unexpected negative consequences.

To do this thought experiment, it is necessary to firstly introduce some simple concepts from the field of public health149. The following terms are fundamental to understanding the utility of tests:

- **‘true positive’**: the person has the problem and the test is positive 
  (i.e. the person will go on to sexually harm a child, and the FSH Test is positive)

- **‘false positive’**: the person does not have the problem but the test is positive 
  (i.e. the person is safe with children, but the FSH Test is positive)

- **‘true negative’**: the person does not have the problem and the test is negative 
  (i.e. the person is safe with children, and the FSH Test is negative)

- **‘false negative’**: the person has the problem but the test is negative 
  (i.e. the person will go on to sexually harm a child, but the FSH Test is negative)

**Sensitivity:**
The sensitivity of a test refers to the ability of the test to correctly identify those patients with the problem:

If our FSH Test had 100% sensitivity, it would correctly identify all people who would go on to sexually harm a child. If it had only a 70% sensitivity, it would detect only 70% of people who would go on to sexually harm a child (‘true positives’) and 30% of people who will go on to sexually harm a child will be undetected by the test (‘false negatives’).

A high sensitivity is clearly important where a test is used to identify a serious condition such as sexual harm to a child. If our imaginary FSH Test is not a sensitive enough test, people who will go on to sexually harm children will not be identified by the test, and prevention will have failed.

**Specificity:**
The specificity of a test refers to the ability of the test to correctly identify those people without the problem.

\[
\text{Specificity} = \frac{\text{True negatives}}{\text{True negatives} + \text{False positives}}
\]

If our FSH Test had 100% specificity, it would correctly exclude all people who were safe with children. If the FSH Test had only 70% specificity, it would correctly screen-out 70% of people who were safe with children (‘true negatives’), but 30% of people who would never sexually harm a child will be incorrectly labeled by our FSH Test as someone who will go on to sexually harm a child (‘false positives’).

A high specificity is important where the presence of a positive test result has an adverse outcome for the person tested. If our imaginary FSH Test is not specific enough, people who would never go on to sexually harm a child will be incorrectly identified as child sexual abusers – with all the problems that this incorrect labeling implies.

**Background Rate (“the rarer the condition, the less useful the test”):**
The potential to generate a ‘false positive’ test result (and therefore to overwhelm the ‘true positive’ test results) increases as the background rate of the problem decreases in the population. In short, as a problem becomes less common, the number of ‘false positive’ results may well exceed the number of ‘real positives’ - making the test almost useless in practice.

In our example of the FSH Test – its usefulness depends not only the test’s sensitivity and specificity, but also on how commonly sexual harm to children occurs I the target population.
population. This can be a tricky concept, so consider the example below: 150

A book shop installs an anti-theft device - a scanner at the entrance that looks for magnetic tags on stolen goods - to catch thieves as they leave. It is thought that about 1 in 100 customers will steal a book.

**What if the scanner has 99.9% sensitivity and 99.9% specificity?**

Out of all the thieves that would walk through the scanner with stolen books, the scanner will buzz 99.9% of the time (this is the test sensitivity). Only 1 in a 1000 thieves will be missed by the test.

In the real world, every so often the alarm will buzz for someone who is innocent of theft (e.g. they didn't deactivate a tag, their phone set off the scanner, the alarm had a malfunction, or for whatever reason). Assuming an alarm specificity of 99.9%, for every 1000 innocent people that walk through the scanner, only 1 person will be incorrectly identified by the alarm system as a thief (this is the test specificity).

If 1 in every 100 customers in the store tries to steal something - that's 10 in every 1000 customers. As the test sensitivity is 99.9%, all 10 thieves (in each 1000 customers) are very likely to be caught - **but** - out of those innocent 990 (in each 1000 customers), 1 innocent person will trigger a false positive result and be incorrectly identified as a thief.

For every 1000 customers, this seemingly useful test will incorrectly label 1 person as a thief for every 10 people it correctly labels as a thief. It can be seen that this ‘99.9% sensitive test’ is actually, in practice, only correct about 90% the time when the scanner buzzes.

**What if the Scanner has 99% sensitivity and 99% specificity?**

Of all the thieves that that walk through the scanner with stolen books, the scanner will buzz 99% of the time (this is the test sensitivity). Only 10 in a 1000 thieves will be missed by the test.

Assume an alarm specificity of 99% - for every 1000 innocent people walking through the scanner, now 10 people will be incorrectly identified by the alarm system as a thief (this is the test specificity).

In this case with a test sensitivity of 99%, all 10 thieves (in each 1000 customers) are still very likely to be caught - **but** - out of those innocent 990 (in each 1000

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customers), now 10 innocent people will trigger a false positive and be incorrectly identified as a thieves.

For every 1000 customers, this seemingly useful test will incorrectly label 10 people as a thieves for every 10 people it correctly labels as a thief. It can be seen that this ‘99% sensitive test’ is actually, in practice, only correct about 50% the time when the scanner buzzes.

**What if the Scanner has 90% sensitivity and 90% specificity?**

Of all the thieves that walk through the scanner with stolen books, the scanner will now buzz 90% of the time (this is the test sensitivity). Now 100 in a 1000 thieves will be missed by the test.

Assume an alarm specificity of 90% - for every 1000 innocent people walking through the scanner, now 100 people will be incorrectly identified by the alarm system as a thief (this is the test specificity).

