

EVVIE Child-on-Child Sexual Abuse Second Action Plan Submission

This **submission** presents a set of policy recommendations to be delivered through the Second Action Plan of the [National Plan to End Violence Against Women and Children 2022-32](#) (National Plan) to address child-on-child sexual abuse (children's harmful sexual behaviour)¹. It has been prepared by members of **Every Victim's Voice Is Essential (EVVIE)**. It is informed by the group's combined expertise in research, practice and lived experience.

About EVVIE

Every Victim's Voice Is Essential (EVVIE) is a group comprised of five victim-survivors of child-on-child sexual abuse (children's harmful sexual behaviour), and three researchers. The group emerged organically after victim-survivors and researchers met during the Amplifying the Voices of Victim-Survivors (AVA) research project, funded by the National Centre for Action on Child Sexual Abuse. To date, the EVVIE group has contributed to policy and practice through knowledge translation activities for the AVA project, and consultation to the National Office of Child Safety (NOCS) about harmful sexual behaviour content for their website. Individual members have also carried out their own engagement and advocacy activities based on their local areas and personal/professional networks.

Submission guiding principle: Embedding lived experience

Lived experience of child-on-child sexual abuse, including sibling sexual abuse, must be embedded across all proposed policy solutions in alignment with the National Plan's cross-cutting principle that diverse lived experience of victim-survivors informs policies and solutions. This is why embedding lived experience is our guiding principle that is central to the design, development,

¹ The EVVIE victim-survivors acknowledge that the term 'harmful sexual behaviour' is the most commonly-used term to describe the form of sexual violence that they had perpetrated against them in childhood. However, the victim-survivors prefer the term 'child-on-child sexual abuse' as a more genuine label of the sexual violence they experienced.

implementation and evaluation phases of each recommendation. We propose that this can be facilitated through engagement with the EVVIE group and the adoption of the forthcoming Lived Experience Engagement Framework and Lived Experience Evaluation Framework being developed by the [Domestic, Family and Sexual Violence Commission's Lived Experience Advisory Council](#)². These two frameworks will support the Government and its partners to incorporate lived experience into policy and practice as a key source of evidence, rather than as an afterthought or tick-box exercise. We also propose that the lived experiences of children and young people must be incorporated into the design of these policy solutions, as we acknowledge that their voices and views are central to meeting the needs of children and young people today.

Problem statement

Child-on-child sexual abuse, including sibling sexual abuse and gender-based peer-to-peer intimate partner sexual violence and exploitation, is increasing at an alarming rate in Australia (Matthews et al., 2024). The cost of child maltreatment annually to the health system is \$21.6 billion in Australia, and \$24.1 billion in lost productivity (Le et al., 2026). EVVIE members consider that the current service system - across prevention, early intervention, response and recovery - is not fit-for-purpose, contributing to the significant economic costs. Of concern is the siloing of the sexual abuse and exploitation sector from the domestic and family violence sector and health sector, leading to fragmented responses and a lack of focus on emerging forms of child-on-child sexual abuse such as Sadistic Online Exploitation (McKibbin et al., Under Review; National Mental Health Commission, 2026). Further, prevention and early interventions addressing child-on-child sexual abuse are underdeveloped. Response services, in areas where they are offered, are informed by therapeutic and funding models that do not meet the needs of victim-survivors (McKibbin et al., 2025). This is exacerbated by the fact that victim-survivor voices are more or less absent from system design (McKibbin et al., 2024).

Solution

The issues outlined in this submission require urgent attention from the Australian Commonwealth and State and Territory Governments. As such, we present three specific recommendations to be

² As outlined in the [DFSVC Commission's 2025 Yearly Report to Parliament](#), and with input by Camille Schloeffel as a member of the Council.

committed to by the Australian Government and delivered through the National Plan's Second Action Plan. We propose:

- 1. A program that equips maternal child health nurses to educate new parents about children's healthy sexual development and how to prevent child-on-child sexual abuse as part of their broader program of work on family violence.**
- 2. An action research project to respond to emerging forms of child-on-child sexual abuse and to generate new evidence about the service needs of victim-survivors.**
- 3. Trauma-informed specialist advocacy and support services (not just "therapeutic" services) for victim-survivors of child-on-child sexual abuse across Australia.**

These recommendations align with the pillars in the National Plan, as delivery of these projects as a reform package has the ability to prevent, intervene, respond, and support healing and recovery, for victim-survivors. These recommendations are explained in more detail below.

Alignment of recommendations with Government priorities

The National Plan is underpinned by a Theory of Change constructed around six principles:

- Advancing gender equality
- Closing the Gap
- Centring victim-survivors
- Accountability
- Intersectionality
- Person-centred coordination and integration.

Our recommendations align with these principles and extend their associated activities to better prevent and respond to child-on-child sexual abuse.

Recommendation 1 supports "Advancing gender equality" through educating new parents about children's typical sexual development, and the different forms of children's harmful sexual behaviour including gender-based, peer-to-peer sexual harassment and abuse.

Recommendation 2 supports "Accountability" and "Person-centred coordination and integration" through policy and practice-ready knowledge generation and translation about emerging forms of

gender-based harmful sexual behaviour perpetrated by adolescent males, as well as testing which advocacy and service models meet the needs of victim-survivors.

Recommendation 3 supports “Centring victim-survivors” through reforming the response and recovery system to better meet the needs of victim-survivors, and to ensure that every victim has access to a service that moves beyond “treatment/therapy” and includes holistic solutions to the issues victim-survivors may be facing (for example, getting “nudes” taken down in a timely and accessible way).

RECOMMENDATION 1: PROGRAM FOR MATERNAL-CHILD HEALTH NURSES

A program that equips maternal-child health nurses to educate new parents about children’s healthy sexual development and how to prevent child-on-child sexual abuse as part of their broader program of work on family violence.

- I. Upskilling of maternal-child health nurses and embedding of content about child-on-child sexual abuse in qualifying degree.**
- II. Practice guidance for maternal-child health nurses to support them talking to parents/carers about child-on-child sexual abuse.**
- III. Resources for parents/carers to help understanding of typical, problematic and harmful sexual behaviours of children.**

Prevention efforts can be strengthened by implementing a program that equips maternal-child health nurses to educate new parents about children’s healthy sexual development and how to prevent child-on-child sexual abuse. The program should build on the work that maternal-child health nurses do relating to domestic and family violence, and include resources for parents/carers about typical, problematic and harmful sexual behaviour.

RECOMMENDATION 2: KNOWLEDGE GENERATION

An action research project to respond to emerging forms of child-on-child sexual abuse and to generate new evidence about the service needs of victim-survivors.

- I. Funding for a program of research to establish new evidence about emerging forms of child-on-child sexual abuse, including Sadistic Online Exploitation, and how these intersect with other forms of harm such as sibling sexual abuse.**
- II. Generating evidence about the advocacy and support needs of victim-survivors beyond “therapeutic” services.**
- III. Understanding how well current services meet the needs of victim-survivors or not.**
- IV. Identifying service models that can respond to gender-based peer-to-peer harmful sexual behaviour.**

Early intervention and response efforts can be enhanced by this generation of evidence. EVVIE victim-survivors identify that the existing therapeutic services for victim-survivors, when they are available, do not meet their needs. It is essential that their needs are understood and that system reform responds accordingly. Further, little is known about emerging forms of child-on-child sexual abuse such as Sadistic Online Exploitation and gender-based peer-to-peer abuse, and how these intersect with other forms of harmful behaviour such as sibling sexual abuse. New early intervention and response models are required to move beyond individualised approaches, and account for organised and group perpetration dynamics.

RECOMMENDATION 3: SPECIALIST ADVOCACY AND SUPPORT SERVICE

Trauma-informed specialist advocacy and support services (not just “therapeutic” services) for victim-survivors of child-on-child sexual abuse across Australia.

- I. Funding for advocacy and support services so that every victim-survivor can receive a response that meets their needs.**
- II. Opportunity for self-referral and school-referral to community-based services.**
- III. Service models informed by Contextual Safeguarding.**

Healing and recovery efforts can be improved by adopting a Contextual Safeguarding approach (Firmin & Lloyd, 2017) that allows for more holistic and needs-based support for victim-survivors. Services need to be implemented across all Australian jurisdictions so that all victim-survivors can receive a service. The recovery needs of victim-survivors exceed “therapy” and often more practical help is required, such as removing “nudes” from the internet or safe housing. Services also need to provide support for much longer than a limited number of months because the

impacts of child-on-child sexual abuse are lifelong across all socioecological domains of victim-survivors' lives. Self-referral and direct referral by educators and other safe adults are required.

Our ask:

We wish to meet with the Hon Tanya Plibersek MP and the Hon Ged Kearny MP to discuss our recommendations and share “expertise by experience”.

Contacts

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Appendices – Current evidence

1. Bloxsom, G., McKibbin, G., Humphreys, C., Davidson, J., & Halfpenny, N. (2024). Five forms of coerced “self-produced” child sexual exploitation material: A Critical Interpretive Synthesis.
2. Firmin, C., Lefevre, M., Huegler, N., & Peace, D. (2022). Safeguarding young people beyond the family home: Responding to extra-familial risks and harms.
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Five Forms of Coerced “Self-Produced” Child Sexual Exploitation Material: A Critical Interpretive Synthesis

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Abstract

This review explored how the phenomenon of coerced “self-produced” child sexual exploitation material (CSEM) has been constructed in the literature using Critical Interpretive Synthesis. Selected keywords were systematically searched on relevant databases. Types of papers included were: peer-reviewed research articles; conceptual papers; commentary papers; theses; book chapters; systematic reviews; and government reports. Papers published in English between January 2005 and November 2022 were included. The initial search revealed 1,021 papers, after two reviewers applied the inclusion and exclusion criteria, 38 papers were selected for the final sample. Findings indicated five forms of coerced “self-produced” CSEM: Solicitation; Peer Sexting; Viral Challenge; Sextortion; and Financial Coercion. The forms are described and critically analyzed through an “Accountability Lens.” This Lens was developed to be victim-centered including identifying the coercive actions of the person responsible for the exploitation. The review found an absence of a consistent victim-centered approach to how the phenomena of coerced “self-produced” CSEM is understood that would ensure children are not held responsible for being exploited.

Keywords

sexual abuse, child abuse, child abusers, prevention of child abuse

Introduction

Child sexual exploitation involves a perpetrator making a child believe they will be given something of value in return for being a victim of sexual abuse. This could include gifts, money, accommodation, food, alcohol, drugs, a “relationship,” “love,” improved social status, increased social media responses, or any other type of benefit (The Children’s Society, 2023). The person responsible for the exploitation may also threaten the child, and then offer short-term safety or conditional privacy in return for being a victim of sexual abuse (Wolak et al., 2018). This review focuses on “self-produced” child sexual exploitation material (CSEM), which refers to sexual photos, videos, or live streaming of children that have been created by the child.

Mathews and Collin-Vézina’s (2019) conceptual model for defining child sexual abuse demonstrates how the emerging phenomenon of “self-produced” CSEM is a form of child sexual abuse. The model stipulates four separate conditions that need to be met for child sexual abuse to occur: (a) That the person is either developmentally a child or legally a child; (b) That the child’s true consent is absent, due to being developmentally unable, legally unable or the child did not give consent; (c) That the act is sexual and either the abuser

or another person receives sexual or mental gratification, or the act is legitimately experienced by the child as a sexual act; and (d) The act constitutes abuse by occurring within a relationship of power, while the child is in a position of inequality or through exploiting the child’s vulnerability. The phenomenon of children being coerced to “self-produced” CSEM and provide this to the person responsible for the exploitation meets these four conditions.

The Phenomena Emerging Over Time

Children coerced to “self-produce” CSEM appears to be increasingly common. In 2000, Finkelhor et al. reported the results of a youth internet safety survey in which the definitions of online victimization only included requests by perpetrators for a child to engage in sexual talk or meet in

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person. There was no consideration of the possibility children could be coerced to “self-produce” CSEM. Despite the phenomena not being detected in academic literature at this time, media reports in 2005 confirmed a case of coerced “self-produced” CSEM dating back to 2000 (Eichenwald, 2005; Winfrey & Terry, 2006).

Within 2 years, understanding in this area moved from the construction of an “isolated incident” to more widespread phenomena of concern. A survey by Mitchell et al. (2007) involving 1,500 children in the United States found that 4% of participants aged 12 to 17 years old had been asked on the internet to “self-produce” CSEM. A year later, an online study (Power to Decide, 2008) involving 653 people aged 13 to 19 found that 20% had posted or shared naked or semi-naked images or videos of themselves.

The Internet Watch Foundation identified the phenomena of “self-generated” CSEM for the first time in their 2012 annual report, which indicated 12,224 “self-produced” images of children had been reported (Internet Watch Foundation, 2012). Three years after this report, Crofts et al. (2015) conducted an online survey ($n=1,416$) and focus groups with children in Australia and found that 38% of participants aged 13 to 15 and 50% of participants aged 16 to 18 had sent a sexual picture or video to somebody else. The 2018 Netclean Report (Baines, 2019) reported a survey of 272 police officers across 30 countries and found over 90% said it was common or very common for investigations to involve “voluntary self-produced” CSEM, and over 75% said it was common or very common for investigations to involve child sexual exploitation images that are the result of grooming and sextortion. This same year, Gewirtz-Meydan et al.’s (2018) study revealed the majority of the 1,560 children who were surveyed believed it was extremely likely sexting would create trouble at school (71%), result in trouble with the police (59%), negatively impact chances of future employment (61%) and hurt friendships (57%) and family (66%).

In 2019, the Internet Watch Foundation reported 38,424 web pages containing “self-produced” CSEM (Internet Watch Foundation, 2019). During the Coronavirus pandemic this figure increased by 374% within 2 years and in 2021 the Internet Watch Foundation identified 182,281 web pages containing images or videos of “self-produced” CSEM. The following year Ringrose et al. (2022) found that 74% of teenage girls ($n=100$) who participated in focus groups had previously been asked to provide a nude image to somebody. The annual report of the Internet Watch Foundation (2022) recorded a 9% annual increase in webpages containing “self-produced” CSEM, totaling 199,363 and representing 78% of child sexual exploitation webpages reported in 2022. “Self-produced” CSEM has become the most common type of child abuse material now to be reported (Internet Watch Foundation, 2022).

These statistics reveal that children being coerced to “self-produce” CSEM is rapidly increasing and requires further exploration. A study by Finkelhor et al. (2023) analyzed

245 questionnaire responses that disclosed childhood episodes of “self-produced” CSEM and found the way “self-produced” CSEM was shared influenced the negative impact children experienced. This review continues the inquiry of “self-produced” CSEM and how it is constructed in the literature. Specifically, the review identified different ways children are coerced, highlighting the transition from victim-blaming to victim-centered constructions.

Language Considerations

In the evolving area of child sexual exploitation, many terms are yet to achieve agreement among international experts (Terminology and Semantics Interagency Working Group on Sexual Exploitation of Children, 2016). Throughout the papers considered in this review, multiple different terms have been used to describe the same concepts. In this paper, we use the term “child sexual exploitation material” (CSEM) and view this as a broad term to describe child sexual exploitation imagery, videos or live streaming. The term “child pornography” appears in literature and the phrase “children in pornographic material” is used in some legislation (United Nations, 1989). We do not adopt these terms because we consider that describing child exploitation as pornography normalizes and minimizes the severity of sexual abuse (Clough, 2012). The CSEM explored in this review focuses on children who have “self-produced” this material. We consider that the term “self-produce,” or alternatives such as “self-generate” are misleading, and can imply that children are responsible for the abuse (Internet Watch Foundation, 2012). Nevertheless, we use the term “self-produced” in the absence of a more suitable term. In an attempt to minimize the risk of the term “self-produced” being victim-blaming, a description of perpetrators’ coercive behavior is included where possible to ensure their actions remain visible.

The term “perpetrator” is used throughout this review to describe adults who have coerced children to “self-produce” CSEM. Some papers in this review use the term “perpetrator” to describe children, but we assert that viewing children as “perpetrators” fails to recognize their capacity for behavioral change and their developmental difference from adults (Ghani, 2016). To ensure this review remains child-focused, we do not use the term “perpetrator” to describe children. In instances where children have leveraged a power imbalance to encourage another child to “self-produce” CSEM, we use the term “harmful sexual behaviour” (Hackett et al., 2019). For clarity, we understand children as individuals under the age of 18.

Legal Responses

Globally, there is a lack of consistent legal responses to “self-produced” CSEM. Many countries, including Australia, New Zealand, South Africa, the United States, and the United Kingdom, vary when deciding if a child

Table 1. Search Terms Used for CINAHL Database.

Primary search term groups	Search terms	Paper location
A person under the age of 18	Child* OR (young people) OR Teen* OR Adolescent* OR Kid* OR Underage OR Minor*	Only abstract and title
Actions the child was made to do	self-produce* OR self-generate* OR youth-produce* OR Creat* OR Post* OR camming	Only abstract and title
Perpetrator's actions	Sext* OR Coerce* OR Manipulate* OR Groom* OR Sexual trade OR Selfexploitation OR Child sexual abuse OR sextortion OR Trafficking	Full text
The child exploitation content that is created as a result	Child sexual abuse material* OR image-based adj2 abuse* OR Sexual* explicit content OR Child* porn* OR live online child* sex* abuse OR Child* exploitat* material OR CSEM OR CSEM	Full text

should be prosecuted for “self-producing” CSEM and what legal defenses should be available (O’Connor et al., 2017). For example, legislation in New South Wales (Australia) provides a defense to producing child abuse material if the only person depicted in the material is the accused person (Crimes Act 1900 (NSW) s. 91HA); this is contradicted by Australian Commonwealth Law which enables a child who takes sexual photos of themselves to be guilty of a child sex offense (Criminal Code Act 1995 (Cth) s. 474.19(1)). In the United Kingdom, it is a crime for anybody under the age of 18 to take a sexual photo of themselves (Avon & Somerset Police, 2014). In the United States, each state has a different response to sexting and the penalty can range from a petty offense, misdemeanor or felony, with many states punishing the child by including them on the sex offender registry (O’Connor et al., 2017). While there is debate regarding the legal, moral, and ethical implications of the child’s actions when they voluntarily or by coercion “self-produced” CSEM, this review focuses solely on coerced “self-produced” CSEM where the children are victims. The authors’ stance is that children who are victims of coerced “self-produced” CSEM should receive support, not punishment through criminalization.

Methodology

The literature focusing on the phenomenon of coerced “self-produced” CSEM contains complex and diverse points of view. To understand the existing literature, a methodology capable of examining this challenging and emotionally laden topic was employed—Critical Interpretive Synthesis (CIS) developed by Dixon-Woods et al. (2006). The stages of the CIS involved: an iterative construction of the research question; a search and selection of relevant literature; the extraction of data relevant to the phenomena; several stages of coding to analyze the extracted data; and finally consultation with subject matter experts to critique and synthesize the data. Theories relating to the phenomena evolved alongside all stages of the CIS. The research question informing the review was: *How is the phenomenon of coerced “self-produced” CSEM by children constructed in the literature?*

Paper Selection and Inclusion

A systematic search of the evidence was undertaken in November 2022. The search strategy identified relevant primary search term groups and alternative search terms. The following electronic databases were searched: ASSIA, CINAHL, Cochrane Database of Systematic Reviews, ERIC, Family & Society Studies Worldwide, Medline, and PsychINFO. Google Scholar was also searched and the first 200 papers in the results were reviewed, as recommended by Haddaway et al. (2015), relevant publications were selected based on the inclusion and exclusion criteria. Table 1 provides the search terms used for the CINAHL database. Slight variations were made for other databases as the truncation settings varied.

The inclusion criteria focused on literature relating to children who have been coerced to “self-produce” CSEM, whereby the person responsible communicated directly with the child. Table 2 provides the inclusion and exclusion criteria that were used for the final search. The search included papers published in English between January 2005 and November 2022. The rationale for searching papers from January 2005 related to the technological advancements and media stories occurring at that time, which included the launch of video-sharing website YouTube (Mayor, 2022) and the rapid increase in the use of the social media site Myspace (Jackson & Madrigal, 2011). The authors’ believe that before 2005, the phenomena of coerced “self-produced” CSEM was not known to the general public, and therefore there would not be relevant papers published that met the inclusion criteria for this review.

When the search was complete, papers were exported into Covidence to streamline the screening process. Covidence software automatically identified and removed duplicate papers supported two reviewers to independently screen the title and abstracts and kept a record of the decision-making process (Babineau, 2014). When conflicts arose, a third reviewer decided if the paper would progress to full-text review. The papers included in the full-text review were independently read by two reviewers and assessed in relation to the inclusion criteria. All conflicts that occurred were resolved between the two reviewers through consultations

Table 2. Inclusion and Exclusion Criteria Used in Screening and Selection of Papers.