In this case with the test sensitivity of 90%, only 9 of the 10 thieves (in each 1000 customers) is likely to be caught and 1 will escape detection! This is of some concern to the shop-owner who sees her marginally profitable shop at risk of failure if thieves are not stopped.

Moreover, out of those innocent 990 customers (in each 1000 customers), 90 innocent people will trigger a false positive and be incorrectly identified as a thief. This is also of concern to the shop-owner who lives in the community with those neighbours who have now been incorrectly labeled as thieves!

For every 1000 customers, this seemingly useful test will incorrectly label 99 people as a thief for every 9 people it correctly labels as a thief. It can be seen that this ‘90% sensitive test’ is actually only, in practice, only correct about 8% the time (i.e. 8% effective) when it comes to the results it produces – with almost all of the positive results being incorrect.

**Let us now consider what happens if the background rate of thieves visiting our other shop in another neighbourhood is much lower – and now only 1 in 1000 customers is actually a thief!**

**What if the Scanner has 99.9% sensitivity and 99.9% specificity?**

Out of all the potential thieves that would walk through the scanner with stolen goods, the scanner will buzz 99.9% of the time (this is the test sensitivity). Only 1 in a 1000 thieves will be missed by the test.
Assume an alarm specificity of 99.9% - for every 1000 innocent people walking through the scanner, 1 person will be incorrectly identified by the alarm system as a thief (this is the test specificity).

In this alternative shop, only 1 in every 1000 visitors to the store tries to steal something. As the test sensitivity is 99.9%, that 1 thief is very likely to be caught - but - out of those innocent 999 (in each 1000 customers), 1 innocent person will trigger a false positive result and be identified as a thief.

For every 1000 customers in the alternative book-shop, this seemingly useful test will incorrectly label 1 person as a thief for every 1 person it correctly labels as a thief. It can be seen that this ‘99.9% sensitive test’ is actually, in practice, only correct about 50% the time when the scanner buzzes.

What if the Scanner has 99% sensitivity and 99% specificity?
Out of all the potential thieves that would walk through the scanner with stolen goods, the scanner will buzz 99% of the time (this is the test sensitivity). Only 10 in a 1000 thieves will be missed by the test.

Assume an alarm specificity of 99% - for every 1000 innocent people walking through the scanner, 10 will be incorrectly identified by the alarm system as a thief (this is the test specificity).

In this case with the test sensitivity of 99%, the 1 thief (in each 1000 customers) is still very likely to be caught - but - out of those innocent 999 (in each 1000 customers), now 10 innocent people will trigger a false positive and be identified as a thief.

For each 1000 customers this seemingly useful test will incorrectly label 10 innocent people as a thieves for every 1 person it correctly labels as a thief. It can be seen that this ‘99% sensitive test’ is actually only, in practice, only correct about 9% the time when the scanner buzzes.

What if the Scanner has 90% sensitivity and 90% specificity?
Out of all the potential thieves that would walk through the scanner with stolen goods, the scanner will buzz 90% of the time (this is the test sensitivity). Now 100 in a 1000 thieves will be missed by the test,

Assume an alarm specificity of 90% - for every 1000 innocent people walking through the scanner, 100 people will be incorrectly identified by the alarm system as a thief (this is the test specificity).
In this case with the test sensitivity of 90%, the 1 thief is still likely to be caught!

However, out of those innocent 999 (in each 1000 customers), 100 innocent people will trigger a false positive and be incorrectly identified as a thief.

This seemingly useful test will incorrectly label 100 innocent people as thieves for every 1 person it correctly labels as a thief. It can be seen that this ‘90% sensitive test’ is actually, in practice, only correct about 1% the time when the scanner buzzes – with almost all of the positive results being incorrect.

**Conclusion**

The problem is that this is very, very counter-intuitive. Not everyone will be able to realize and calculate the real effectiveness of a test; whether it be a medical diagnostic test, or a test to predict future sexual harm to a child – such as our imaginary FSH Test.

Often ‘tests’ will be discussed in to just their sensitivity, so their rate of false positives may be high and no one is aware of it. This problem has also made its way into some political or crime policy, and as a result more innocent than guilty people can be adversely affected when a ‘positive test result’ is generated.

Although the ideal (but unrealistic) situation is for a 100% accurate test (i.e. 100% sensitive and 100% specific), an alternative that is used in the medical sphere is to subject people who are initially positive to a test with high sensitivity/low specificity, to a second test with low sensitivity/high specificity. In this way, nearly all of the false positives may be ultimately correctly identified as a negative.

However, if the problem being tested for is something as stigmatizing as testing positive as someone who will sexually harm to a child (e.g. our imaginary FSH Test), then generating a large number of ‘false positive’ results (i.e. many innocent people being incorrectly identified by the test as potential child sexual abusers) is clearly unsatisfactory.

Furthermore, the cost of performing second-tier checks on a large number of ‘false positives’ may be prohibitive. The reviewing of a large number of positive results to ultimately determine that there were reported as positive in error may divert resources away from managing the problem.

This Addendum cannot hope to provide a comprehensive analysis of the science of ‘tests’ and ‘screening’. There are many more statistical concepts and tools relevant to a sophisticated understanding of these issues. It is hoped however, that this discourse provides a deeper understanding of the questions an insightful decision-maker should ask when considering the introduction of ‘testing’ or ‘screening’ programs.