Inclusion	Exclusion
Addresses online child exploitation of people under the age of 18	Did not address online sexual exploitation of people under the age of 18.
Addresses children who have been coerced to “self-produce” CSEM whereby the offender communicated directly with the child and there was no facilitator organizing the abuse and/or receiving payment. In other words, a child is providing imagery directly to a person, where the social or economic capital goes directly to the child.	Publications that only addressed CSEM that were developed without the child’s knowledge (for example digitally manipulating photos of children to create child exploitation material, without the child’s knowledge or filming children without the child knowing).
Addresses children (age under 18) sexting, that included an element of coercion, pressure or manipulation.	Only discussed purely consensual sexting between young people.
Both peer review literature and gray literature will be included.	Book reviews, magazine articles, news articles, social media posts, podcast transcripts, poems and posters.
Publications between January 1, 2005 and November 28, 2022.	

Note. CSEM=child sexual exploitation material.

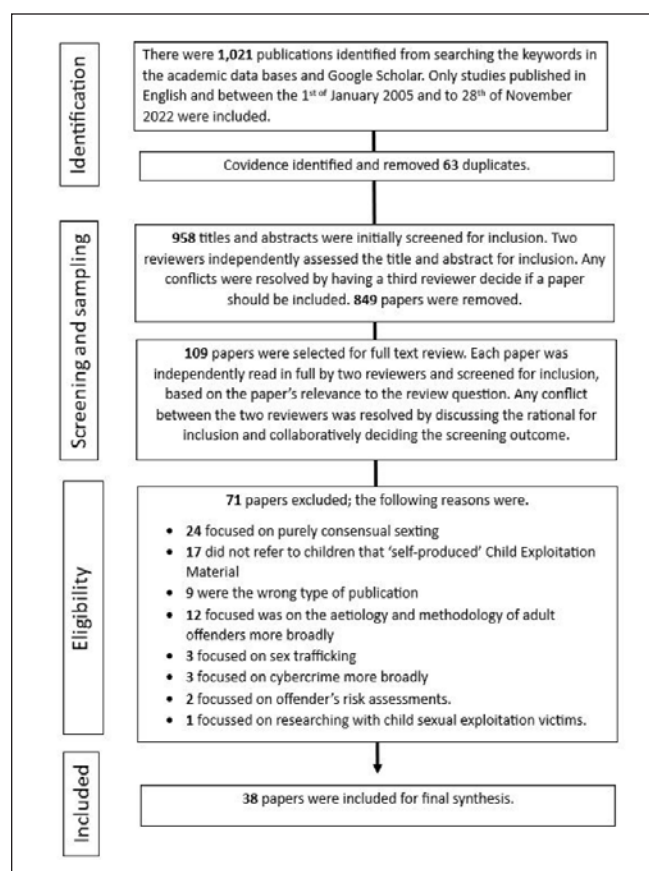


Figure 1. Paper selection process.

and collaborative decision making with the third reviewer. This process is outlined in Figure 1.

Thirty-eight papers were included in the final synthesis (see Table 3). These papers included quantitative and qualitative research articles, conceptual papers, commentary papers, dissertations, theses, book chapters, systematic reviews and government reports. The papers were read in full, and the relevant information was extracted and then exported into

NVivo (Release 1.7.1). NVivo was used to create and organize digital codes within the extracted information, as part of the analysis and synthesis process.

Analysis

Thematic analysis was undertaken using the method set out by Braun and Clarke (2006). The extracted data was read several times by the first author to establish familiarity with the content. Initial coding involved the first author attaching short phrases to pieces of text, generating over 600 codes. The first author grouped initial codes into focus codes, which formed emerging thematic categories. Together, all the authors reviewed the thematic categories to formulate an answer to the review question. Five different constructions of how children are coerced to “self-produced” CSEM became evident.

A critical lens was then applied to the data. We could not identify an existing critical lens well-suited to the topic so the authors developed the “Accountability Lens.” This lens was informed by several aspects of the Perpetrator Mapping Tool developed by the Safe and Together Institute (Mandel, 2015): prioritizing the child through a victim-centered approach in the exploration of the operation of power; focusing on the pattern of coercive actions the person responsible for the exploitation uses; and exploring how the child is impacted by the actions of the person responsible. The outcome of the data analyses was a “synthetic construct”—five forms—that captured the way coerced “self-produced” CSEM is understood in the evidence base.

Findings

This review identified five forms of children coerced to “self-produce” CSEM: Solicitation; Peer Sexting; Viral Challenge; Sextortion; and Financial Coercion (see Supplemental Appendix A which highlights these critical findings). Table 4 outlines which papers informed each form.

Table 3. Papers Included in Final Synthesis (38).

Author, year	Paper title	Country	Study design	Sample (N)	Age (years)
Açar (2017)	Webcam child prostitution: An exploration of current and futuristic methods of detection	Turkiye	Opinion article	Not applicable	Not applicable
Barr (2016)	Child autopsography in the age of Snapchat—an affirmative defense	United States	Commentary article	Not applicable	Not applicable
Caffo et al. (2021)	Child abuse and exploitation: What we know about the problem and new perspectives	Italy	Book chapter	Not applicable	Not defined
Cooper et al. (2016)	Adolescents and self-taken sexual images	Scotland	Systematic literature review	88 studies	Not applicable
Mitchell et al. (2007)	Online requests for sexual pictures from youth: Risk factors and incident characteristics	United States	Qualitative study: Nationally telephone survey	1,500 participants	10–17
Finkelhor et al. (2022)	Prevalence of online sexual offenses against children in the US	United States	Quantitative study: Online survey	2,639 participants	18–28
Gómez-Guadix et al. (2022)	Assessing image-based sexual abuse: Measurement, prevalence, and temporal stability of sextortion and nonconsensual sexting ("revenge porn") among adolescents	Spain	Quantitative study: Self-report instruments	1,820 participants	12–17
Giroux (2021)	The phenomenon of self-generated sexual content among adolescents	Netherlands	Qualitative study: Desk review of literature	Not applicable	Not applicable
Grimm et al. (2020)	Denouncing child manipulation to produce sexualized imagery on YouTube	United Kingdom	Mixed methods study: Semantic analysis	1,398 YouTube comments	Not applicable
Graw Leary (2008)	Self-produced child pornography: The appropriate societal response to juvenile self-sexual exploitation	United States	Scholarly article: Review of the significant doctrinal basis for governmental intervention	Not applicable	Not applicable
Hastinoff (2010)	No right to sext: A critical examination of media and legal debates about teenage girls' sexual agency in the digital age	United States	Qualitative study: Analyzed a range of texts	Not defined	Not applicable
Jonsson et al. (2015)	Online sexual behaviors among Swedish youth: Associations to background factors, behaviors and abuse	Sweden	Quantitative study: Questionnaire	3,503 participants	High school students with undefined age
Judge and Saleh (2013)	Sexting, cybersex, and internet use: The relationship between adolescent sexual behavior and electronic technologies	United States	Book chapter	Not applicable	Not applicable
Karaian (2012)	Lolita speaks: "Sexting," teenage girls and the law	Canada	Qualitative study: Post-structural analysis of previous studies	2 online studies	Not applicable
Levine (2022)	Increasing the efficacy of investigations of online child sexual exploitation: Report to Congress	United States	Mixed methods study: Analysis of online child exploitation cases	Not applicable	Not applicable
Lievens (2012)	Risks for young users on social network sites and the legal framework: Match or mismatch?	Austria	Qualitative study: Evaluates the current legal framework for (cyber)bullying and sexting	Not applicable	Not applicable
MacIotti (2020)	Online child pornography: Conceptual issues and law enforcement challenges	France	Book chapter	Not applicable	Not applicable
Meelan (2022)	"If someone's freaky, everyone loves it. It's all about the drama": Young women's responses and reactions to image-based sexual abuse of other young women	New Zealand	Qualitative study: Focus groups	106	12–16
Moritz and Christensen (2020)	When sexting conflicts with child sexual abuse material: the legal and social consequences for children	Australia	Journal article: Explores socio-legal considerations arising when older children possess and share intimate online material	Not applicable	Not applicable
O'Malley and Holt (2022)	Cyber sextortion: An exploratory analysis of different perpetrators engaging in a similar crime	United States	Qualitative study: Content analysis	152 offender files	18+
Patel and Roesch (2022)	The prevalence of technology-facilitated sexual violence: A meta-analysis and systematic review	Canada	A meta-analysis and systematic review	25 papers	Not applicable
Prix and Jonas (2013)	Psychopathological characteristics of child pornographers and their victims: A literature review (English and French)	France	Systematic literature review	34 papers	Not applicable
Primack (2018)	Youth sexting and the first amendment: Rhetoric and child pornography doctrine in the age of translation	United States	Qualitative study: Rhetorical translation to review Supreme Court doctrine	4 Supreme Court cases	Not defined
Quayle (2021)	Affordances, social media and the criminogenic nature of the Internet: Technology-mediated child sexual abuse	Scotland	Book chapter	Not applicable	Not defined
Ringrose et al. (2022)	Young people's experiences of image-based sexual harassment and abuse in England and Canada: Toward a feminist framing of technologically facilitated sexual violence	United Kingdom	Qualitative study: Focus groups	206	11–19
Ringrose et al. (2021)	"Wanna trade": Cisgender normative homosocial masculinity and the normalization of abuse in youth digital sexual image exchange	United Kingdom	Qualitative study: Focus groups	144	11–18
Salter and Hanson (2021)	"I need you all to understand how pervasive this issue is": User efforts to regulate child sexual offending on social media	Australia	Book chapter	Not applicable	Not applicable
Sato (2013)	Solicitation	Canada	Book chapter	Not applicable	Not applicable
Slane (2013)	Sexting and the law in Canada	Canada	Commentary article	Not applicable	Not applicable
Smallbone and Wortley (2017)	Preventing child sexual abuse online	United Kingdom	Book chapter	Not applicable	Not applicable
Srinaburger et al. (2019)	Teenagers, sexting, and the law	United States	Opinion article	Not applicable	Not applicable
Thomas (2018)	"What should I do?": Young women's reported dilemmas with nude photographs	United States	Qualitative study: Inductive thematic analysis	462 stories posted on a website	Not defined
Thorburn et al. (2021)	To send or not to send nudes: New Zealand girls critically discuss the contradictory gendered pressures of teenage sexting	New Zealand	Qualitative study: Workshops	28 participants	16–17
United States Department of Justice (2016)	The national strategy for child exploitation prevention and interdiction	United States	A report to congress: A year of inter-agency working-group discussion	Not applicable	Not applicable
Sheehan (2016)	Producers of indecent images of children: A qualitative analysis of the etiology and development of their offending patterns	United Kingdom	Qualitative study: Interviews and case study analysis	22	18+
Villacampa (2017)	Teen sexting: Prevalence, characteristics and legal treatment	Spain	Mixed methods: Questionnaire	489	14–18
Whittle and Hamilton-Giachrisis (2017)	Offender behavior	United Kingdom	Book chapter	Not defined	Not defined
Wolak et al. (2012)	How often are teens arrested for sexting? Data from a national sample of police cases	United States	Quantitative study: Mail surveys and telephone interviews	Surveys (2,712), Interviews (675)	18+

Table 4. Summary of Papers Informing Each Form.

CSEM form	Papers that have contributed evidence to each form
The Solicitation form	Caffo et al. (2021); Cooper et al. (2016); Mitchell et al. (2007); Finkelhor et al. (2022); Judge and Saleh (2013); Prat and Jonas (2013); Ringrose et al. (2022); Seto (2013); Sheehan (2016); Smallbone and Wortley (2017); Thorburn et al. (2021); United States Department of Justice (2016); Whittle and Hamilton-Giachritsis (2017); Wolak et al. (2012)
The Peer Sexting form	Cooper et al. (2016); Barr (2016); Gámez-Guadix et al. (2022); Giroux (2021); Graw Leary (2008); Hasinoff (2010); Judge and Saleh (2013); Karaian (2012); Lievens (2012); Macilotti (2020); Meehan (2022); Moritz and Christensen (2020); Patel and Roesch (2022); Primack (2018); Ringrose et al. (2021); Ringrose et al. (2022); Seto (2013); Slane (2013); Strasburger et al. (2019); Thomas (2018); Thorburn et al. (2021); Villacampa (2017); Wolak et al. (2012)
The Viral Challenge form	Grannò et al. (2020); Salter and Hanson (2021); Quayle (2021)
The Sextortion form	Hasinoff (2010); Levine (2022); Macilotti (2020); O'Malley and Holt (2022); Sheehan (2016); United States Department of Justice (2016); Whittle and Hamilton-Giachritsis (2017)
The Financial Coercion form	Açar (2017); Giroux (2021); Hasinoff (2010); Jonsson et al. (2015)

Note. CSEM = child sexual exploitation material.

The data gathered from the 38 papers reveal the literature's ambiguity, and at times apparent lack of interest in understanding the pattern of coercive actions children are subjected to. There is clear acknowledgment of those responsible for coercion in particular forms which is absent in other forms, and this impacts the way accountability is constructed across the forms. Further, there is substantial variation among the five forms in relation to either victim-blaming or victim-centered constructions of children coerced to "self-produce" CSEM.

The Solicitation Form

Fourteen papers contributed to the Solicitation form, which involves adults asking children for sexual pictures, videos or to livestream sexual acts. Only instances that involved an adult directly asking a child for sexual images or videos, without the use of blackmail or financial coercion, are included in the Solicitation form.

Solicitation: Methods of Coercion. In this form, perpetrators use a variety of strategies when soliciting coerced "self-produced" CSEM from victims. It is often assumed that perpetrators use technology to trick children by impersonating children (United States Department of Justice, 2016). While this does occur (Sheehan, 2016), Mitchell et al.'s study (2007) indicates that only 5% of solicitation cases involve adults pretending to be children. This is supported by Seto (2013) who argued that solicitation perpetrators do not always impersonate children.

Adult perpetrators may openly send requests for CSEM to a child and these attempts to solicit CSEM can occur at any time during grooming conversations. Ringrose et al. (2022) conducted 37 focus groups with children; one participant explained: "Random older men would send an image and

then ask for one in return" (p. 4). This example aligns with Caffo et al.'s (2021) finding that not all perpetrators engage in a friendship-forming stage before sexualizing the conversation, with some introducing their sexual needs early in conversations when soliciting CSEM. Some solicitation perpetrators use persistent demands, insistent questioning, and false promises of privacy to convince children to provide CSEM (Sheehan, 2016).

Solicitation: Constructions of Accountability. Applying the Accountability Lens to the Solicitation form reveals that papers published in earlier decades tend to construct children solicited and coerced to "self-produce" CSEM as culpable for their own exploitation. In their systematic review, Prat and Jonas (2013) argued that there is limited information about solicitation due to children being "ashamed" and not telling the truth (p. 10). However, they did not provide data to support this claim. Three years later, Cooper et al. (2016) reported that children increase risk to themselves by joining chat sites, discussing sex online and communicating with people they do not know. These early contributions to the Solicitation form are not victim-centered as they imply that victims are dishonest and responsible for their own abuse.

Subsequent to these early constructions of solicited "self-produced" CSEM, a more victim-centered interpretation began to emerge in the literature. Later studies paid more attention to understanding the coercive and manipulative nature of perpetrators responsible for solicitation (Caffo et al., 2021; Sheehan, 2016; United States Department of Justice, 2016). Furthermore, Ringrose et al.'s (2022) study can be read as refuting the view that children are dishonest, and as demonstrating they truthfully share information about their lived experience of solicitation. These more recently published papers show that over a period of a decade, there

has been a significant shift from victim-blaming to victim-centered constructions of coerced “self-produced” CSEM.

The Peer Sexting Form

Twenty-three papers contributed to the Peer Sexting form. “Sexting” involves using technology to send and receive sexual photos and videos, sometimes referred to as “nudes.” In New Zealand, Thorburn et al. (2021) undertook focus groups with 28 children who said nudes include photos of cleavage, breasts, buttocks, underwear and partially or fully naked bodies. The defining feature is the intention for the images to be sexual. Photos revealing the same amount of skin but non-sexual, such as wearing swimmers at the beach, were not considered nudes by this cohort. A clear distinction emerged in the literature between consensual sexting and coercive sexting, and there are differences in how accountability is constructed in papers contributing to the form.

Peer Sexting: Methods of Coercion. This review found that the Peer Sexting literature can be understood in relation to a continuum from consensual sexting to coerced sexting. Some literature constructs consensual sexting between children as an everyday modern form of romantic communication and flirtation (Cooper et al., 2016; Macilotti, 2020; Strasburger et al., 2019; Villacampa, 2017); a way to impress people (Thorburn et al., 2021); a way for children to express themselves (Cooper et al., 2016); and, less frequently, a non-sexual activity done out of curiosity (Wolak et al., 2012). Villacampa’s (2017) survey involving 489 teenagers in Spain found that children often trivialize sexting, a perspective which suggests it has become part of everyday communication for children. Consensual sexting has also been constructed in the literature as being a “safe” alternative to sexual intercourse as it carries no risk of pregnancy or sexually transmitted diseases (Moritz & Christensen, 2020). It has also been claimed that children can experience positive emotions from sexting (Cooper et al., 2016; Primack, 2018; Villacampa, 2017). However, the idea that any Peer Sexting can be truly consensual is also debated in the literature. Thorburn et al. (2021) highlighted the perspective of a child who said that sexting always has an aspect of pressure which indicates that purely consensual sexting is not possible.

Several papers identified children feeling obliged, coerced and pressured to send sexual photos and videos to other children resulting in coerced “self-produced” CSEM. Children in Thorburn et al.’s. (2021) study described requests for sexts as being pushy, assertive, persistent, difficult to escape and annoying. These children said refusing to sext could result in peers viewing them as a “prude” or “killjoy,” or as “ugly” and “not interesting” (p. 4). Thomas’s (2018) study thematically analyzed 462 stories posted by teenage girls on a website about their lived experiences related to sexting. The participants recalled male peers getting angry, sending a constant barrage of requests for sexual images and videos and

then ceasing communication until the female participated in sexting. Further, the girls said their male peers would promise to keep the messages private or delete them straight away, and others said they did not want to disappoint their partners by withholding sexual images. This pressure and desire to please their partners and avoid negative consequences was a common rationale girls articulated for sexting (Ringrose et al., 2022; Thorburn et al., 2021).

Peer Sexting: Constructions of Accountability. Applying the Accountability Lens to papers contributing to the Peer Sexting form appeared to reveal a shift from a victim-blaming to victim-centered construction of accountability over time, as in the Solicitation form. In 2008, Graw Leary concluded children who send their “self-produced pornography” to friends must be held accountable for the criminal element of their activity and described the children as “juvenile sex offenders.” Hasinoff (2010) also viewed children who consensually sext as perpetrators of child sexual abuse and exploitation. Debate has arisen regarding the suitability of prosecuting children for sending sexual photos to peers (Barr, 2016). Authors of more recent papers reject the view that children should be legally prosecuted for sexting, and problematize the criminal label associated with these children (Giroux, 2021; Lieven, 2012; Macilotti, 2020; Primack, 2018; Strasburger, et al., 2019).

Papers published in 2016 uphold a victim-centered approach to sexting by constructing children who have their sexual images shared without permission (“secondary sexting”) as victims, and constructing peers who shared the image as responsible for exploitation. The literature has recognized how those who share sexts without permission cause significant harm to the victims (Primack, 2018), including becoming distressed, feeling humiliated, being bullied and ostracized, being targeted for sexual harassment, being punished by their school and parents and losing control over who has access to images of their body (Meehan, 2022; Thomas, 2018). These victims may also experience sadness, anger, and depression, and some have ended their lives (Cooper et al., 2016; Primack, 2018). Ringrose et al. (2022) acknowledged how schools can become unsafe environments for victims of secondary sexting, who are often made to attend alongside those who share the sexts. Cooper et al. (2016) discussed how secondary sexting can act as an extension of sexual harassment that female students already experience. The capacity of current authors in the field to recognize the victimhood and harm that children can experience within the Peer Sexting form reduces the risk of victims being held responsible for their exploitation and enables peers to be held accountable.

The Viral Challenge Form

Three publications contributed to an understanding of the Viral Challenge form. Key characteristics of this form

involve children uploading videos of themselves onto websites such as YouTube to participate in different viral video challenges. Grannò et al. (2020) analyzed 1,398 YouTube comments left on videos containing “child-produced sexualized imagery” and analyzed YouTube keyword searches for this material. These videos often depicted children participating in viral challenges such as executing certain gymnastic positions or yoga moves whereby their genital area is exposed (Salter & Hanson, 2021). These videos are likely experienced as non-sexual by the children and instead, they most likely think they are playing a safe and rewarding game.

Viral Challenge Form: Methods of Coercion. Literature contributing to the Viral Challenge form has been published since 2020 and consistently constructs adults using the comment section of children’s YouTube videos to coerce them into “self-producing” CSEM as perpetrators. Grannò et al. (2020) identified that these perpetrators are adults who intentionally seek out these videos by searching for “child-produced sexual imagery” and encourage children to continue producing more videos, from which perpetrators receive sexual gratification. The analysis of YouTube comments found perpetrators will leave comments on the children’s videos which include requests for specific performances and suggestions about what the children should wear. Perpetrators also verbally reward the child for their performance. Salter and Hanson (2021) discussed how perpetrators use the “comment” function on YouTube to explain to other perpetrators the exact timestamp in the video of when the child accidentally exposes body parts and shares links to other sexual videos of children. Grannò et al. (2020) recognized how perpetrators openly enjoy “inter-predator communication” (p. 9) to exchange ideas in video comment sections.

The Viral Challenge form constructs the website YouTube as a co-offender responsible for facilitating acts of coercion and exploitation. Salter and Hanson (2021) found YouTube’s algorithm identifies perpetrator video preferences and generates a list of suggested videos of other children that include sexual imagery. Likewise, Quayle (2021) found that YouTube’s video algorithm encourages people sexually interested in children to watch videos of minors partially clothed for sexual gratification. These videos are monetized by YouTube through banner advertisements and in this way, the platform appears to be profiteering from child sexual exploitation (Salter & Hanson, 2021).

The Viral Challenge Form: Constructions of Accountability. Literature contributing to the Viral Challenge form consistently places responsibility for the exploitation onto perpetrators and the website YouTube, holding them to account. Children are portrayed as young and unaware of what is occurring, overall constructing them as innocent and naïve victims. This is the only form whereby children likely do not realize they are creating sexual material, and it is the only form where no authors construct children as responsible in some way.

The Sextortion Form

Seven papers identified in this review related to adults who seek CSEM from children and then use this CSEM to blackmail and extort more CSEM. This is referred to as the Sextortion form. Levine (2022) examined investigative data from prior prosecutions and case files of child sexual exploitation in the United States, which illustrated how this form is associated with the most sadistic sexual exploitation experienced by children resulting in significant harm.

Sextortion: Method of Coercion. The literature contributing to the Sextortion form indicates that perpetrators use technology to interact with each other and form communities to collaboratively sextort children (United States Department of Justice, 2016). Levine (2022) identified how perpetrators find each other using social media sites and communicate using chat applications such as Discord and Skype to create detailed spreadsheets that delegate offending tasks to different group members. Hierarchies of control exist within these communities, and in some there are formalized processes perpetrators use to request other members to target and sextort a specific child. The examination of case files found that group members within these networks share “how to guides” about sexually exploiting children and avoiding detection by law enforcement. This was also reported in the United States Department of Justice’s (2016) National Threat Assessment, indicating an organized crime approach to exploit children.

Other organized crime methods were identified in the literature. Levine (2022) provided case examples of perpetrator groups that design technology to assist their sextortion, including software to sort profiles of potential victims who are less likely to be cautious. While Hasinoff (2010) reviewed several studies and argued that worrying about perpetrators targeting children whose images they found on the internet was spurious, Levine (2022) found that perpetrators do seek out children whose images they locate on the internet, including children aged between 7 and 14 years who engage in self-harm or display suicidal ideation as they are believed to be more vulnerable to grooming. Likewise, O’Malley and Holt’s (2022) analysis of 152 sextortion perpetrator profiles found that some target children who appear easy to access and manipulate.

Levine (2022) found that after a child is selected, perpetrators follow sequential steps to enact the sextortion, including grooming in an unmoderated internet location; manipulating the victim to “self-produced” CSEM; and then blackmailing the victim to provide more CSEM. Perpetrators sometimes initiate conversations with victims on social media and move to unmoderated internet locations to avoid detection. Then perpetrators manipulate the child into sharing sexual photos, videos or live streaming. Some perpetrators impersonate children to develop a sense of trust with the victim (Levine, 2022; Sheehan, 2016). Perpetrators also lie to children and say they can block the livestreaming from

others, and lavish children with compliments when they comply with their demands, ignoring those who do not (Levine, 2022). Sometimes perpetrators use hacking or theft to gather sexual images of children without their knowledge (O'Malley & Holt, 2022).

Levine (2022) also found that perpetrators threaten to send CSEM to the child's parents, spread the CSEM on the internet or kidnap the child and murder them if they do not continue creating CSEM. In addition to these threats, perpetrators often commit significant acts of abuse such as coercing children to film themselves engaging in sadistic acts. Examples include victimizing a child every day for 4 years, recording children displaying sexually harmful behavior toward their younger siblings and family pets, and recording them self-harming (Levine, 2022; O'Malley & Holt, 2022). The sadistic and coercive nature of perpetrator actions are clearly articulated in the literature contributing to the Sextortion form.

The Sextortion Form: Constructions of Accountability. Most of the authors contributing literature to the Sextortion form hold adult perpetrators responsible for the significant harm caused to children. Levine's (2022) report found that victims of sextortion experienced depression, post-traumatic stress disorder, anxiety, thoughts and plans of suicide, multiple suicide attempts, and dying by suicide. While most papers constructed the children in the Sextortion form as victims, one paper referred to a child who was forced by adult perpetrators to "abuse others" as a "perpetrator" who engaged in "deviant behaviour" such as "bestiality" (O'Malley & Holt, 2022, p. 269). However, the majority of the papers are victim-centered in that they construct children as victims (Levine, 2022; O'Malley & Holt, 2022; Sheehan, 2016; Whittle & Hamilton-Giachritsis, 2017).

The Financial Coercion Form

Four papers identified perpetrators promising children something of monetary value in exchange for "self-produced" CSEM. In this review, this form of exploitation is labeled the Financial Coercion form. The literature contributing to this form is scarce. There is minimal explanation of the perpetrator's coercive methods, and all papers position the children as partially responsible for their own abuse without exploring harmful impacts.

Financial Coercion: Methods of Coercion. The literature contributing to the Financial Coercion form tends to focus on the victim rather than on the coercive actions of perpetrators using technology to provide children gifts and money to "self-produce" CSEM. Hasinoff (2010) discussed how children "sell" sexual material of themselves on websites. The author acknowledged that this could be the result of coercion or motivated by seeking profit, but then proceeded to focus on the case of a teenage boy who made a

"for-profit website" to "perform sex acts" over a webcam for adult men "to profiteer" rather than a case study about coercion. The Turkish National Police (Açar, 2017) constructed this issue as "webcam child prostitution" whereby the "victim simply sells his/her lives sexual images" (p. 98); the authors argued they prefer this construction due to the commercial element involving the child who "exposes himself/herself in a lascivious manner in return for a payment from the offender/consumer" (p. 99). Likewise, Giroux (2021) described children receiving money for their "self-produced" sexual material which they "sell" on the internet, including the case of a 16-year-old receiving \$15,000 to \$20,000 a month via the website OnlyFans for posting CSEM. Despite recognizing the provision of money in exchange for CSEM, the author did not identify this as a coercive action by perpetrators.

The provision of money and gifts to children in exchange for CSEM as an act of financial coercion by perpetrators is underexplored in the literature. Further, the perspectives of financially coerced children have not been explored making it difficult to identify how they understand this experience. The literature does not focus on the perpetrators' coercive actions and consequently, the victim children are constructed as responsible for their exploitation.

The Financial Coercion Form: Constructions of Accountability. Applying the Accountability Lens to the papers contributing to the Financial Coercion form highlights how perpetrators' coercive actions are minimized and hidden behind the construction of children as using their agency to undertake "sex work." Açar (2017), Giroux (2021), and Hasinoff (2010) described children exploited through the Financial Coercion form as "Camboys," "Camgirls," or "child prostitutes." Authors (Giroux, 2021; Hasinoff, 2010) refer to CSEM as "child pornography" that is sold by the victims "for profit." This aligns with Jonsson et al.'s (2015) study involving 3,432 Swedish high school students who completed a questionnaire which indicated some students "sold sex online" (p. 3). The construction of children as creators and "sellers" of "pornographic" material implies they are in paid employment akin to adults in the sex work industry. This prevents adult perpetrators from being held accountable for financial coercion and exploitation of children. The papers contributing to the Financial Coercion form were published between 2010 to 2021 and during this time there is no apparent progression from victim-blaming to victim-centered constructions of this exploitation.

The Use of Social Media, Where Coercion Is Not Visible

Several papers in this review relate to children who share sexual photos of themselves on their social media websites and applications, and no coercion is evident. This behavior is characterized by having no clear adult perpetrator and no

obvious coercion against the child, therefore it has not been identified as involving a separate form of coercion. Cooper et al. (2016) found children are motivated to share sexual photos of themselves on social media to gain attention, positive reactions from peers, and construct “desirable” visual representations of themselves to use for self-promotion and popularity within their peer group. Karaian (2012) argued this emerging digital social landscape allows children to use technology to publicly share sexual images of themselves on social media while maintaining a sense of privacy.

Despite the behavior being constructed as consensual and initiated by the child, it is not free from negative consequences and potentially still not fully understood. Meehan (2022) heard from one child who explained people leave public comments on peers’ Facebook photos such as: “You’re a whore, you’re just attention seeking” (p. 237). Female children who express their sexuality have been stigmatized and labeled a “lolita, prostitots, kinderwhore, seductive and socially disruptive” (Hasinoff, 2010, p. 223). There is a lack of research available which focuses on children initiating the “self-production” of CSEM on social media with no coercion present and consequently, the available literature provides a fragmented overview of the lived experience of these children. Further research is required to determine whether there is a genuine lack of coercion in this area, or if existing studies have simply not yet identified its presence.

Children’s Gender and Sexual Orientation

The papers that contributed to this review often explored how victims with binary genders experience different forms of coerced “self-produced” CSEM (Caffo et al., 2021; Giroux, 2021; Grannò et al., 2020; Graw Leary, 2008; Hasinoff, 2010; Jonsson et al., 2015; Mitchell et al., 2007). Participation of children who were not cis-gendered was recorded in few papers, and the impact of their gender concerning the exploitation was not extensively examined (Finkelhor et al., 2022; Meehan, 2022; Ringrose et al., 2022; Thorburn et al., 2021). Female children were often observed to have their sexuality regulated and their exploitation shamed, more than their male peers (Hasinoff, 2010; Karaian, 2012; Meehan, 2022; Thomas, 2018; Thorburn et al., 2021). Overall, females are more vulnerable than their male peers to suffer from coerced “self-produced” CSEM and to also be stigmatized as a result (Giroux, 2021; Grannò et al., 2020; Judge & Saleh, 2013; Meehan, 2022; Ringrose et al., 2022).

Few papers discussed children who were not heterosexual, however, the intersection of these victims’ sexual orientations was not critically explored (Cooper et al., 2016; Ringrose et al., 2022). Papers that did consider diverse genders and sexual orientations often summarized both gender and sexuality as “sexual minorities” and the distinction between how gender diversity and sexuality diversity were experienced requires deeper inquiry (Caffo et al., 2021; Meehan, 2022). How gender identity and sexual orientation

of children within all forms of coerced “self-produced” exploitation remains underexplored.

Limitations

A limitation of this review relates to excluding news media from the selection criteria. Emerging forms of technology-facilitated child sexual abuse and exploitation are often first reported by journalists and then later by academics in peer-reviewed publications. For example, this review indicates it is much easier to learn about perpetrators financially coercing children on the application “OnlyFans” through news media (Gallier, 2020) rather than academic journals. The exclusion of news media has resulted in YouTube being identified in this review as profiting from the Viral Challenge form, without acknowledging the multitude of other technology platforms that also profit from the forms of coerced “self-produced” CSEM (National Center on Sexual Exploitation, 2024), which were not identified in the 38 papers included in the review. The decision to exclude news articles due to their lack of scholarly rigor may have limited our presentation of the phenomena. The inclusion period relating to year of publication may also have limited findings of our review as relevant papers may have been published before January 2005.

Discussion

The identification of five forms of coerced “self-produced” CSEM contributes to a comprehensive and nuanced understanding of this phenomenon. This review has discovered certain coercion strategies influence how children can become excluded from victimhood, and how this has been reconstructed over time. The implications of these findings are explored by identifying ways these five forms of coerced “self-produced” CSEM can inform practice intervention, influence legal frameworks and guide policy development to combat coerced “self-produce” CSEM (summarized in Table 5).

Constructions of Victims

The findings of this review demonstrate how certain coercion strategies impact how children are viewed in relation to constructions of victimhood. For example, the use of blackmail correlated with children being constructed as victims of CSE (Levine, 2022; United States Department of Justice, 2016). However, coercion that involved the provision of finances led to children being constructed as “camboys, camboys and prostitutes” (Giroux, 2021; Hasinoff, 2010). It appears that when coercion involves the provision of something of value to the child there can be an assumption that the money or resources “offset” the harm occurring to the child. Regardless of the coercion strategy or perceived agency of the victim, it is the authors’ view that all forms of coerced

Table 5. Implications for Practice, Policy, Legislation, and Research.**Implications for practice**

- A prerequisite to creating safety for children suffering from coerced “self-produced” CSEM, is to first include them in victimhood.
- To combat coerced “self-produced” CSEM, child safeguarding organizations will need to become highly capable of constantly tailoring unique responses to each form of coercion identified
- Forms of coercion can be explained in training for mandatory reporters of child abuse.

Implications for policy and legislation

- Children would benefit from legal frameworks that disenable a child from being the offender of an offense when they are also the victim.
- To reduce financial incentives for technology companies neglecting safeguarding measures, technology companies who financially profit from coerced “self-produced” CSEM needs to be viewed as co-offenders of the exploitation.
- Children require enhanced regulation of apps and their content rating. Regular reassessment that considers the user actions and contributions, as well as the frequency of reported child abuse on the app, is required.
- Policies need to refrain from terminology that misplaces victims of financially coerced “self-produced” CSEM in the sex work industry.

Implications for future research

- Children within the Financial Coercion form urgently require victim-centered research approaches to understand the coercion by perpetrators, ways safe people can identify Financial Coercion is occurring, effective disruption strategies and the consequential impacts of harm to victims.
- Further research is warranted to understand the unique needs and challenges in supporting children of all genders and sexual orientations who are coerced in any form to “self-produce” CSEM.
- Further research is needed to determine whether children are independently producing CSEM on social media, or if there is an undiscovered form of coercion that needs responding to.

Note. CSEM=child sexual exploitation material.

“self-produced” CSEM constitute child sexual exploitation and cause children significant harm.

Re-Constructing “Self-Produced” CSEM Over Time

Through applying an Accountability Lens, it was found that constructions of children coerced to “self-produce” CSEM change over time. The literature contributing to each form demonstrated that children are often vilified, or accorded undue agency when a new form of “self-produced” CSEM emerges. For example, authors exploring the Solicitation form once had authors argue children do not tell the truth about being solicited (Prat and Jonas, 2013), while the Peer Sexting form initially promoted the criminalization of children for sexting and viewed them as child sex offenders (Graw Leary, 2008; Hasinoff, 2010). Further, authors contributing to the Sextortion form initially constructed children blackmailed as “perpetrators” (O’Malley & Holt, 2022, p. 269). Over time, the literature contributing to these forms appears to slowly re-construct children as victims who are perpetrated against by adult offenders. This process of reconstruction seems to occur across decades and has not begun at all in the literature contributing to the Financial Coercion form.

Implications for Practice

A prerequisite for creating safety for children suffering from coerced “self-produced” CSEM, is to first include them in the category of “victim”. In response to children wrongfully

constructed as responsible for becoming coerced and exploited, child safeguarding organizations would benefit from assessment processes capable of prompting practitioners to reconsider any problematic assumptions about children’s agency regarding coerced “self-produced” CSEM. This process and outcome are necessary when building workforce capacity to focus on changing the behavior of those responsible for the coercion.

To combat coerced “self-produced” CSEM, child safeguarding organizations will need to become highly capable of constantly tailoring unique responses to each form of coercion identified. Each form of coercion entails manipulative processes that can be anticipated and prevented through a multiagency approach to disrupt each coercive action. Prevention and disruption responses will require regular adaption to combat expected technological advancements. This demands a continuous and vigilant effort to identify solutions to keep children safe from each form of coercion.

The authors propose that children can be better supported when the services that assist them, understand the exploitation they might be at risk of. Relevant information about each form of coercion can be integrated into training material for mandatory reporters of known or suspected child abuse. It is anticipated this will enhance vigilance and enable adults to create informed responses to coerced “self-produced” CSEM.

Implications for Policy and Legislation

The findings of this review support policy and legal frameworks capable of creating perpetrator accountability and

promoting a regulated technology industry that prioritizes the safety of children.

There remain existing legislative frameworks that allow for a child to be charged and convicted of creating CSEM when the material is of themselves (O'Connor et al., 2017). Perpetrators can leverage these existing legislative frameworks to divert criminal responsibility onto the child and silence disclosures by making children fear prosecution. To remove this barrier to children accessing safety, the authors support legislative amendments that explicitly state a child cannot be classified as an offender when they are already the victim. This could increase children's willingness to seek support from law enforcement and mandatory reporters after being coerced to "self-produce" CSEM, and help law enforcement reserve prosecuting resources for the person responsible for using coercion.

In every form of coerced "self-produced" CSEM, technology facilitates the exploitation and, at times, technology platforms can be thought about as co-offenders. The authors argue it would be in children's best interests for legal frameworks to hold technology companies responsible when they financially benefit from coerced "self-produced" CSEM. For example, it is known that children are exploited on OnlyFans (Gallier, 2020; Giroux, 2021) as part of the Financial Coercion form, and OnlyFans collects a 20% commission each time this occurs (OnlyFans, 2024). Children need legislation that removes technology companies' financial incentives for insufficient child safeguarding practices.

This review calls for software applications (apps) to have enhanced regulation. Currently, an app will display the minimum maturity level or age, based on the app developer's content and will align with the content rating standards in the region the app is being accessed (Google, 2024). These ratings are determined by the app's design, instead of what app users contribute to the app (Levine, 2022); this provides misleading guidance for caregivers when deciding what apps their children are safe to use. For example, the Roblox website states their app rating is for children 12 years and older (Roblox, 2024), despite the National Centre on Sexual Exploitation (2024) confirming "countless children have been sexually abused and exploited by predators they met on Roblox." Policy reform is required to enforce app's content ratings to be regularly reviewed and made to reflect the contributions and actions of those using the apps, as well as the frequency of reported child abuse on the app. This would more accurately inform caregivers and children about what apps pose a significant risk of exploitation to children.

This review has demonstrated how terminology can influence the way in which a problem is understood, highlighting the need for policies safeguarding children from the Financial Coercion form to remove lexicon that constructs children as part of the sex work industry. Future policy reform needs to consistently construct these children as victims, to ensure their vulnerability and need for protection is understood.

Further Research

Further research is required to explore methods used by adult perpetrators against children in the Financial Coercion form. Applying the Accountability Lens, it is clear that authors researching this form continue to view child sexual exploitation as employment, incorrectly implying that it is consensual and that victims have agency and control. With the increasing volume of children becoming active on sites such as OnlyFans, it is imperative that further research acknowledges the coercive experience of the children and recasts them as victims. In addition, the lived experience of children within the Financial Coercion form urgently requires more research informed by a victim-centered approach to understand the methods of coercion used by perpetrators and the consequential impacts of harm on victims. Further research is warranted to understand the unique needs and challenges in supporting children of all genders and sexual orientations who are coerced in any form to "self-produce" CSEM. The five forms of coercion identified can all be better understood in future research by collecting information from children specifically on each form of coercion. As new forms of coerced "self-produced" CSEM emerge it is important for researchers to adopt a victim-centered lens to harness opportunities from the outset to reduce risk and harm.

Conclusion

This review has found that "coerced 'self-produced' CSEM" is an umbrella term that encapsulates a diversity of children's experiences of being manipulated to create CSEM. The 38 papers reviewed contributed to five forms. Applying the Accountability Lens, it was revealed that when new forms of coercion emerge, children are at risk of being constructed as responsible for exploitation. We assert that children are never responsible for their own exploitation and that further victim-centered research focused on the Financial Coercion form is urgently required.

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Supplemental Material

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ONE

The emerging concept of extra-familial risks and harms

Introduction

Someone walked into the school, where I was supposed to feel safe, took me away from the people who were supposed to protect me and stripped me naked, while on my period. ... On the top of preparing for the most important exams of my life. I can't go a single day without wanting to scream, shout, cry or just give up. ... I feel like I'm locked in a box, and no one can see or cares that I just want to go back to feeling safe again, my box is collapsing around me, and no-one wants to help. ... I don't know if I'm going to feel normal again. I don't know how long it will take to repair my box. But I do know this can't happen to anyone, ever again. (Child Q, quoted in [Gamble and McCallum, 2022](#): 11)

In the final stages of writing this book, the voice of Child Q was heard by the UK public. Child Q, a 15-year-old Black young woman from London, experienced significant harm in a place – as she described – where she was supposed to be safe. The people who harmed her were not her parents or carers;

they were school staff, who pulled her out of an exam and called the police because they thought she smelled of cannabis and might be carrying drugs, and they were police officers, who strip-searched her and examined her intimate body parts in the school medical room, without an appropriate adult present and while she was menstruating. This professional response appeared to be driven by public safety and criminal justice concerns, with no regard for the welfare implications of Child Q's possible involvement in offending. There appeared to be no consideration of Child Q's rights to privacy, nor of the harm that might be caused to her by the professional response – a response that was later constructed as a safeguarding issue by a local child safeguarding practice review instituted to consider this situation (Gamble and McCallum, 2022).

The voice of Child Q brings into focus an issue that UK practitioners, policymakers and families have been grappling with over recent decades: how should professionals, and the systems within which they work, respond to young people who are caught up in criminal, dangerous or harmful contexts and situations involving peers and adults unconnected to young people's families or homes? The risks and harms that have provoked increasing public attention over the past decade or so have included criminal and sexual exploitation, weapon-enabled violence, sexual harassment and abuse in schools, and abuse in young people's romantic or intimate relationships (Coy, 2017; Lloyd, 2019; Robinson et al, 2019; National Youth Agency, 2020). For the most part, public attention has been on the nature of such harms themselves, but the extent to which governments and statutory services have failed to address risks and their impacts, and indeed may have even exacerbated, facilitated or created the conditions for these harms to occur, continues to generate substantial concern (Ofsted, 2019; Child Safeguarding Practice Review Panel, 2020; McAlister, 2021; Independent Anti-Slavery Commissioner, 2022).

These 'extra-familial risks and harms' (EFRH) are not, by definition, caused by parental abuse, neglect or inadequate

parenting, but they still pose a risk of significant harm to young people's welfare. As a result, they are increasingly being framed, in the UK at least, as safeguarding issues, and social workers are centre stage in developing and coordinating safety plans and protection-oriented interventions (Department of Health, 2017; Her Majesty's Government, 2018; Scottish Government, 2021; Welsh Government, 2021). Yet, social work roles, and the safeguarding systems in which they are deployed, were not designed with these EFRH in mind; this presents complex challenges for service and policy design. Additional funding has been made available, particularly in England (Department for Education, 2021), to support voluntary and statutory services in innovating more effective responses to these contemporary issues, with a view to safeguarding young people, promoting their welfare and attending to public protection considerations. However, the evidence base for many of these innovations is in its infancy (FitzSimons and McCracken, 2020), and questions remain about the feasibility of offering safeguarding and wider social work responses to risks beyond families. This is further complicated when considering that 'youth' and adolescence are increasingly defined as ranging from the early teens to the mid-20s (Sawyer et al, 2018), meaning that in many countries, gaps are likely to exist between child welfare and adult support systems (Holmes and Smale, 2018). Indeed, in this book, we go on to consider system and practice responses to EFRH involving young people from the age of 12 through to 25, as this more inclusive definition reflects how the dynamics of adolescent development and vulnerability to EFRH often continue beyond the age of 18 (Hanson and Holmes, 2014).

The authors of this book have come together since 2019 with other colleagues from the Universities of Sussex, Durham and Bedfordshire in the UK, the charity Research in Practice, and the social enterprise Innovation Unit to examine and contribute answers to these questions. Our Innovate Project (see: www.theinnovateproject.co.uk), funded by the Economic and Social Research Council in the UK, is studying what happens as new

practice systems and interventions for young people exposed to EFRH are developed, and seeks to establish what approaches might be effective. In 2020, we undertook a rapid evidence review of what was already known about social care responses, and their effectiveness in dealing with EFRH, to inform the early stages of the Innovate Project. In this book, we present the results of this exercise and use them to build a framework for developing policy and service responses to EFRH in the future. While our recommendations principally target a UK service landscape, the evidence utilised spans multiple countries, mainly in the Global North, where formal child welfare systems centring social work respond to young people experiencing EFRH (and where the lack of similar systems for older young people often leads to gaps in transitions to adulthood). As such, the implications of our work may be of relevance to a range of international contexts that are also grappling with how best to safeguard young people harmed beyond their homes.

EFRH: what is included?

Policy in the four countries of the UK increasingly includes reference to such phrases as ‘extra-familial risk and harms’ (Scottish Government, 2021), ‘extra-familial threats’ (Her Majesty’s Government, 2018), ‘extra-familial abuse’ (Welsh Government, 2021), ‘risk(s) or harms outside the (family) home or setting’ (Department of Health, 2017; Her Majesty’s Government, 2018; Stanley, 2020; McAlister, 2021) and ‘risks and harm young people face beyond the family home’ (Scottish Government, 2021). Our inclusive category descriptor of ‘extra-familial risks and harms’ serves two purposes. First, it is intended to distinguish *risks* beyond the home as being part of the terrain that most, if not all, young people encounter in adolescence, whereas only for some will risky relationships and situations escalate to incur *harm*. Second, pluralising the terms is intended to reflect the range and diversity of risk and harm types.

The EFRH elaborated by these policy documents and practice guidance include:

- sexual exploitation of children and young people by adults;
- criminal exploitation of children and young people, particularly for the purposes of cultivating, trafficking, distributing and/or selling illegal substances;
- serious physical violence between young people, including weapon-enabled violence, some of which may be connected to organised criminal groups;
- peer-to-peer sexual abuse and other forms of harmful (problematic or inappropriate) sexual behaviour displayed by young people towards their peers;
- the radicalisation of young people into political or religious ideologies that place them at risk of physical or emotional harm; and
- physical, sexual or emotional abuse, and/or coercive control, young people may experience in their own romantic/intimate relationships.

In England and Scotland, and to a lesser extent in Wales and Northern Ireland, framing harm in this manner foregrounds extra-familial dynamics in two ways: first, in respect of the relationship(s) in which the harm occurs (interpersonal but not familial); and, second, in recognition of the social/physical contexts beyond family homes where much of this harm takes place (in such settings as schools, neighbourhood locations, organised criminal networks and online social media platforms, for example). We acknowledge that such a grouping is a construct; there are a range of other ways in which these harms may be clustered or disaggregated. Additionally, risks and harms may, of course, be experienced away from where the young person is living but still involve family members, and they may happen inside the young person's abode but not in conjunction with a family member. However, this approach to grouping these different forms of EFRH is supported not

only by policy, but also by researchers and practitioners who have increasingly highlighted how the extra-familial dynamics of these harms warrant specific attention if effective responses are to be offered (Hanson and Holmes, 2014; Brandon et al, 2020; Wroe and Lloyd, 2020).

The category of EFRH communicates something of significance in relation to the *shortfalls* of safeguarding and welfare systems in countries like the UK, rather than just characterising the risks and harms themselves. Importantly, the child protection elements of safeguarding systems in the UK, and other Global North countries that we go on to discuss in this book, were not designed to deal with risks beyond the home and family, though they are leveraged when young people (under 18) are at risk of significant harm. It is this, in our view, that renders the creation of the EFRH category necessary.

Child and family social work in the UK, and in a range of other countries in the Global North, operates within legislative and practice frameworks predicated on the idea that if a child is at risk of harm, this will be attributable to action or inaction by their parents or carers (Fong and Cardoso, 2010; Radford et al, 2017; Firmin, 2020). As a consequence, the majority of interventions are directed towards the parenting role and its perceived inadequacies. While neglect and familial abuse may increase the vulnerability of a young person to experiencing risks or harm, young people may also become involved in EFRH when parents are taking all necessary steps to keep their children safe (Pike et al, 2019; Child Safeguarding Practice Review Panel, 2020). Moreover, even in instances where young people affected by EFRH are living in families where there are additional challenges and needs, it is rare that intervention with parents alone will address the source of the harm in question. As such, assessment of parental capacity to protect and solely parent-focused interventions are likely to prove insufficient in social work responses to EFRH.

It is perhaps not surprising that these shortfalls become even more evident for older adolescents once they reach the age of 18. In the UK, adult safeguarding services tend to respond only in cases where a young person is considered to have exclusively defined needs for ‘care and support’, as set out in the Care Act 2014, a criterion that many young people experiencing EFRH do not meet. Holmes (2022: 8–9) describes a self-enforcing paradoxical situation for young people both under and over 18 where safeguarding:

acts not as a verb – something to do with a person when their safety is undermined, but as a noun – a threshold to be reached, a place that many people cannot access despite their safety being undermined. ... So it is ‘not safeguarding’ if the person does not receive a safeguarding response, and they do not receive a response if their situation is understood in procedural terms to be ‘not safeguarding’. This self-reinforcing loop, with terms defining actions that in turn prescribe the terms, undermines the sector’s ability to adapt and refine its response to emerging need and evidence. (Holmes, 2022: 8–9)

Hence, gaps in addressing EFRH are both created and perpetuated by the very systems that should provide protection and support. Our review indicates that the mechanisms of these shortfalls are embedded in system- and service-specific procedures; however, the phenomenon of excluding EFRH from safeguarding domains is widespread across countries in the Global North.

Despite the merits of an overarching EFRH category, it is important to note from the outset that there are limitations to this approach – limitations that we will revisit at various points in the book. One of most note is the variable evidence base for social care responses to each type of harm included in this umbrella category. Evidence regarding effectiveness is

more established for practice systems and models that address child sexual exploitation (CSE), for example, compared with responses to radicalisation or serious youth violence, which remain heavily rooted in policing and crime prevention practices (Chisolm and Coulter, 2017; Association of Directors of Children's Services, 2019). Moreover, the manifestations of some types of harm, the terms used to demarcate them and the delineation of appropriate or necessary social care responses can vary over geographical boundaries. While there is increasing consensus across the Global North as to what is encompassed by such terms as 'child sexual exploitation' and 'domestic minor sex trafficking', the concept of child *criminal* exploitation is less established outside of the UK, and its manifestations are more differentiated – for example, the particular form of child trafficking by organised crime groups to achieve the distribution of drugs from urban to rural counties ('County Lines') appears quite specific to the UK, possibly related to the country's smaller size and accessible transport links (Coomer and Moyle, 2017). It must also be acknowledged that there are a range of other harms unrelated to home or family that can affect young people, such as poverty, inequality of opportunity and institutional racism or other forms of institutional harm. These are not the focus of this book per se, even though they may contribute to or compound EFRH (Featherstone et al, 2018). Indeed, the case of Child Q highlights the complex intersections of institutional harm and EFRH, whereby, paradoxically, responses that should address harm become themselves abusive.

The emergent policy and practice focus in the UK on safeguarding harms beyond the home and family, alongside the shared system challenges that come with offering a child protection, and wider safeguarding, response to this group of harms, warrant the contribution that this book offers. We reflect on these challenges throughout this book and offer subcategories of EFRH as harm-type clusters to explore what some of these variations and associated limitations imply for social care responses.

From youth justice to welfare: the emergent policy response in the UK

In the 1990s and 2000s, issues associated with EFRH in the UK were predominantly viewed through the prisms of ‘anti-social behaviour’, youth crime and individualising discourses of social exclusion (Her Majesty’s Government, 2005; Rogowski, 2010). This involved, to a large degree, an emphasis on responsibility and blame being placed on young people for what were considered dangerous, disruptive or otherwise concerning behaviours (such as the use of drugs, sexual activity construed as ‘promiscuity’, excessive alcohol consumption and teenage pregnancy, as well as a ‘failure’ to participate in education, training or work). While highly publicised cases of child maltreatment repeatedly drew attention to the failures of statutory systems to protect young children from harm inflicted by family members (and, at times, triggered legislative reforms), the language of safeguarding in relation to risks and harm during adolescence was notably absent (Her Majesty’s Government, 2005; Department for Education and Skills, 2007).

This framing occurred against the backdrop of the Children Act 1989, introduced in England and Wales, which underpins England’s safeguarding system to the present day. A co-author of this legislation, Baroness Hale, described one of the intentions behind the act’s design as being to separate out legal proceedings against parents (the child protection system) from those against young people themselves (the youth justice system); the latter was designated for ‘delinquent or naughty children – those who were out of control, falling into bad associations or in moral danger – with the former intended for children who were suffering or at risk of suffering neglect or abuse’ (Lady Hale, 2019: 2). It should be noted that youth offending legislation, introduced during a similar time period in England and Wales, sought to shift youth justice services from punitive responses towards a more welfare- or treatment-focused approach (Rogowski, 2010). In contrast to the separate

systems in England and Wales, the Scottish Children's Hearing System, introduced in 1971, provided a joined-up child welfare response to children under 16 in conflict with the law and those in need of care and protection; however, young people aged 16 to 17 remained in the remit of adult courts ([Children and Young People's Centre for Justice, 2021](#)).

In the early 2010s, numerous inquiries into CSE drew attention to shortfalls in professional responses to this form of EFRH ([Berelowitz et al, 2012, 2015](#); [Coffey, 2014](#); [Jay, 2014](#); [Bedford, 2015](#)). In particular, they evidenced how safeguarding services framed sexually exploited young people as responsible and agentic, and therefore potentially complicit in their own abuse:

Children and young people who were being sexually exploited were frequently described by professionals in many localities as being 'promiscuous', 'liking the glamour', engaging in 'risky behaviour' and being generally badly behaved. Some of the most common phrases used to describe the young person's behaviour were: 'prostituting herself', 'sexually available' and 'asking for it'. ([Berelowitz et al, 2012: 12](#))

While these inquiries led to an increased recognition of the safeguarding needs of some sexually exploited young people, concerns around the under-identification of victimisation persisted, particularly regarding young people with disabilities and those who were racially minoritised ([Berelowitz et al, 2015](#)).

A further development impacting safeguarding practice at the time came in the form of a landmark court decision in 2009 (*R [G] v Southwark* [2009] UKHL 26), concerning the duties of social care departments to homeless young people aged 16 and 17, who had hitherto often been considered only through the prism of their housing needs. This judgment concluded that when a 16- or 17-year-old presents as homeless, the

local authority children's services should undertake the initial assessment, not the housing department. This milestone drew further attention to young people 'at the edge of [out-of-home] care' (Boddy et al, 2009: 2), including those whose families were struggling to care for them due to EFRH.

The aforementioned policy concerns about the high rates of adolescents in out-of-home care and failures to protect young people from sexual exploitation came to the fore at a time of increasing debate in the UK about how best to safeguard young people. The needs, preferences and degree of autonomy of young people in adolescence may differ substantially from those of younger children, and these differences are not always managed well by safeguarding systems (Ofsted, 2011; Hanson and Holmes, 2014). Nearly a third of serious case reviews conducted in England between 2014 and 2017 focused on the serious or fatal maltreatment of young people aged 11 and over where there had been cause for concern about the safeguarding response (Brandon et al, 2020). Macro-analysis of these reviews revealed that, 'For many of these young people, their age and behaviour led to professionals viewing them more as adults rather than vulnerable young people with little possibility of changing their behaviour and circumstances' (Sidebotham et al, 2016: 127).

In 2014, the Association of Directors of Children's Services in England commissioned a report by the national charity Research in Practice on the evidence around adolescence and risk. The report critiqued England's child protection system for its failure to enable effective, age-appropriate, strengths-based approaches involving young people, families, peers and communities in relation to EFRH (Hanson and Holmes, 2014). The authors proposed a shift towards approaches that reduce exposure to risks during adolescence, build resilience by working with young people as partners and harness the strengths and opportunities of adolescence, while avoiding blaming and labelling approaches.

Research, inspection reports, public inquiries, case reviews and government reports from 2015 onwards in the UK have continued to express concern about the adequacy of systems to safeguard young people as child criminal exploitation, peer-to-peer sexual abuse in schools and radicalisation started to be recognised as forms of EFRH (Child Safeguarding Practice Review Panel, 2020; Kirkman, 2020; Department for Education, 2021; Estyn, 2021; Ofsted, 2021). Safeguarding policies and guidance have been adapted in response to these rapidly changing policy, practice and research landscapes to constitute young people's involvement in exploitation, abuse and violence in contexts beyond the family home as a safeguarding concern (rather than solely a matter of youth crime or anti-social behaviour) and to mandate social care responses where young people under 18 are concerned.

In light of this shifting policy concern, government departments and national funders in the UK have resourced a range of interventions designed to better meet the needs of young people, including those at risk of harm beyond their family homes and relationships. Innovations have included: the Achieving Change Together framework, used by interdisciplinary 'complex safeguarding' teams in Greater Manchester to promote collaborative approaches to assessment and planning with young people affected by CSE (Scott et al, 2017a); the No Wrong Door initiative, offering integrated support to young people aged 12 to 25 at risk of entering the care system (Lushey et al, 2017); and the Disrupting Exploitation programme, run by voluntary organisation The Children's Society to intervene with situations and systems, as well as individuals, impacted by exploitation (Cordis Bright, 2019).

Simultaneously, concepts have been introduced into national policy and research contexts to assist the aforementioned efforts at service redesign. Contextual Safeguarding – an approach developed by the first author and colleagues (Firmin et al, 2016) – highlighted the significance of peer

and community contexts in cases of EFRH, and how this contrasted with the individualised, family-focused character of interventions within the English child protection system. As a result, Contextual Safeguarding promoted the assessment of, and intervention with, a range of contexts beyond families (as well as associated relationships and spaces) within which EFRH occurs, while also recognising and utilising their inherent strengths and resources. Other developments included an increasing recognition of the relevance of trauma-informed approaches across England, Wales and Scotland (Wilkinson, 2018; Scottish Government, 2021; Welsh Government, 2021) and, as part of this, the need to address the trauma that EFRH may induce. In 2018, the formulation of transitional safeguarding as a concept highlighted the need for support and safeguarding systems to take account of young people's continuing needs into adulthood (Holmes and Smale, 2018).

The aforementioned policy and practice developments indicate attempts to reconcile the split referred to earlier in this chapter between welfare (particularly child protection) and justice responses to young people – a split instigated by the introduction of the Children Act 1989. They denote a recognition of how the separation of service responses to young people harmed by their parents or carers from those to young people who harm themselves or others has been unable to accommodate the needs of young people affected by EFRH, or indeed of young people during the period of adolescence more broadly. However, the development of more welfare-oriented responses to young people affected by EFRH has been fraught with challenges, both in their formulation and in their implementation. While the policy trajectory outlined thus far is unique to the UK, the associated challenges are not. We now outline some shared obstacles in system responses to forms of EFRH in different parts of the Global North, before setting out how this book seeks to support efforts to resolve some of them.

Adopting a welfare-based approach to EFRH: shared global challenges but divergent responses

Despite this increased recognition of the nature of EFRH and its safeguarding implications in UK *policy*, concerns remain about the adequacy of social care responses *in practice*. In particular, there are concerns about the ability of social care systems in the UK to adopt a welfare (and, where required, child protection) approach to harms that were not in mind at the point of system design (McAlister, 2021). These concerns are not limited to the UK. Struggles to develop welfare and safeguarding systems capable of engaging with the specific complexities of supporting young people affected by EFRH are recognisable in research from various countries in the Global North (Radford et al, 2015; Organization for Security and Co-operation in Europe, 2019; Gregulska et al, 2020), most notably, in the study of CSE and trafficking. This literature identifies, in particular, the struggle of practitioners and systems to work with the agentic nature of young people who have been exploited (particularly those who go missing from home), to develop a welfare rather than justice-oriented response and, as part of this, to respond to young people who straddle victim–perpetrator identities. These struggles occur in wider contexts of child protection pathways designed to target families and wider interventions that disrupt the actions of individual young people and not the harmful situations in which they act.

Balancing rights to protection and autonomy

One key challenge that EFRH poses to organisations, multi-agency networks and individual practitioners relates to a foundational dilemma across all branches of welfare services: how to balance paradigms of care and control when individuals are at risk and/or pose risk to others (Payne, 2020). Statutory agencies across a range of countries have often failed

to recognise EFRH as a form of abuse, castigating, ignoring or criminalising children, rather than protecting them. When the failure to address CSE came to light in the UK, for example, through whistleblowing, investigative reporting and public inquiries (Berelowitz et al, 2012 2015; Coffey, 2014; Jay, 2014), the public outcry and government response led to a decisive swing towards a protective stance. Many young people caught up in sexual exploitation were less likely to be seen as blameworthy autonomous agents who were ‘putting themselves at risk’ to be reconstructed as vulnerable child victims (Lefevre et al, 2019: 1840). Multi-agency safeguarding networks and processes were put in place to assess and address risks, and in some cases, high levels of support were offered to young people and their families, including through a range of partnerships with the voluntary and community sectors. However, this recognition of vulnerability and victimhood has not necessarily been true for working-class girls (Brown, 2019), boys and young men (McNaughton Nicholls et al, 2014), Black young people (Davis, 2019; Davis and Marsh, 2020), and young South Asian women (Gutierrez and Chawla, 2017).

Meanwhile, professional systems across a range of countries have continued to struggle with balancing and reconciling young people’s right to safety and protection with their right to voice, privacy and autonomy, as well as with the public’s right to protection (Sapiro et al, 2016). For some young people, this has meant unwelcomingly high levels of intrusion into their personal and social lives, as the threshold for professional suspicion in relation to their behaviour is very low (Wroe and Lloyd, 2020). Young people at risk of exploitation have described their mobile phones and other property being searched or confiscated, their peer relationships being scrutinised and controlled, and their underwear being taken away for forensic examination of sexual activity in the guise of ‘protection at all costs’ (Lefevre et al, 2019: 1846). Restrictions on young people’s liberty may be put in place to remove them from situations of risk, including through

secure or out-of-home care (explored in more detail later in this chapter). Unsurprisingly, young people who feel their privacy, concerns and interests are ignored in such situations may become angry, mistrustful and secretive. Practitioners may then find themselves in a ‘double-bind’, ‘no-win’ scenario, whereby attempts to protect ‘might alienate a young person, paradoxically encouraging them to engage in further risky behaviours’ (Lefevre et al, 2019: 1837).

Balancing welfare and criminal justice paradigms

Not all services have reached a point of foregrounding young people’s vulnerability, care and protection in situations of EFRH. The recognition of exploitation when young people become involved in criminal activities such as drug dealing and violent extremism is still relatively recent. Aligned with the policy tensions detailed earlier, youth justice responses remain at the fore for these forms of EFRH, and young people in the UK can be incarcerated for their involvement in crime associated with experiences of abuse and exploitation. Wider attitudes towards young people tend towards suspicion and hostility, with an underpinning assumption that anti-social or criminal activity is involved when they occupy public spaces. This is particularly true for Black young people, who are increasingly losing all trust in statutory agencies, as their presence is vilified and controlled (Williams, 2018). This provides a disturbing wider context within which the highly intrusive internal search of 15-year-old Child Q for drugs, introduced at the outset of this chapter, is possible.

Some literature outside of the UK also expresses a need for systems that can protect young people who are both victims of and engage in harmful activity (Bruning and Doek, 2021). When young people occupy identities of both ‘victim’ and ‘perpetrator’, this can challenge how professional systems construct and respond to them. In the US, for instance, some state jurisdictions continue to criminalise victims of CSE and

trafficking (Miller-Perrin and Wurtele, 2017; Pullmann et al, 2020). Young people are also drawn into the US juvenile justice system each year for ‘status offences’ – behaviours like truancy, underage drinking, running away and being beyond parental control – which (though not crimes) are prohibited because of a young person’s status as a minor (Annie E. Casey Foundation, 2022). Even in European countries where youth justice systems have adopted a ‘welfare’ model, characterised by minimum intervention, education and restorative justice (Rap, 2015; Matthews et al, 2018), there is an apparent lack of protective responses to adolescents who are both victims of and engage in harmful activity, even where the latter results from experiences of exploitation or abuse.

Despite an increased framing in international guidance of child protection as a children’s rights issue and increased focus on children’s individual development needs and well-being (Gilbert et al, 2011; Spratt et al, 2014), responses to EFRH are not always welfare led and often remain situated outside child protection services. That is not to say that exploitation, peer abuse and so on do not offer the potential of serious harm for young people and other members of society, but rather to argue that practitioner and system responses that are ‘done to’ rather than ‘with’ young people are likely to be alienating and counterproductive in terms of decreasing risks to individuals and communities (Wroe and Lloyd, 2020).

Individualised or restrictive intervention models

A swing towards welfare-based responses to EFRH has seen social care organisations draw upon intervention models traditionally used in cases of familial abuse, such as out-of-home care, to safeguard young people who have been harmed beyond their family homes. Out-of-home care is used across a range of high-income countries for young people under 18 affected by CSE or trafficking. Placements include residential centres, group homes, secured or semi-secured facilities, or

more temporary accommodations, such as hostels, emergency shelters or temporary reception centres.

Out-of-home care is used to remove young people from situations and contexts of risk, and/or to manage persistent episodes of them running away from home or care. Some placements in North America and Europe are referred to as ‘specialised care provisions’ for cases of exploitation or trafficking (Farrell et al, 2019; Organization for Security and Co-operation in Europe, 2019; Aussems et al, 2020), designed to engage with specific dynamics of EFRH and reduce the risk that being in care might exacerbate a young person’s exposure to exploitation. However, some young people who have been sexually exploited or trafficked repeatedly go ‘missing’ from residential placements due to ongoing contact with those who exploit them. In some cases, placements or shelters have been targeted by those who exploit young people in North America (Werkmeister Rozas et al, 2018; Latzman et al, 2019), Australia (McKibbin and Humphreys, 2019) and Europe (Lumos, 2020). More broadly, the unsuitability and instability of placements can increase young people’s (re-)exposure to EFRH (Palmer, 2019). There are also clear indications that safeguarding systems and practitioners in high-income countries continue to struggle to provide appropriate support in similar ways to the UK (Organization for Security and Co-operation in Europe, 2019; Palmer, 2019; Pullmann et al, 2020; The Economist Intelligence Unit, 2020). Child protection responses rarely go beyond interventions of one-to-one support for young people or offering parenting/family support to their carers (Radford et al, 2015; Okech et al, 2018; Benavente et al, 2021).

Despite these similarities, it should also be noted that in countries like Germany and Spain, and across Scandinavia, child protection systems are informed by social-pedagogical or ecological approaches (Grunwald and Thiersch, 2009; Hämäläinen, 2015). These approaches are centred on the importance of recognising and engaging with young people’s social environments if their behaviours and experiences of

harm and safety are to be understood. Compared to the UK, social work and youth work in countries influenced by these approaches tend to have stronger practice cultures of community-based interventions and group work – such as in Germany, with its well-established approach to ‘mobile’ or ‘socio-spatial’ youth work (Spatscheck and Wolf-Ostermann, 2009). However, as research into child protection responses to EFRH is so limited and the responses themselves are in such early development, there is little evidence on how these approaches may resolve the identified challenges of responding to EFRH.

Charting a way forward: the contribution of this book

In this book, we respond to the rapidly changing policy and practice landscape of the UK’s approach to EFRH by outlining what is known to be effective or challenging about current social care responses to the issue. As highlighted in this introduction, while the policy developments and terminology applied in the UK are relatively unique, there is much about the challenges faced that crosses international boundaries. Neither the family-focused design of child protection systems, nor the practice challenges that come with safeguarding young people affected by EFRH, are the preserve of UK systems. As such, the findings presented in this book will be of relevance to a range of high-income countries in the Global North with an interest in offering welfare-oriented social care responses to EFRH.

The book is organised over eight further chapters that follow this introduction. Chapter Two outlines how our analysis of the literature on social care responses to EFRH led to a typology of five characteristics associated with promising or effective practice systems and methods. Chapters Three to Seven each present one of these five characteristics, focusing on what they may mean for the development and delivery of practice interventions with young people, as well the implications for whole-system or service design. Chapter Eight draws together

the previous five chapters to offer a framework for designing policy and practice responses to EFRH in the future. In [Chapter Nine](#), we reflect on what this framework suggests about the sufficiency of the UK policy and practice framework outlined in this introductory chapter, and recommend what may be required next to better respond to (and prevent) EFRH. We also use the closing chapter to raise questions for contexts beyond the UK where EFRH impacts young people, inviting researchers and policymakers in other settings to consider whether the systems they currently use are reflective of the framework produced through our review.

This book offers a conceptual framework to guide the design of services and systems that are used in response to EFRH. It serves as a central point of reference for those in the UK – noting where developments are already in place, as well as where system innovations (and improvement) are needed to ensure responses align with the evidence available. By offering a conceptual framework, this book also contributes to international debates about the safety of young people who are at risk of significant harm beyond their families. Young people can and do suffer significant harm in extra-familial contexts and relationships. We hope this book goes some way to ensuring that social care systems, both in the UK and beyond, can respond effectively when they do.



How Schools are Addressing Harmful Sexual Behaviour: findings of 14 School Audits

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HOW SCHOOLS ARE ADDRESSING HARMFUL SEXUAL BEHAVIOUR: FINDINGS OF 14 SCHOOL AUDITS

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ABSTRACT: *This article considers how schools are addressing harmful sexual behaviour occurring between students. In the context of policy and school inspection, driven by student disclosures of sexual harm, schools are being required to evidence responses to sexual harassment and abuse within and beyond school. Presenting findings from 14 school audits the article highlights evidence of the levers where schools claim they are achieving well and those where they self-assessed lowest. The findings are based on analysis of 14 school assessments. The findings evidence that schools more readily develop statutory policy processes and are less equipped to address cultural elements driving harmful and unsafe environments. The findings have implications for how schools are supported to address sexual harm and what drives changes in this area.*

Keywords: Audits, Inspection, Safeguarding, Sexual Harassment, Sexual harm

INTRODUCTION

Student disclosures of sexual harm in schools in the UK and internationally have highlighted the pervasiveness of sexual harm within and outside of schools between students (Everyone's Girlguiding, 2017; Invited, 2021; Ofsted, 2021b). Sexual harm, such as pressure to share sexual images, unsolicited sexual imagery online, non-consensual images shared on social media, unwanted touching and groping in the corridors, controlling behaviour in relationships and sexual assault, has become so prevalent that students report that they are normalised to the extent they feel there is little point seeking help (Allnock and Atkinson, 2019; Ringrose *et al.*, 2021; UK Feminista and National Education Union, 2017). Increasing awareness of the extent of sexual harm in schools, coupled with a greater emphasis from policymakers and inspectorates, means that schools are under increasing pressure to address sexual harm. While much emphasis is often placed on what schools are not doing and the need to develop 'whole-school' approaches, there is limited emphasis on the individual factors that make up these approaches and the areas where schools can improve responses to sexual harm. Two key terms are used in this article; harmful sexual behaviours (HSB) refer to the range of sexual behaviours children display that may be developmentally inappropriate, abusive and violent (Hackett, 2014).

Sexual harm is a broader term used to encompass HSB and refers to the wider social and cultural impacts that these behaviours can have. This article presents findings from 14 school assessments used to identify how schools are addressing sexual harm. Evidence from these points to a division between policy and process-driven responses and those that tackle the cultural context, which underpins harm. We argue that responses to HSB are needed for better understanding of factors that drive harmful cultures, coupled with a policy framework that places emphasis upon these. We begin with an overview of current school policy and the cultural context of sexual harm in schools before presenting the methodology and findings.

Policy Responses

In 2016, the Women and Equalities Committee, a UK House of Commons Select Committee, found that sexual harassment and violence in schools in England was a daily part of many girls' school lives. Their inquiry recommended developing national guidance promoting whole-school approaches to address sexual harm and that school inspection bodies assess how well schools are 'recording, monitoring, preventing and responding' to incidents of sexual harm (House of Commons, 2016, online). In 2017, the Department for Education published non-statutory guidance to schools on *Sexual violence and sexual harassment between children in schools and colleges* (Department for Education, 2017), and in 2018, England's statutory guidance *Keeping Children Safe in Education* was updated to include greater reference to 'peer-on-peer abuse' and elements from the guidance that were to become statutory (Department for Education 2018, 2022). In 2021, prompted by the movement *Everyone's Invited*, Ofsted published the findings of their review of sexual abuse in schools and colleges (Ofsted, 2021b). The findings of which suggest that schools 'should assume that sexual harassment and online sexual abuse are happening in their setting, even when there are no specific reports, and put in place a whole-school approach to address them' (Ofsted, 2021b, online).

Recent changes in national policy and inspection frameworks, which outline standards of practice for schools in relation to safeguarding, do acknowledge school cultures associated with incidents of sexual harm occurring in settings (Department for Education 2018, 2022). The focus, however, is largely on subcultures operating amongst students rather than other factors, such as cultural norms operating amongst school staff, school ethos or curriculum messages that may shape school culture (Firmin, 2018). England's statutory guidance *Keeping Children Safe in Education* 2022 does indicate that certain staff responses to sexual violence can influence cultural norms amongst students:

Downplaying certain behaviours, for example dismissing sexual harassment as "just banter", "just having a laugh", "part of growing up" or "boys being boys"

can lead to a culture of unacceptable behaviours, an unsafe environment for children and in worst case scenarios a culture that normalises abuse leading to children accepting it as normal and not coming forward to report it. (Department of Education 2022, Page 12 para 34).

The guidance, however, does not acknowledge any cultural factors that may influence school staff responses and provides limited specific guidance or quantifiable measures on how to assess school cultures and how to respond once you have (Firmin *et al.*, 2019).

National safeguarding procedures governing school responses to sexual harm are still largely focused on the management of individual incidents through referrals to local authorities safeguarding partnerships and work with individual students and families (Firmin, 2018). Schools are legally obligated to refer incidents where a child is harmed, or at risk of harm, to children's social services (Department for Education, 2022). However, policies and inspection frameworks do not centre the creation of school norms or cultures when outlining or assessing school responses to sexual violence amongst students in the same way.

School inspection frameworks play a significant role in shaping school priorities and responses. Research demonstrates that school inspection processes create a culture of comparison, competition and judgment where the stakes are high for schools to perform favourably (Colman, 2021). Colman (2021) found a culture of 'inspection readiness' operating in schools, where schools are routinely performing inspection frameworks regardless of whether they are in an inspection cycle or not. Schools have reported that this prominent focus on conforming to inspection frameworks (focused on grades and curriculum) has an impact on the schools' ability to do other things (Perryman *et al.*, 2018), such as respond to the impact of social deprivation and student needs in relation to this (Colman, 2021; Jones *et al.*, 2017; Perryman *et al.*, 2018).

Cultural Barriers and Enablers

Research into peer-to-peer sexual behaviour has demonstrated the significant influence school cultures have on informing student behaviour (Cowie, 2011; Ringrose *et al.*, 2013; Conroy, 2013; Thapa *et al.*, 2013; Lloyd, 2019; Firmin, 2020; Walker, 2020). A factor most consistently identified within the research is how the school environment appears to exert powerful influences on young peoples' ability and willingness to disclose sexual harm experienced or report sexual harm on behalf of others (Allnock and Atkinson, 2019; Brown *et al.*, 2020; Haywood and Mac an Ghaill, 2012). For example, research into sexual harm in schools, has demonstrated cultures of victim blaming and 'snitching' have been shown to prevent student disclosure (Allnock and Atkinson, 2019; Altinyelken and Le Mat, 2018; Gillander Gådin and Stein, 2019; Ringrose *et al.*, 2013).

In relation to sexual harm specifically, language used within schools and the ways that these behaviours are challenged, by both staff and students, can

inform school cultures (Contextual Safeguarding Network, 2021; Firmin *et al.*, 2019). For example, school curriculum messages, ethos and the extent to which a school promotes healthy and positive relationships, gender equality and acceptance of differences can shape school culture and safety (Conroy, 2013; Ringrose *et al.*, 2013). Schools that proactively seek to understand the nature and prevalence of sexual harm occurring in schools are able to address harmful behaviours and attitudes (Firmin *et al.*, 2019). In the absence of a true understanding of what is happening in schools, research has indicated that identification of harm can instead be based on staff perception and attitudes relating to demographic profiles of victims and instigators of sexual harm (Altinyelken and Le, 2018; Franklin *et al.*, 2015; Rahimi and Liston, 2011). The high prevalence of sexual harassment behaviours increases the risk that these behaviours are considered normative to the point that they are accepted and in some cases expected (Gillander Gådin and Stein, 2019; Walker, 2020a).

Finally, research highlights the importance of peer influence and support in relation to sexual harm (Firmin, 2020; Storer *et al.*, 2017). Peers have been shown to act both protectively and harmfully (Conroy, 2013; Cowie, 2011; Gillander Gådin and Stein, 2019; Storer *et al.*, 2017). Barriers that prevent young people intervening within the school environment include lack of student power and students' pessimism about the school's capacity to stop bullying or violence (Storer *et al.*, 2017). Therefore, the extent to which a school empowers students to support each other in relation to incidents of sexual harm and harnesses positive and pro-social peer influence in the school setting can challenge or impede safe culture creation (Firmin *et al.*, 2019).

METHODOLOGY

The findings presented here are from a two-year study into HSB in 14 schools in England undertaken between June 2018 and May 2020 (Lloyd *et al.*, 2020). The research built upon a previous study entitled Beyond Referrals, which aimed to identify multi-agency enablers and barriers to addressing HSB in schools (Firmin *et al.*, 2019). The findings of this first study were used to develop a self-assessment audit toolkit for schools and multi-agency partners to audit how they address HSB (Contextual Safeguarding Network, 2021; Firmin *et al.*, 2018). The second study presented here aimed to:

- Identify levers where schools self-identify strengths and challenges in addressing HSB
- Test and implement the self-assessment toolkit to identify its effectiveness in supporting schools to audit their response to HSB

Research Methods

To meet these aims, the research team sought to recruit four schools across four multi-agency partnerships in England ($n = 16$) who would either support the research team to complete the assessment on their behalf (tier one) or complete the self-assessment themselves (tier two). An expression of interest was created whereby four schools within a local authority applied together with a lead from the multiagency. In total 38 schools applied across 10 multi-agency partnerships. Schools were shortlisted based on a range of criteria including ensuring a range of types of schools, secondary age students, geographical variation and spread and previous engagement with the research team (to ensure the sites had not previously engaged). Following shortlisting 16 schools were selected across four local authority areas. The final 16 schools included six high schools, five education settings for children with complex physical and learning needs, two pupil referral units, one all-boys school, one academy school and two faith-based (some schools crossed multiple categories). All schools were secondary age provision.

Self-assessment Audit Tool

The 16 schools were grouped into two method categories: ‘research assessment’ and ‘self-audit’. Each local authority area consisting of one school where the research team conducted the research assessment (tier one) and three schools that completed a self-assessment (tier two). The original audit tool developed as part of study one is a traffic-light tool covering four categories and within these a number of levers (indicated in brackets) including ‘structures and systems’ (7), ‘prevention’ (6), ‘identification’ (5) and ‘response and intervention’ (10). The tool is supported by a range of audit resources to allow schools to assess themselves against each lever. The audit tool requires schools to consider if they meet the requirements of ‘green’, ‘amber’ or ‘red’ and to record the findings in a supporting self-assessment template. For tier two schools, schools were required to conduct the school audit themselves, utilising a range of methods developed as part of the first study, submit a completed audit to the research team and participate in a follow-up interview. For tier one schools, the research team utilised a range of research methods that mirrored those used in self-assessment. Details of the research assessments including the methodology and findings from interviews with students are published elsewhere (Lloyd and Bradbury, 2022; Lloyd *et al.*, 2020). The research team also aimed to conduct one interview with a member of staff responsible for managing cases of HSB in each of the four local authorities. Two schools did not complete the self-assessment, and two members of the local authority were unavailable for interview. As this coincided with the Covid-19 outbreak, it was decided not to further pursue them. Table 1 provides an overview of all the methods completed in the two tiers.

Research Process and Ethics

Ethical approval was gained through the University of Bedfordshire's ethics process. Consent to participate was granted via the Head Teacher, and in most cases, the audit was completed by the Designated Safeguarding Lead (DSL). Individual consent was sought via staff, students and parents (where required) for individual elements of the research.

Analysis

Analysis of the data fell across two key phases. Individual school findings were sense-checked with staff, students and the DSL. Data across the four schools was initially analysed in NVivo 12 using the self-assessment audit levers as an analytical framework. For an overview of all codes see [Table 2](#) in the findings section. Tier-one school data was independently coded and scored by three members of the research team. To score the coded data, the researchers decided if the evidence pointed to 'red', 'amber' or 'green' for each lever. Where there was uncertainty, two members of the team considered the evidence together and decided on a score.

Phase two consisted of entering the results from both tier one and tier two schools into Excel. The results of the traffic-light system were converted into numbers whereby green = 2, amber = 1 and red = 0. Three types of analysis were conducted. First, the sum and mode of each lever was calculated. Secondly, the four categories were ranked. The total number of points received for each category was calculated as a percentage to identify which categories scored highest. Finally, the total points for each school were calculated along with the average and standard deviation for these to ensure that the scores for tier one and tier two schools did not vary significantly. Two levers were not completed in one school and one in another (ethos, physical environment and ethos). The research team decided to score these as 'red' as this did not affect the total scores and suggested a lack of work by the school in this area. Findings from both stages were then sense-checked by the research advisory group for this project, which consisted of policymakers, voluntary and community-sector organisations, educators and academics.

Limitations

There are five limitations of note. First, the majority of findings reported come from schools that self-assessed their response to HSB. In this sense, the findings cannot be interpreted as evidence of how *well* schools are addressing HSB in comparison with one another but instead are indicative of the areas they report to be doing well or need further support. However, drawing together tier one and tier two data has allowed for some sense-checking of findings. Second, schools were required to apply to be part of the study. Participating schools therefore had the willingness to want to learn and develop their response to

TABLE 1. *Research methods*

Research Element	Method	Number	Total participants	Recording
Tier one: Research assessment	Focus group with students	9	45	Written notes and audio
	Focus group with staff	9	47	Audio recording
	Survey sessions with students	8	115	Paper surveys entered into Qualtrics
	Surveys with parents	2 schools	80	Online surveys using Qualtrics
	Interviews with staff	13	17	Audio recording
Tier two: Self-assessment	Designated Safeguarding Lead interviews	4	5	Audio recording
	Tour and observations of school	4 school tours	N/A	Observation template
	Review of behaviour and/or safeguarding logs	4 schools	N/A	Case recording template
	Reviews of policies and procedures	4 schools	19 documents	Policy review template
	Self-assessment	14 self-assessments	14 schools	Completed paper document
Tier one and Tier two	Interviews with completing staff member	10	10	Audio recording
	Interviews with multi-agency contact	2	2	Audio recording

TABLE 2. Overview of points, mode and ranking per lever

Code	Lever	Description	Total Points	Mode	Category
1	Holistic safeguarding response	HSB response is integrated into the safeguarding strategy	27	2 – Green	Structures and systems
2	Wellbeing of students	Schools support the welfare of students affected by HSB	27	2 – Green	Response
3	Incident referral	Incidents of HSB are referred to social care	27	2 – Green	Response
4	DSL capacity	Extent that the DSL role is fully protected	26	2 – Green	Structures and systems
5	Referral pathway (internal)	Referral pathways are in place internally	26	2 – Green	Structures and systems
6	Referral pathway (internal)	Staff make use of referral pathways internally	26	2 – Green	Prevention
7	Response to incidents	Responses to victims and instigators of HSB take a welfare approach	25	2 – Green	Response
8	Partnership inputs (response)	The school uses multi-agency interventions for incidents of HSB	24	1 – Amber	Response
9	Physical environment	Assessments of locations are taken following incidents	24	2 – Green	Response
10	Staff motivation	Staff feel empowered to intervene in incident of HSB	23	2 – Green	Response
11	Policy framework	Schools respond in accordance with national policy	23	2 – Green	Response
12	HSB strategy	The school has a HSB policy in place	22	2 – Green	Structures and systems
13	Engagement in local context	The school understands the local context and engages with multi-agency partners	22	2 – Green	Structures and systems
14	Response to trends	Curriculum and policies reflect trends and incidents	22	2 – Green	Response
15	Partnership input (structures)	Drawing upon resources and training from multi-agency	21	2 – Green	Structures and systems

(Continued)

TABLE 2. (Continued)

16	Ethos	School promotes gender equality and positive relationships	21	2 – Green	Prevention
17	Response to local concerns	School responds to trends flagged by the multi-agency informing prevention	21	1 – Amber	Prevention
18	HSB Trends	HSB incidents for peers are flagged and recorded on systems	21	2 – Green	Identification
19	Prevention and incident management	Students and staff are aware of interventions to address HSB	20	1 – Amber	Prevention
20	Relationships and Sex Education (RSE)	Embedded across all years and informs ethos	19	2 – Green	Prevention
21	Disclosure options	Students are offered, and make use of, a range of options	19	2 – Green	Identification
22	Cultural context	Extent that victim-blaming and gendered language is in use	18	1 – Amber	Identification
23	Thresholds	Thresholds are understood an consistent with multi-agency	18	1 – Amber	Response
24	Parental engagement	Parents proactively engaged to raise awareness	17	1 – Amber	Structures and systems
25	Training	Extent that all staff receive training on HSB	17	1 – Amber	Prevention
26	Definition	Definition of HSB consistent with that of multi-agency	17	1 – Amber	Identification
27	Resources	HSB resources aligned with multi-agency	17	1 – Amber	Identification
28	Peer support	Resources are in placed to promote positive peer relationships	14	1 – Amber	Response

HSB. The sample is unlikely to be representative of the wider range of approaches schools take. Third, while the tier two schools were provided with a range of assessment methods, and the template required them to evidence how conclusions were drawn, it appears there were variations in how methods were carried out and who was engaged. However, the aim of the tool is to guide schools towards the types of activities and actions that can address HSB, not to inspect them in comparison to others. Comparison between schools in this paper

is only done to allow for analysis of trends and themes. Understanding where schools have not readily engaged with these tools is helpful for identifying where we can adapt resources to provide further support. Fourth, the levers are not equally weighted. There are levers where it is considered that the negative impacts of a 'low score' may be more greatly felt than others. Finally, the tool is designed to be strength-based rather than deficit-based and requires starting at 'green' so may reflect a positive approach. We address a number of these limitations in our findings and conclusions.

FINDINGS

Analysis suggests that schools self-assessed or were assessed as green for the majority of levers. The mode for 64% of the levers was 2 indicating green, 10 levers had a mode of one indicating amber and no levers received a mode of 0 for red. However, no lever was marked as green by all schools and red was allocated in 19 occasions. [Table 2](#) outlines the total score and mode for each lever, the category that these fell within and a short description. The levers are ranked from highest scoring to lowest scoring.

Analysis was also undertaken to calculate which category schools assessed themselves as scoring the highest. [Table 3](#) shows the sum of the total levers for each category was calculated as a percentage of the total points available for that category (as some categories had more levers):

While it was not the aim to analyse how 'well' individual schools did in comparison to one-another, the average scores of the schools were calculated to provide some measure of variation between tier one and tier two schools. That is, to ensure that tier two schools had not self-assessed themselves much higher than those where the research team completed the assessment. This was not the case. Of possible 56 points, the average score for a school was 43.14 with a standard deviation of 6.51. The four schools in which the research team conducted the assessment scored 43, 44, 38 and 53. It was only this last school that scored higher than the standard deviation.

Schools scored highest in the categories of 'structures and systems' and 'response', achieving over 80% of the possible points for both of these categories. Except for the lever 'partnerships inputs (response)', levers 1–14 ([Table 2](#)) received a mode of 'green'. What is notable is that the areas where schools have consistently achieved 'green' are those that relate to the internal school processes and procedures as opposed to the broader school culture. Within the top 14 levers, only three (wellbeing of students, response to incidents & staff motivation) did not directly assess procedural elements of school responses.

All the levers related to the category 'identification' and all but one of the levers in the category 'prevention' fell within the lowest scoring 14 levers. While the 14 lowest scoring levers presented less distinction, some themes were

TABLE 3. Total percentage scored for each category

Category	Percentage
Systems and structures	82%
Prevention	73%
Identification	65%
Response	81%

evidenced. While five of these levers are also procedural in that they relate to the policy approach taken by schools, they are linked to factors related to the external policy context (Partnership inputs (15), response to local concerns (17), thresholds (23), definition (26) & resources (27)). These levers require schools to engage with, and are impacted by, the external multi-agency response to HSB. Therefore, schools are required to have a relationship with the multi-agency beyond referring incidents out. The remaining nine levers (ethos (16), HSB trends (18), prevention and incident management (19), relationships and sex education (20), disclosure options (21), cultural context (22), parental engagement (24), training (25) & peer support (28)) align much more closely with the broader culture and approach the school takes to HSB. We discuss these findings below.

DISCUSSION

Analysis of school audits paints a story of two-halves in how schools respond to sexual harm. While most schools scored ‘green’ for the majority of levers, the detail of the analysis suggests that there is a clear distinction between where they assessed as doing ‘well’ and the areas that need development. This divide appears to fall between activities that are policy and process driven and those that relate to broader school cultures. [Figure 1](#) provides a representation of this distinction. Levers marked with a * indicate those that are related to the external multi-agency context.

Policy and Processes

The most notable feature of the levers related to policy and processes is that the majority of these are statutory requirements as outlined in *Working Together and Keeping Children Safe in Education* (DEPARTMENT FOR EDUCATION 2018, 2022; HM GOVERNMENT, 2018). Furthermore, a large proportion of these are factors outlined within Ofsted’s inspection framework for inspecting safeguarding (OFSTED, 2021a). Factors such as having a policy framework that includes bullying, sexual harassment, abuse and violence, record keeping, referral processes to social care, trained DSLs who are known to staff and

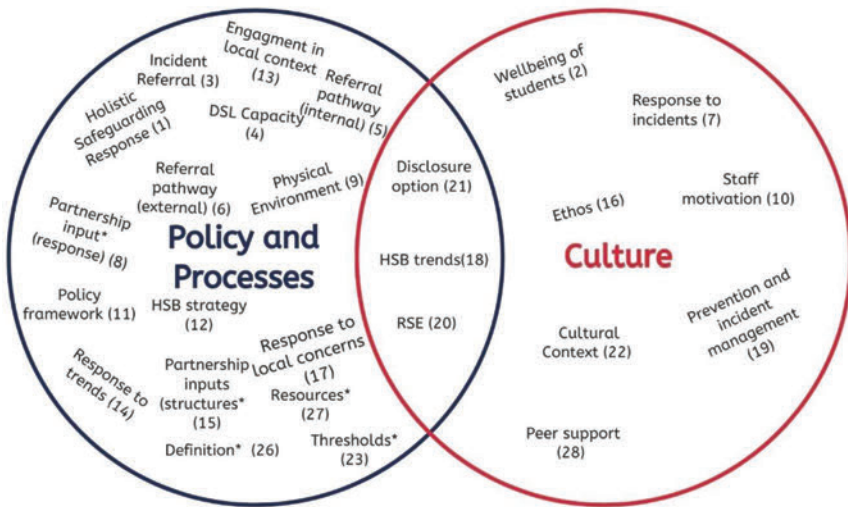


Figure 1. Levers

protecting victims and ‘perpetrators’ are all explicitly detailed as elements that schools may be inspected upon. While we do not claim to have a direct influence on this, the first study was designed to inform Ofsted inspection frameworks and all Ofsted school inspectors have been trained on the tools (FIRMIN *et al.*, 2019). A second feature of this group is that many of these, as detailed in the audit guidance, are quantifiable. Schools either have a child protection policy that includes HSB, a referral system and a definition, or they do not. The nuances of these are not explored within the audit tool beyond the traffic-light system. As such, it is likely to be easier for a DSL to consider these as ‘green’, even if the details of these require improvement. Third, the levers indicated as relating to policy and processes overwhelmingly lean towards those related to *an incident* or one-off occurrence of HSB. While it is likely that there will be isolated incidents of HSB, it appears that schools are overwhelmingly more prepared for incidents than the more widespread micro-aggressions of sexual harm that may be occurring.

Finally, policy and process levers where schools self-assessed lowest were related to processes in the multi-agency. Schools are not directly responsible for these. The findings suggest that barriers exist between multi-agency responses and those of schools. The evidence of which the audit is based upon continues to emphasise the importance of united approaches between schools and multi-agencies particularly in their ability to tackle HSB and other forms of extra-familial harm which may not directly occur within the school grounds but involve students (Firmin *et al.*, 2018).

Culture

The divide between features of school responses to HSB, which are related to policy and processes and those that relate to culture, makes clear that schools struggle to address the wider social and cultural aspects of sexual harm in schools. We consider five reasons for this.

Firstly, while many of the features of policy and processes are quantifiable measures, levers pointing to culture are often more intangible and qualitative. While the school audit pack included extensive resources to understand these, such as a complete guide on how to hold a student engagement session with scripts and examples, we did not ask schools to *prove* that they used these methods. Schools were asked to note which methods they used to complete the assessment, but audit analysis suggested that some schools marked the engagement they already routinely used rather than sessions that were held for this specific purpose. Interviews conducted with schools completing the self-assessment suggested that only a minority held groups with students to discuss HSB. Two options are possible then for schools scoring lower in this area; schools know that the school culture is harmful but do not know what to do about it or schools are reluctant to speak to students about sexual harm and therefore do not understand the drivers of HSB in their school. It is likely that a mix of these is true, the former points to a wider challenge of how to tackle the harmful cultures that influence behaviour, the latter suggests that schools may be inhibited by the confidence or means to engage students in discussions about HSB.

Secondly, aside from levers relating to the multi-agency, policy and process levers measured factors that the school had a degree of control over their strategy, the recording systems, etc. However, analysis of the levers related to culture indicates challenges beyond the school context itself. It is not only schools that are struggling with the need to tackle sexual harm, we see this in many other organisations and institutions, such as the police (Brown *et al.*, 2019), on university campuses (Bondestam and Lundqvist, 2020) and within the army (Godier and Fossey, 2018). Many sectors struggle to tackle the harmful impact of misogyny and patriarchal structures on women. The negative impact of these cultures may seem ‘too big’ for schools to tackle alone.

Thirdly, while we have drawn a distinction between factors that are procedural and those that are cultural, there is a strong relationship between these. Many levers could arguably sit between this group. *Disclosure options*, *RSE* and *HSB trends* require something quantifiable to be in place (options for disclosure, curriculum and mechanisms to measure HSB) but ask in turn for this to inform culture; what barriers exist to the disclosure options? Does the culture of the school inform the curriculum and are trends measured to inform prevention? Seeing the audit as a process and not an assessment would allow schools to interrogate these processes.

Fourth, it is notable that all schools scored the lowest for the lever *peer support*. Only three schools scored themselves as ‘green’ for this lever, and three schools scored themselves as ‘red’. This lever requires schools to have resources to support young people to support each other and to tackle negative peer cultures, which discourage disclosure. While there is an emerging body of literature and policy guidance recognising the negative impact that peer influence can have within schools relating to HSB (Allnock and Atkinson, 2019; Firmin, 2020; Ofsted, 2021b) this suggests that either schools are aware of the influence of this and do not take steps to address it or are not aware of the role this factor plays in addressing sexual harm. Analysis across the two studies suggest both reasons are possible.

Finally, while the audit toolkit allows schools to have an indicative ‘score’, the individual levers or categories are not themselves weighted. This means that the points available for having a definition in place for HSB are the same as the *amount of* and *use of disclosure options*. Analysis of tier one schools helps to evidence the impact of this. A tier one school scored a total of 43 points achieving the most points in relation to policies and processes and lowest in those related to culture. However, evidence drawn from the assessment notes that these schools had some of the highest prevalence of HSB (compared to the three other tier one schools), and that the most significant barriers to disclosure and harmful norms were driving harm. But the school had policies in place and an experienced DSL team in whom staff had confidence. Therefore, while schools may be self-reporting as doing well in relation to policy and processes this can be undermined if the culture of that school is harmful. In this sense school culture has a much greater influence on creating or preventing safe environments. We now turn to the implications of this research.

CONCLUSION

This study sets out to understand how schools are responding to HSB in schools and test the self-assessment toolkit. The gap between the relative strengths of school processes and policies related to HSB and the challenge of tackling harmful cultures provides insights into where schools, policymakers and inspectorates should pay direct attention. We consider four implications of our findings.

First, testing the self-assessment toolkit facilitated us to consider its effectiveness in supporting schools to audit their own responses to HSB. Evidence from this study and examples captured from policy and practice suggest that schools do find the toolkit helpful in guiding them to consider the different elements that can enable responses to HSB. Since the publication of the original toolkit, it has been cited in multiple places. For example, in Ofsted’s review of sexual abuse in schools, the toolkit is cited first in the section ‘what does good practice look like?’ (Ofsted, 2021b). Statutory school guidance *Keeping*

Children Safe in Education (Department for Education, 2022) cites the toolkit throughout as a resource for schools, as does Welsh guidance on responding to HSB in schools (Gov.Wales, 2020). The toolkit is also recommended by a number of national organisations including the NSPCC (2022) and The Lucy Faithfull Foundation (2021). Additionally, it is cited in several local authority policy documents and school policy documents. The continued reference to the resource in updates suggests that schools find it useful.

Second, while schools are finding a toolkit of use, the findings of this paper present a challenge. Could the tool do more harm than good if, as these results suggest, they focus their attention on developing policy and processes and less on tackling the culture underpinning this harm. It is helpful to note that it has only been through the process of this research that such a divide has surfaced. This evidence has allowed us to update both the tool but also our overall training, resources and guidance we give to schools and policymakers on the issue. These findings have informed changes to the audit toolkit. Alongside changes to wording and guidance, a fifth category *cultural context* has been created which includes levers related to *prevalence* (steps taken by the school to identify rates of HSB), *student disclosure* (if students use the disclosure options available and what barriers exist), *peer support*, *ethos* and *language and challenging normalisation* (how the school challenges harmful attitudes). These levers signify some positive steps that can be taken to challenge harmful school cultures. We hope these changes will address some limitations of the audit and support the identification of further factors related to culture in addition to the extensive training and presentations we give to schools on the issue of culture.

Thirdly, while schools in this study did self-report as doing overwhelmingly well for many levers, students still spoke about their experiences of sexual harm as a daily occurrence (for further details see (Lloyd and Bradbury, 2022)), echoing much of the research at the start of this article. The aim of the audit was not to give schools a score, but instead, we want the process to support schools to understand their own cultural context. It is for this reason that we have provided guidance on how to engage students, so they may identify prevalence themselves. However, it is possible that schools – driven by a culture of punitive attainment and inspections framework (Colman, 2021; Jones *et al.*, 2017; Perryman *et al.*, 2018) may often be focused on the end ‘result’ rather than the messiness of the culture driving this. While Ofsted’s current focus on the issue of safeguarding may support schools engaging in these activities, further work is needed to support schools to engage in a broader depth of activities that can surface the wider whole-school context of HSB (Bragg *et al.*, 2022).

Finally, the hesitance or limited time schools had to engage students in discussing HSB as part of this audit is notable. The findings suggest that schools do not understand, or have the time, resources or impetus, to understand school

culture. While policy and processes may seem objective, culture can seem ‘too big’ or intangible. The fact that schools are scoring highest in relation to levers that are quantifiable statutory measures emphasises the significance of inspection to schools. In the context of resource limitations, schools prioritise certain elements and may be restricted in, their opportunities, to take steps beyond ‘measurable’ aspects of processes and policy (Colman, 2021; Jones *et al.*, 2017. Perryman *et al.*, 2018). As long as we fail to address how HSB is driven by culture, we will not address sexual harm in schools. While not every element of culture can be broken down or measured steps should be taken to support schools to understand the levers of this.

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The child behind the victim: Survivor experiences of children's harmful sexual behavior

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ABSTRACT

Background: At least 50 % of child sexual abuse involves perpetration by children, referred to as “harmful sexual behavior”. Recently, the sexual abuse sector has focused, importantly, on the child behind the “perpetrator” to support developmentally-appropriate and trauma-informed practice. However, the experiences of victim-survivors of children's sexually abusive behavior are underexplored.

Objective: The aim of this study, funded by the National Centre for Action on Child Sexual Abuse, was to describe the experiences of victim-survivors sexually abused by other children, including their profiles and those of children with harmful sexual behaviors. Also explored was what victim-survivors say about patterns of perpetration, cessation, and disclosure.

Participants and setting: Twenty-five victim-survivors of children's harmful sexual behavior participated. Twenty-one were female, three were male, and one non-binary. They were aged between 18 and 69 years, and from a range of Australian states.

Methods: The study was informed by the research question: What is the nature of victim-survivors' experiences of children's harmful sexual behavior? In-depth individual interviews were conducted between October 2023 and January 2024 and the data were investigated using Content Analysis. The purpose of this paper is to present a map of survivor experiences (not to provide in-depth qualitative analysis) to gauge their range and patterns, and to identify potential trends. Ethics clearance was obtained from the University of Melbourne Human Research Ethics Committee (ID: 26926).

Results: Most victim-survivors reported that the sexual abuse by another child began in preschool and primary school, and more than half disclosed their abuse to one or more person. Victim-survivors identified 56 children involved in carrying out their sexual abuse. Eight perpetrators continued to abuse the victim into adulthood. Most harmful sexual behaviour (86 %) involved victimising intent, and physical coercion and violence (71 %). The most long-term and severe abuse was carried out by brothers and male cousins.

Conclusion: The findings are discussed in terms of dominant constructs and narratives about children's harmful sexual behaviour, and a model of “safe, problematic, and harmful sexual experience” is proposed to augment therapeutic practice. It is our hope that the voices of victim-survivors can be amplified in policy and practice so that the child behind the victim becomes as visible as the child behind the harmful sexual behaviors.

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1. Background

Over recent years there has been increasing concern about the frequency by which children are being identified for abusive sexual behaviors. For example, in a national prevalence study of child maltreatment in the UK, Radford et al. (2011) found that two thirds of contact child sexual abuse involved under-18 s as the child responsible for perpetrating the abuse. In the US, Gewirtz-Meydan and Finkelhor (2020) found that 70 % of child sexual abuse offences against girls and 77 % against boys were perpetrated by someone under the age of 18 years old. More recently, the Australian Childhood Maltreatment Study indicated half of victim-survivors' experience of child sexual abuse involved another child or young person (Mathews et al., 2023). This study found that child-perpetrated acts constituted the fastest growing form of sexual abuse in Australia. In this paper, we use the term “children” to refer to anyone under the age of 18 years, taking into account the international definition of childhood as encompassed in the United Nations (1989) Convention on the Rights of the Child (UNCRC) as well as the legal definition of adulthood in Australia.

Alongside the developing awareness of the prevalence of sexual abuse by young people has come a range of studies that have examined why children may develop sexually abusive behaviors (McKibbin et al., 2023), their demographic characteristics (Malvaso et al., 2020), the risks for recidivism, and whether behaviors are likely to escalate into adult sexual offending (Caldwell, 2016; Rasmussen, 2022). There have also been significant advances in developing assessment models (Lloyd et al., 2020; McPherson et al., 2024) and intervention responses (Allardyce & Yates, 2018; Quadara et al., 2020) to seek to address such behaviors in childhood. One of the most significant shifts has been towards approaches that recognize the developmental status of children who become sexually abusive. Whilst initial responses to this issue borrowed concepts and practice frameworks from models for adult sexual offenders, over the last two decades there has been a shift towards more developmental understandings of the problem (Smith et al., 2014). For example, it is now understood that many young people who sexually abuse other children have significant experiences of childhood trauma.

Accordingly, the language used to describe the problem of sexual abuse carried out by children has also shifted considerably in the description of both the problem and the children demonstrating such behaviors. Hackett and colleagues (2019) identified the danger of labelling children who present with problems with their sexual behavior, rejecting terms such as “juvenile sex offender,” “young abuser,” and “adolescent perpetrator.” They argue that the misuse of imprecise and vague terminology can lead to misclassifying children or labelling them inappropriately and suggest that a shared and meaningful range of terms is important to enable clear communication between professionals, and to allow accurate assessment of children and their behavior. In the UK and Australia, “harmful sexual behavior” has become the dominant terminology, recognising that the sexual behaviors of concern are wide ranging and that children displaying these behaviors are not a homogenous group. Harmful sexual behavior has been defined by as:

Sexual behaviors expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult.

(Hackett et al., 2019, p. 13)

Alongside these linguistic shifts have come several conceptual changes to how the problem is understood and framed. A number of pronounced narratives have now emerged about harmful sexual behavior in children that are almost exclusively based on understandings of the children that have expressed such behaviors. These narratives very much drive the current state of professional practice responses in this field. Two dominant narratives that have developed are: (1) children displaying harmful sexual behaviors are likely to have experienced childhood trauma (Faure-Walker & Hunt, 2022; Thomsen et al., 2023); and (2) such behaviors are unlikely in most cases to continue into adulthood (Caldwell & Caldwell, 2022; Lussier et al., 2024).

These narratives have been developed through a lens which has sought to keep children displaying harmful sexual behaviors in view as children, rather than seeing them as a mini versions of adult sex offenders. They have been powerful in helping to rebalance the field of practice with children away from the influence of adult sex offender work, and to stress the “child behind the abuser” in harmful sexual behavior work. However, in making the argument over the last decade that it is important not to lose sight of the child behind the *perpetration* of harmful sexual behavior, it is arguable that we have lost sight of the child *victimised* by the behavior. One of the perhaps unintended consequences is that harmful sexual behavior has been framed at times as victimless, with victim-survivors' voices almost entirely absent from the critical debates about understanding, preventing, and responding to the problem.

There is a shocking lack of focus in the harmful sexual behavior literature on the lived experience of victims of sexual abuse carried out by other children. The literature does include accounts of victims' experiences of child sexual abuse more generally, but does not often distinguish between sexual abuse perpetrated by adults versus by other children. For example, a US 2001 study involving five focus groups with girls who had been sexually abused explored their insights into their experiences with attention to their needs of the service system and community (Nelson-Gardell, 2001). The strongest finding from the study was that victims regarded being believed as a pre-requisite to being helped; that is, girls expressed that individuals who believed them were helpful and those who did not were unhelpful and harmful.

Further studies exploring the experiences of child sexual abuse victims have been carried out in the UK and Sweden. Kloess et al. (2017) explored five case studies focused on victims' experiences of being sexually exploited online, and the authors found that victims engaged with perpetrators for a variety of reasons including sexual curiosity and desire for a relationship. A Swedish study by Joleby et al. (2020) involving in-depth interviews with seven female victims of sexual abuse facilitated by technology indicated a transition from excitement about the sexual activity to fear when perpetrators used threats and blackmail to entrap victims. Victims also described a “new self” after the abuse, which transformed how they felt about themselves and others in negative ways. Male victims' experiences were explored in a UK study of nine men who had been sexually abused through Interpretative Phenomenological Analysis (Widanaralalage et al., 2022). The male victims made meaning of their experiences in relation to dominant gendered discourses of

sexual abuse, and described the way “rape myths” led to devastatingly poor responses from the service system.

Despite these powerful explorations of victims' child sexual abuse experiences, studies of child sexual abuse victimisation rarely specify whether the abuse was carried out by adult perpetrators or by other children, making it impossible to discern if the experiences of adult perpetrated abuse are similar or different to experiences of abuse carried out by children. Thus, there is a significant gap in understanding of victims' experiences of harmful sexual behavior. The research study underpinning this paper, *Amplifying the voices of victim-survivors: Advancing the harmful sexual behavior evidence base* (AVA project) is designed to address this gap. This paper reports the experiences of 25 victim-survivors who experienced sexual abuse as children perpetrated by other children. It gives voice to their experiences, seeking to move the harmful sexual behavior field forward at this stage of its evolution. The aim of this paper is to describe the experiences of victim-survivors sexually abused by other children including profiles of victim-survivors and perpetrating children, as well as patterns of perpetration, cessation, and disclosure.

2. Method

2.1. Study design

In-depth individual interviews were conducted between October 2023 and January 2024 with 25 victim-survivors and the data were investigated using Content Analysis. Content Analysis is a data analysis technique that enables researchers to quantify elements of textual data; in our case, interview data. In this sense, the technique supports a quantitative mapping of qualitative data, which is replicable, systematic, and objective (Krippendorff, 2018). Our objective was to present a map of survivor experiences (not to provide in-depth qualitative analysis) to gauge their range and patterns, and to identify potential trends. The study was informed by the research question: *What is the nature of victim-survivors' experiences of children's harmful sexual behavior?*

2.2. Participants and recruitment

Participants were recruited using convenience sampling. Recruitment occurred through the distribution of an advertisement through the social media channels of an Australian community service organisation partnering on the project. Those interested in participating were eligible if they were over 18 and had been sexually harmed by someone under the age of 18 while they themselves were under the age of 18. We acknowledge that, whilst we are interested in sexualised and abusive behaviors of children up to the age of 18, there are vastly different drivers and motivations for sexual behaviors across the lifespan up to 18 years, as demonstrated by the

Table 1
Participant demographics.

HSB Victim-Survivors (N = 25)		
Gender	Female	21
	Male	3
	Non-Binary	1
Age at the time of the interview	18 to 19 years	1
	20 to 29 years	5
	30 to 39 years	3
	40 to 49 years	3
	50 to 59 years	4
	60 to 69 years	1
	Unknown	8 *
State or Territory	Australian Capital Territory	2
	New South Wales	3
	Northern Territory	0
	Queensland	8
	South Australia	0
	Tasmania	2
	Victoria	5
	Western Australia	0
	Unknown	5*
Area	Metropolitan	12
	Regional	3
	Rural	1
	Unknown	10*
Self-described cultural background	Anglo Australian	9
	European/Australian	4
	South African/Australian	1
	Asian/Australian	3
	Unknown	9*

* Participants did not provide this information.

10 Pathways Model (McKibbin et al., 2023).

Those interested in participating contacted the researchers directly through the email address and phone numbers listed on the advertisement. The research team sent through a plain language statement and a consent form, and answered any questions the potential participants had. Once the consent form was signed, an interview time was set. Thirty-two victim-survivors expressed interest in participating, 25 of which completed one or two interviews. Table 1 summarizes participants' demographics, although sometimes participants were not asked demographic questions directly, leaving a number of "unknowns."

2.3. Data collection

The interview guide focused on three areas: participants' experiences of harmful sexual behavior; impacts of harmful sexual behavior; and the service system response across all service sector tiers, including education and health, family and community services, and justice. The interview ended by asking participants what message they wanted to give those with the power to enhance responses to sexual abuse. Given the richness of victim-survivors' descriptions of their experiences, and sensitivity of the topic, some participants answered the interview questions over two interviews, one focusing on their experiences and its impact and the other on responses from the service system.

Interviews were conducted between October 2023 and January 2024, and had an average length of one hour and two minutes. The interviews were held either through video conferencing software, over the phone, or in-person as per participants' preferences. Most elected to do their interview/s over video conferencing. The interviews were audio recorded with consent and transcribed by a commercial transcription agency.

2.4. Data analysis

For the purpose of the study reported in this paper, interview data was analysed using Content Analysis (Krippendorff, 2018). Following a process of familiarisation, data relating to the nature of survivors' experiences was extracted into a table and patterns regarding the nature of participants' experiences of abuse were identified by the research team. These aspects included the reported age of onset and duration of the abuse for both the victim and the child using sexually abusive behaviors, number of children involved in the survivors' experiences of abuse, patterns of harmful sexual behavior displayed, patterns and outcomes of disclosure, and reason for cessation. These aspects were chosen to provide an overall picture of victim-survivors' harmful sexual behavior experiences from beginning to cessation. The data about children displaying harmful sexual behavior is generated from the recollections of victim-survivors and may, therefore, not capture the full picture of perpetration.

The extracted data were grouped together as: those related to victim-survivors; those related to children carrying out harmful sexual behavior; patterns of the abusive behavior; and patterns of disclosure and cessation. The first and fourth authors counted the times each of the identified aspects were experienced by each victim-survivor, leading to a numerical account of the range and pattern of experience. Tables representing these key areas are presented in the results section. A sample of participant quotations from which the tables were generated accompany the tables to provide further context.

2.5. Ethics

Several measures were taken to ensure the physical and emotional safety of participants. Upon expressing interest, several participants conveyed concerns about trust and confidentiality. Concerns and questions were answered promptly over email or over several phone calls to build rapport and trust. In addition to the plain language statement, participants were sent a self-reflection sheet developed by the research team in consultation with a survivor advocate intended to help participants decide if taking part in the AVA project was right for them. This self-reflection sheet listed questions for participants to consider before completing the interview. These considerations were around expectations, emotional safety, boundaries, and supports. For example, one consideration around boundaries encouraged participants to consider how much of their experience they would feel comfortable to disclose during the interview. Once a participant's concerns were resolved and they decided to participate, interviews were arranged. Some decided to schedule their interview/s near counselling and psychology appointments to manage any after affects.

Researchers began the interview by positioning participants as "experts by experience" in an effort to reduce the power difference between researcher and participant. Reflection and validation statements throughout the interview were used to create a safe and supportive environment. Distress during the interviews was managed through empathetic responses, offering breaks, checking in on whether participants wanted to continue the interview, and setting boundaries around what was disclosed (i.e., "you do not have to answer this question" and "only if you feel comfortable to share"). Interviews were concluded with a question that resembled a call to action, which helped to end the interview on an empowering note. At the end of their interview/s, participants were invited to reflect on the interview process and to choose their pseudonym.

The researchers maintained contact with survivors following the interviews. This was in relation to a second phase of the AVA project, however it also allowed researchers and participants alike to express the value of the interview process and their contributions.

Those survivors who expressed distress during an interview were followed up to ensure that they had accessed their support networks and activities. Following the recommendation of the AVA Expert Advisory Group (comprised of senior child sexual abuse practitioners, executives, policymakers, and advocates), participants were given a \$200 voucher in recognition of their time in preparing, participating, and processing the outcomes of the interview, equivalent to approximately three hours of work.

Ethics approval was obtained from the Human Ethics Advisory Group at the University of Melbourne (Ethics ID: 26926). Pseudonyms are used to refer to victim-survivors. In line with [Forsdike and Giles \(2024\)](#), the following section presents the findings of the analysis in tables supported by quotes. Please note that these quotes may be distressing. We recommend taking frequent breaks or engaging in peer support if needed while reading the results section.

Table 2
Profile of victim-survivors ($n = 25$).

HSB Victim-Survivors ($N = 25$)		
Gender	Female	21
	Male	3
	Non-Binary	1
Age at onset of HSB abuse	0 to 2 years	1
	3 to 5 years	10
	6 to 8 years	5
	9 to 11 years	3
	12 to 14 years	2
	Unknown	4
Total duration of HSB abuse	'Once off' incident	18
	'Couple' of times	2
	'Several' years	4
	1 year	1
	2–4 years	4
	5–10 years	6
	10+ years	1
	Unclear	8*
Proportion of child-perpetrated and child and adult-perpetrated sexual abuse	Experience of HSB only (by another child)	17
	Experience of combined HSB and adult-perpetrated abuse	7
	Unknown	1
Number of HSB child perpetrators involved in victimisation	1	10
	2	5
	3	3
	4	4
	5	1
	6	1
	Unknown	1
Number of adult CSA perpetrators involved in victimisation	1	4
	2	2
	3	–
	4	1
Immediate impacts/feelings after the abuse	Emotional (Shame, despair, helplessness, confusion, disgust)	16
	Physical (Pain of assault, restraint, bleeding, bed wetting)	13
	Unknown	3**
Longterm impacts of HSB on victim survivors	Biological (Endometriosis, Irritable Bowel Syndrome)	10
	Psychological (PTSD, eating disorders, dissociation, self-harm)	23
	Relational (Unable to have intimate relationships, not having children)	19
	Structural (Further victimisation, domestic violence, unemployment, homelessness)	10**
Preferred language of victim-survivors	Perpetrator and/or abuser	10
	Victim and/or survivor	12
	Expert by experience and/or advocate	3
	User of harmful sexual behavior and/or acknowledging complexity	11
	Child sexual abuse and/or assault	11
	Child on child sexual abuse	4
	Rape and/or attack	5**

* Captures abuse by multiple perpetrators so adds up to more than 25.

** Adds up to more than 25 as victim-survivors identified with more than one category.

3. Results

3.1. Profile of victim-survivors

Eighteen of the victim-survivors reported that their sexual abuse by a child began in preschool and primary school (between three and 11 years). The sexually abusive behavior ranged in duration from one-off incidents to 10 years, with 15 participants stating that the abuse lasted longer than two years:

I think it possibly started when I was about 11 and it was actually by a cousin, who was about four years older than me...He would actually come down for school holidays...stay with us, with our family. (Cynthia, abused by male cousin)

Psychological and relational negative impacts were common. These included chronic mental health issues, like suicidality, and inability to form meaningful relationships, further victimisation, and decisions not to have children:

I tried to kill myself last year and I'd say that was somewhat related but not totally if that makes sense. It wasn't like, you know, it was going to be the last thought in my head, but it was somewhat to do with the fact that just like just 10 years of just repressed emotions and thoughts and whatnot and just it came bubbling to the surface. (Charlie, abused by male peer and female peer)

Table 3

Profile of children displaying harmful sexual behavior ($n = 56$).

		Children perpetrating HSB	Children who continued HSB into adulthood post 18 years
Gender	Male	45	8
	Female	11	0
Relationship to victim-survivor	Classmate/Peer	20	
	Older brother/step brother/foster brother	10	6
	Family friend	5	
	Older male cousin	4	2
	Older brother's friend	4	
	Intimate partner	3	
	Neighbour	3	
	Co-resident in out of home care placement	2	
	Stranger	2	
	Foster sister	1	
	Work colleague	1	
	Unknown	1	
Age at onset of HSB as reported by victim-survivor	3 to 5 years	2	
	6 to 8 years	8	
	9 to 11 years	21	
	12 to 14 years	12	
	15–17 years	11	
	Unknown	2	
Age at cessation of HSB with the victim-survivors	3 to 5 years old	1	
	6 to 8 years old	6	
	9 to 11 years old	9	
	12 to 14 years old	11	
	15 to 17 years old	18	
	18 to 20 years old	7	
	21 to 23 years old	1	
	Unknown	4	
Child or young person displaying HSB known to treatment service or police	Known to police & action taken	6	
	Known to police but no action	11	
	Unknown to police	11	
	Not known if police involved	28	

Then shortly after the abuse ended, I started transitioning into high school and stuff and that definitely brought on an onset of a lot of mental health issues and stuff like that. It brought on stuff like social anxiety, I struggled with disordered eating for a period of time, I started self-harming which is still an ongoing issue that I'm dealing with because of that...I have PTSD from it, so yeah, I definitely would say it's impacted me rather heavily. (Alice, abused by older brother)

I guess how it affects me now is I feel like I didn't have children because of what happened. I don't think I would ever have felt safe enough to look after a child. As I get older now, there's some sadness around that - not devastating, but it's there as a sadness. (Adeline, abused by older brother and his male friends)

Eleven victim-survivors acknowledged the complexity of language used to refer to their sexual abuse owing to the fact that both parties were children, and that children with harmful sexual behavior may have had their own abuse experiences. These participants could see the value of using a non-stigmatising term like “harmful sexual behavior.” At the same time, the terms “perpetrator/abuser” and “victim and/or survivor” were acceptable to many. Some victim-survivors conceptualized their abuse as “child sexual abuse” whilst others associated that phrase with adult-perpetrated abuse and felt more comfortable with the phrase “child-on-child sexual abuse.” See [Table 2](#) for description of victim-survivors and their abuse experiences.

3.2. Profile of children displaying harmful sexual behavior

Victim-survivors identified 56 children involved in their sexual abuse. The majority were male (80.3 %), but a significant proportion (19.6 %) were female, and none were non-binary. Twenty of the children displaying harmful sexual behavior (36 %) were classmates or peers, and 14 (25 %) were either older brothers or older male cousins. Eight (i.e. 14 % of the overall sample) continued to abuse the victim-survivor into adulthood:

I was sexually abused by my brother from the ages of between seven and maybe 16. I'm not sure of the exact timeline but it went on for years...it's a five-year age gap between us, so when I was 15, he was already 20. (Eliza, abused by older brother)

Of those who continued to abuse into adulthood, six were older brothers and two were older male cousins. Fifty-nine percent of the children with harmful sexual behavior began to abuse when they were between nine and 14 years. Fifteen (26.8 %) were known to police but in 11 cases police took no action. Eleven children with harmful sexual behaviour (19.6 %) did not come to the attention of police, and for 28 (50 %) it was not known if there had been police contact. See [Table 3](#) for details of the children who carried out

Table 4

Patterns of harmful sexual behavior perpetration (*n* = 56).

	Perpetrators of HSB (<i>n</i> = 56)
Child or young person displaying HSB displayed victimising intent (Planning and/or opportunism and/or grooming)	46
Unknown if there was victimising intent	10
Child or young person displaying HSB displayed psychological/emotional coercion (Threatening, bribing, blackmailing, misusing power, bullying, coercive control)	28
Unknown if there was psychological/emotional coercion	27
Child or young person displaying HSB displayed physical coercion and violence (Restraining, choking/strangling, smothering, kicking, hitting, slapping, punching, dragging, chasing)	40
Unknown if there was physical coercion and violence	16
Child or young person displaying HSB displayed stalking behavior	3
Unknown if there was stalking behavior	53
Child or young person displaying HSB displayed sadism (Enjoying causing fear and humiliation)	5
Unknown if there was sadism	51
Location of the HSB:	
Bedroom	22
Hallway	1
Living room	1
School toilets	2
School classroom	4
School playground/oval	2
Public park/toilets	4
Neighbour's house	2
Residential care home	2
Grandparent's house	2
Workplace	1
Friend's house	4
Unknown	8
No obvious childhood trauma and living with hypermasculinity and/or using pornography	17
Childhood trauma obvious/no obvious hypermasculinity or pornography use	9
Unknown	30

harmful sexual behavior.

3.3. Patterns of harmful sexual behavior perpetration

The vast majority of children displaying harmful sexual behavior (86 %) demonstrated victimising intent, which is defined as planning and/or opportunism and/or grooming:

But yeah, he had that first child role in our family that basically [parents said:] “I’m going out, he’s [abusive brother] in charge, you do whatever he says, or there will be trouble.” He loved that, so unfortunately, that’s how it kept on happening... He used to come in at night time. He’d organize for us to clean rooms at, say, my grandparents’ house... He did it when we were on holidays. He’d come to your room when you were on holidays, so it was like - it wasn’t just a one event. It was over years. (Olive, abused by older brother)

He would write everything in a diary about what he would do and our “relationship.” He would document it all... he was throwing around the words of having a relationship and stuff like this. That’s what was in my brain... My view was that I was in a relationship with my cousin, almost, even though it felt weird. There was this relationship kind of thing. (Cynthia, abused by older male cousin)

The majority (71 %) also used physical coercion and/or violence. The most long-term and severe abuse was carried out by brothers and male cousins. Five perpetrators of sexually abusive behaviour displayed sadism, appearing to enjoy the pain and humiliation of the victim-survivor:

There were times when I remember him once, this was when I was probably about 11 or 12 ... and he [brother] chased me through the house. I have a lock on my bedroom door and he ran and bashed up against it until it broke to get into me... it was terrifying... Then one time they [brother and friends] told me about what they’d done to me in the morning, and there’s no way you could sleep through that. I didn’t remember it. They put a pillow on my face and stuff. I think maybe I just kind of zoned out... I remember other times when things like having my legs held down. My brother used to kneel on my shoulders and use his legs, his feet to hold down my arms. That was something that got me for a really long time. (Adeline, abused by older brother and his male friends)

Bedrooms were hotspots for sexual abuse, as were school locations such as toilets, classrooms, and playground/ovals. Childhood trauma was obvious in the background of nine children (16.1 %) displaying harmful sexual behavior and unknown in 30 (53.6 %) cases. Seventeen (30.4 %) had no obvious childhood trauma but lived in hypermasculine environments and/or used pornography. See [Table 4](#) for patterns of perpetration of harmful sexual behavior.

3.4. Patterns of disclosure and cessation

Fourteen victim-survivors (56 %) disclosed the sexual abuse, with six telling more than one person. For nine out of these 14 victim-survivors, no action was taken by the person disclosed to. Most disclosures were to mothers, followed by peers. The age that victim-survivors disclosed was spread fairly evenly across nine years to 17 years. For nearly half of the victim-survivors, the sexual abuse only ended when the child or young adult carrying out the abuse, or the victim-survivor themselves, moved schools, suburbs, states, or countries. Four victim-survivors, all being abused by an older brother or male cousin, made the abuse stop by avoiding time alone with the person sexually abusing, or shouting/yelling when they approached for the purpose of abuse:

I moved out of home when I was very young, I was only 16 when I left home. I lived in Canberra, and I moved to Queensland by myself and that was a bit daunting at that age, but I had to get out of a toxic environment, so it was very much about just protecting myself and moving on with my life, and yeah, it was a very traumatic time because everything was unknown and I didn’t know anybody. But I know where I am now that I’ve made the right choice. (Caliope, abused by two male classmates, two male neighbours, and one female and one male family friend)

I think I started putting myself in a position where I wasn’t alone as often with him. Because it was like a regular thing; my Mum would take my younger brother out to swimming lessons on a weekly basis and then we’d be alone during that time, and then I started tagging along with [Mum] to those and getting away from [abusive brother]. That kind of helped. (Alice, abused by older brother and his male friends)

See [Table 5](#) for patterns of disclosure and cessation.

Table 5
Patterns of disclosure and cessation (n = 25).

	Victim-survivors (n = 25)
Number of victims who disclosed to one or more people	14
Did not disclose	11
Disclosed to one person	8
Disclosed to two people	5
Disclosed to three people	1
Relationship to person disclosed to:	
Mother	4
Peer	3
Teacher	1
Priest	1
Police	2
Mother and father	2
Brother	1
Youth worker	1
MH worker	1
Child Protection	1
	*
Age of victim-survivor at first childhood disclosure	
3–5 years	1
6–8 years	2
9–11 years	3
12–14 years	3
15–17 years	4
Not stated	1
Outcome of childhood disclosure	
No action taken	9
Report to police	4
Peer told her mother	1
Number of victim-survivors where someone knew about the abuse:	
Mother/teacher/peer/father	9
Unknown if anyone knew	16
Main reason for cessation according to victim-survivor	
Perpetrator of HSB moved out of home to different suburb, school, interstate or overseas	6
Victim-survivor moved out of home to different suburb, school, interstate or overseas	6
Victim-survivor increased resistance and minimized perpetrator opportunities	4
Friendship breakdown led to no opportunity	2
Physical escape of victim-survivor	1
Victim-survivor started using HSB	1
One-off events	4
Unknown	1

* Adds up to more than 14 as two victim-survivors disclosed to priest and police and one victim-survivor disclosed to youth worker, MH worker and Child Protection.

4. Discussion

This paper reports the nature of 25 victim-survivors' experiences of being harmed through children's harmful sexual behavior in answer to the research question: *What is the nature of victim-survivors' experiences of children's harmful sexual behavior?* We have reported the data through a quantitative lens, with some illustrative quotes, to present the experiences of victim-survivors in a descriptive and digestible way – our purpose is to provide a broad mapping of the experiences via Content Analysis, rather than an in-depth qualitative analysis. The sample size of 25 victim-survivors means that these are necessarily indicative or tentative findings that may demonstrate trends that could be explored using different methods. The findings are clearly not representative of all lived experience of harmful sexual behavior, but nonetheless, the experiences of the 25 victim-survivors included in the study raise considerable questions about the dynamics and impacts of children's harmful sexual behaviour and the need to more actively consider these issues in policy and practice.

What is striking about the results is that many victim-survivors described severe sexual abuse in terms of multiple perpetrators, violent and sadistic acts, escalation over time, and victimising intent, including planning, opportunism, and grooming. Older brothers and male cousins displayed the most violent sexual behavior over the longest periods. A pattern of escalation was evident for non-one-off abuse, moving from “playing” to violent sexual acts at a matter of knots, often with the use of restraint to counter victim resistance. Further, not all harmful sexual behavior appeared to be driven by childhood trauma, and the behavior persisted into adulthood for

some young people. The sexual abuse described is as harmful as adult-perpetrated abuse, with negative impacts on victims mirroring those of child sexual abuse more broadly (Fisher et al., 2017).

In our view, the results of this study have implications for definitions and constructs of sexual abuse carried out by children, and the language used to describe this type of abuse. In addition, there are implications for some dominant narratives that have become enshrined in the evidence base, and for sexual abuse policy and practice.

In terms of definitions, the findings enable the identification of a model of problematic and harmful sexual behavior that speaks to the experience of victims. Models to date, such as Continuum of Sexual Behavior in Childhood, or similar traffic light models, have tended to focus on categorising sexual behaviors presented by children. Such models generally differentiate between behaviors that are developmentally normative in childhood, those that are problematic, and those that are abusive or harmful. These models have been highly influential in supporting practitioners to identify sexual behaviors in childhood that are atypical and that may require corrective interventions, whilst at the same time not over-reacting to sexual behaviors that are developmentally expected and appropriate. However, such models say little about the experience of those who are on the receiving end of such behaviors. We propose a new model here that better captures the experiences of victims as reported in this study. We believe that this can be used in tandem with existing behaviorally focused models to help ensure that the experience of victims is considered by practitioners across three levels, namely: safe sexual experience; problematic sexual experience; and harmful sexual experience. We developed the model (see Tables 6 and 7) in relation to the following domains identified in the interviews with victim-survivors:

1. Immediate feelings/impacts during/after the sexual activity/abuse
2. Longterm negative impacts of the sexual activity/abuse
3. Perception of the “perpetrator”
4. Balance of power
5. Forms of coercion
6. Social and/or developmental norms
7. Resistance.

“Immediate feelings/impacts during/after the sexual activity/abuse” relates to a domain in Table 2, which identifies how victim-survivors felt in the immediate aftermath of the abuse. “Longterm negative impacts of the sexual activity/abuse” is also a domain represented in Table 2, which captures the ongoing negative impacts on victim-survivors across biological, psychological, relationship,

Table 6
Model of safe, problematic & harmful sexual experience.

Domains	Safe sexual experience	Problematic sexual experience	Harmful sexual experience
Immediate feelings	Feeling pleasure and enjoyment	Feeling confused, weird, uncomfortable, not right, and/or a bit freaked out	Feeling frozen, hopeless, helpless, out of control, scared, and/or out of own body
Negative impacts	No ongoing negative impacts but at times may be confusing or uncertain when the experience is new or if it challenges cultural norms	Lingering intrusive memories; feeling complicit and ashamed; recalling some physical enjoyment of the sexual activity	PTSD, “hypersexualisation,” suicidal thoughts and actions, further victimisation, hypervigilance, staying single, choosing not to have children, sex work, development of problematic sexual behavior, financial stress, unemployment
Perception of “perpetrator”	Not thinking of partner as a “perpetrator”	Thinking “perpetrator” child as having their own abuse experience, rough upbringing; accepting apology from “perpetrator” and that they regret the problematic behavior	Thinking “perpetrator” child domineering, bad, protected by parents, in denial of abuse, entitled, sadistic
Balance of power	Sharing power equally	Sharing some power and feeling curious about the sexual activity at times	Being overpowered through physical force (restraint, violence, smothering); being made to feel like the cause of the abuse
Forms of coercion	Not being coerced or pressured	Being “convinced” or “invited” to take part in sexual activity; being bargained with by the “perpetrator” child; being “played with” (“doctors and nurses” or “mummies and daddies”)	Being blackmailed, groomed, intimidated, targeted, threatened, worn down, humiliated
Social and/or developmental norms	Sexual activity is in line with mainstream social and developmental norms but may feel preoccupying if engaging in sexual activity for the first time	Thinking (sometimes in retrospect) sexual activity is not socially and/or developmentally normal, such as not reflecting boundaries of “normal” friendship/family relationships	Knowing (sometimes in retrospect) that the sexual activity is abuse and out of keeping with social and developmental norms; identifying escalation from problematic to harmful sexual behavior
Resistance	Feeling active and in control of participation, with the ability to withdraw consent at any stage	Feeling able to resist to stop the sexual activity through screaming, telling adult, stopping contact with child exhibiting the behavior	Feeling unable to resist or that resistance takes huge energy and risk to self; feeling resistance useless

and structural spheres. “Perception of the ‘perpetrator’” relates to a domain in Table 2 that captures the preferred language for the person or people who perpetrated against them, indicating how they thought of the child/ren who sexually harmed them. “Balance of power” and “Forms of coercion” are both derived from Table 4, which sets out the different ways that power was abused to control and trap victims, as well as the forms of emotional and physical coercion used against victims. “Social and/or developmental norms” relates to Table 5 in that many victim-survivors recognised the abuse as falling outside what is considered normal. Finally, “Resistance” pertains to Table 5, which sets out whether or not victim-survivors were able to make the abuse stop through various strategies, including refusing to spend time alone with the child perpetrating the abuse.

This new model and accompanying definitions encourages practitioners to consider how any alleged harmful sexual behavior is not only expressed by children, but also how it is experienced by those on the receiving end of the behaviors. Thus, definitions and constructs could consider: (1) characteristics of the behavior; (2) contexts of the behavior; and (3) experience of the behavior by those on the receiving end/who are victimized. The sexual experience model may assist differentiating between problematic and harmful sexual behavior through taking into account whether the target child experienced the sexual behavior as problematic or harmful, and what the impacts on that child were/are.

The results of this study not only have implications for definitions and core constructs around harmful sexual behaviors, they also present a challenge to some of the accompanying dominant narratives. In this study, it is striking how persistent and longstanding much of the harmful sexual behavior was and, in particular, how 14 % of the sexually abusive young people continued to abuse into adulthood. This challenges a dominant narrative that has developed in the field that most harmful sexual behavior does not continue into adulthood, and rather that children are likely to grow out of their harmful sexual behavior as they approach adulthood. In this study, this was especially not the case in situations of intrafamilial sexual abuse perpetrated by older brothers and other close male relatives, such as older cousins.

Whilst the evidence is clear that therapeutic intervention for harmful sexual behavior is effective for helping to stop the behavior (Quadara et al., 2020), the experiences of some victim-survivors in our study indicate that some sexually abusive behavior does indeed continue into adulthood. It appears there is a cohort of young adults who continue the abuse of their victims into their 20s. The abuse by this cohort only ceases when either the victim or the perpetrator moves interstate or overseas, or when victims increase their resistance to the abuse, reducing opportunity. Although research has explored adjudicated young adult (18–25 years) perpetrators of sexually abusive behavior as a distinct group from adolescents and adult child sex offenders (26 years plus), this young adult cohort remains underexplored (McKillop et al., 2018). Attention to young people who do continue abusing beyond the age of 18 is warranted given this knowledge gap, with a focus on those who have not come to the attention of authorities and any displays of other forms of sexual violence perpetration throughout adulthood (for example, intimate partner sexual violence, or sexual assault of adult victims).

The results of this study also problematize the narrative that most children who display harmful sexual behavior have experienced childhood trauma. There is strong evidence that a cohort of children and young people who display HSB do have experience of childhood trauma, including their own experience of sexual abuse, living with domestic and family violence, and other forms of abuse and neglect (Faure-Walker & Hunt, 2022). This evidence is not in dispute. However, the *Pathways to onset of harmful sexual behavior* model (McKibbin et al., 2023) indicates four of the 10 pathways are driven by experiences unrelated to childhood trauma – sexual arousal, pornography, sexual attraction to children, and hypermasculinity. In the recollections of the 25 victim-survivors who participated in this study, 17 out of 56 (30.4 %) sexually abusive children appeared to have no evidence of childhood trauma, and in 30 out of 56 cases (53.6 %) it was unknown, perhaps indicating a cohort of children and young people who are driven to abuse by factors other than childhood adversity. The perspectives of victims about perpetrators in this study cause us to question if there is a cohort of children or young people driven to abuse by factors other than childhood trauma.

In terms of policy and practice implications for early intervention, it appears that potential victims need to be targeted in their preschool and primary school years with child sexual abuse prevention education as this is the time that most of the victimisation started. The cohort of older brothers and male cousins who perpetrate the most severe abuse over the longest periods should become a

Table 7

Definitions of safe, problematic, and harmful sexual experience

“Safe sexual experience” feels pleasurable and enjoyable. There are no ongoing negative impacts for participants but at times the sexual experience may feel confusing or uncertain if outside an individual's cultural norms but in line with mainstream cultural norms. The sexual experience may also feel preoccupying, especially if the activity is being tried for the first time. Partners share power equally and there is no coercion or pressure to participate. Consent can be withdrawn at any time.
“Problematic sexual experience” feels confusing, weird, uncomfortable and/or not right. Target children may experience lingering intrusive memories and perhaps feelings of complicity and shame. Physical enjoyment of the sexual activity may occur. The target child may be “convinced” or “invited” into the sexual activity, and may think that the initiator child has been abused themselves. In retrospect, the target child may forgive the initiator child, who may even apologize. The target child retains some power and is able to resist the sexual activity through screaming, telling an adult, and/or stopping contact with the initiator child.
“Harmful sexual experience” feels hopeless, scary, out-of-control and/or disembodied. Resistance feels useless or an extreme risk to the self. Victims are overpowered through physical force (restraint, violence, smothering), blackmail, and/or intimidation. They are targeted, groomed, threatened, worn down, humiliated, and/or made to feel like the cause of the abuse. Victims (sometimes in retrospect) identify the abuse as contrary to developmental and mainstream cultural norms, and recall escalation in violence associated with the abuse. Victims may experience PTSD, “hypersexualisation,” suicidal thoughts and actions, further victimisation, hypervigilance, relationship issues, financial stress, and/or unemployment. Victims may conceptualize the perpetrator of HSB as a domineering perpetrator, entitled, and protected by family and/or community members.

priority group for early intervention, with attention to the group of young adults over the age of 18 who continue to abuse. It would be appropriate for early intervention efforts to target all drivers of sexually abusive behavior, not just childhood trauma. Structural and institutional drivers such as hypermasculine ideology and pornography are a case in point.

Therapeutic services for victim-survivors of harmful sexual behavior could adopt our model of safe, problematic, and harmful sexual experiences to inform their assessment of risk and need, and their therapeutic approaches. Of particular importance is equipping therapeutic practitioners to respond to the level of harm experienced by many victims. That is, practitioners may benefit from considering the distinction between problematic sexual experience and harmful sexual experience, and make sure that harmful experience is not inadvertently minimized as simply problematic. Ultimately, we encourage all sectors that interface with children displaying harmful sexual behavior to consider how the sexual behavior is experienced by victim-survivors. This would go some way towards rebalancing harmful sexual behavior policy and practice away from simply categorising behaviors, to include contemplation of victim experience of the behavior and its often devastating impacts.

5. Limitations

Limitations associated with this paper include the small sample size and the impossibility of generalisation. Further, the quantitative analysis of qualitative data means that victim-survivors' rich descriptions of the sexual abuse have not been presented in this paper. The descriptive data about children displaying sexually abusive behaviour is also somewhat unreliable as it is reported from the perspective of the victim-survivors, meaning that there were many gaps and unknowns in the descriptive data. Victim-survivors may not have known about other victims, for example. Further, for some victim-survivors, many years had passed since the abuse meaning that memories of the abuse may not have been completely clear.

6. Conclusion

In this paper we have presented the experiences of 25 victim-survivors of harmful sexual behavior. We have argued that in recent decades research, policy, and practice has focused on the behaviors of children carrying out the abuse, with little attention to how it is experienced by victim-survivors. Understanding children who display harmful sexual behavior is an important endeavour, as is keeping in mind the child behind the abusive behavior. However, of equal importance is understanding the experiences of victim-survivors, and applying that knowledge to policy and practice. It is particularly necessary to critically analyse the dominant narratives that have been established in the sector, especially those that may inadvertently minimize the duration, severity, or impact of the abuse on victims. To assist the translation of victim-survivors' perceptions of problematic and harmful sexual behaviors, we propose a new model of sexual experience that can be used alongside current definitions and constructs, as well as in risk/need assessment and therapeutic responses for victims. It is our hope that the voices of victim-survivors can be amplified in policy and practice so that the child behind the victim becomes as visible as the child behind the harmful sexual behavior.

CRedit authorship contribution statement

Gemma McKibbin: Writing – review & editing, Writing – original draft, Supervision, Project administration, Methodology, Investigation, Funding acquisition, Formal analysis, Data curation, Conceptualization. **Jacqueline Kuruppu:** Writing – original draft, Project administration, Investigation, Data curation, Conceptualization. **Simon Hackett:** Writing – review & editing, Writing – original draft, Conceptualization. **Olivia Lynch:** Formal analysis, Conceptualization. **Bridget Hamilton:** Writing – review & editing. **Sophie Dixon:** Conceptualization.

Ethics approval

University of Melbourne ethics committee (ID: 26926).

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Data availability

The authors do not have permission to share data.

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“The Victims Become the Scapegoats” - Victim-Survivors’ Experiences of Children’s Harmful Sexual Behavior

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ABSTRACT

Victim-survivors of children’s harmful sexual behaviors have rarely been given a voice in academic research. The aim of this study, funded by the Australian National Centre for Action on Child Sexual Abuse, was to establish how victim-survivors interpret their experiences of harmful sexual behavior. Research questions were as follows: (1) How do victim-survivors interpret their experiences of harmful sexual behavior? (2) How do researchers inform those interpretations? Twenty-five victim-survivors of children’s harmful sexual behavior participated. Interpretivist Phenomenological Analysis (IPA) was adopted for the methodological design. Semi-structured interviews were carried out between October 2023 and January 2024. Five constructs emerged through the data analysis: (1) Shifting identities; (2) Unspeakable betrayal; (3) Tenacious resistance; (4) Alternative justice; and (5) Hard-won recovery. The results are discussed in relation to knowledge translation into policy and practice, and the current evidence base.

KEYWORDS

Harmful sexual behaviour;
victim-survivor voices;
Interpretivist
Phenomenological Analysis;
child sexual abuse

Background

Victim-survivors of harmful sexual behaviors perpetrated by children have rarely had the meaning and perceptions of their experiences documented in the evidence base. In the *Amplifying the voices of victim-survivors: Advancing the harmful sexual behaviour evidence base* (AVA) project, we adopted Interpretivist Phenomenological Analysis (IPA) to explore the experiences of victim-survivors who were sexually harmed when they were children by other children. It is becoming clear that, despite the important work that has been undertaken in the sexual abuse sector to destigmatize children who carry out sexually abusive behaviors, the perceptions and experiences of victim-survivors, particularly the often immense harm caused to them, have not been integrated into the language, constructs and practice frameworks designed to prevent and respond to harmful sexual behavior. The findings presented from this study could be translated into policy and practice to ensure that the sexual abuse sector, and its intersecting institutions, are accountable to the experiences of harmful sexual behavior victim-survivors.

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Contested terminology

The term “harmful sexual behavior” was coined by Hackett (2010) to demonstrate the wide range of sexual behaviors that exceed what is considered socially and developmentally appropriate in children up to the age of 18 years. Harmful sexual behavior is defined as:

Sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult. (Hackett et al., 2019, p. 13)

The term was considered trauma-informed because it separated the harmful behavior from the child and recognized that the development of this behavior is often driven by childhood trauma, including a child’s own sexual abuse. More recently, the term has been debated in UK and Australian contexts, questioning the conflation of “problematic” sexual behavior with “abusive” sexual behavior. Another term that has become popular on social media to describe abusive sexual behavior carried out by children is “child-on-child sexual abuse.”

There are pros and cons to the “child-on-child sexual abuse” phrase depending on where a professional, victim, or child displaying harmful behaviors is positioned. A professional responding to a child who has harmed may well reject the phrase “child-on-child sexual abuse” because it has connotations of adult concepts like “incest” and adult-perpetrated abuse and may stigmatize the child carrying out the behavior. However, a professional responding to victims, as well as some victims themselves, may embrace the term because it reflects that the sexual abuse was perpetrated by another child and acknowledges the harm of this abuse. The fact that a child is perpetrating the abuse is not necessarily clear in the phrase “harmful sexual behavior.”

In this paper, we have chosen to use the term “children’s harmful sexual behavior” interchangeably with “harmful sexual behavior” in an effort to acknowledge that the person carrying out the abuse is a child and should not be subject to stigmatizing adult constructs, and, at the same time, victim-survivors may prefer to make it explicit that their experiences of abuse were not perpetrated by adults but by other children. We have also chosen to use the term “victim-survivor” to refer to people affected by harmful sexual behavior. This choice was informed by feminist discourse relating to domestic and family violence, adult sexual assault, and child sexual abuse, to recognize the resilience of victims and the possibility of healing through a “recovery journey” from being a victim of abuse to becoming a survivor, and potentially a “survivor advocate” or “expert by experience” (Pollino, 2023; Ridgway et al., 2024). We adopt the term “child” in this paper to refer to anyone under the age of 18 as per legislative definitions of childhood globally. We recognize that the term “child” may have at times, connotations of infancy and primary school-aged children, rather than teenagers, and adolescents who are often described as “young people” in the literature.

Nature of children’s harmful sexual behavior

Children’s harmful sexual behavior is constituted by a wide range of behaviors, which can be carried out by very young children, through middle school-aged children, to older adolescents approaching adulthood. A recent Australian population-level study indicates that at least 50% of instances of child sexual abuse involve another child in the perpetration

of abuse (Mathews et al., 2023). This indicates a worrying increasing trend of children sexually harming other children.

Victims of this form of abuse can be younger children, same or similar aged children, or older children. Contexts of harmful sexual behavior perpetration include families (siblings and cousins), school or neighborhood peer groups (classmates), and intimate partner relationships (boyfriend/girlfriend/romantic partner), and may often involve online elements. In intimate partner contexts, the abuse may be referred to as “sexual dating violence.” In this way, harmful sexual behavior is not “one size fits all” (Hackett et al., 2013). Indeed, McKibbin et al. (2023) identified 10 different pathways that can lead to the onset of the behavior, with diverse drivers, amplifiers, and tipping points across all socio-ecological domains.

Literature review - voices of harmful sexual behavior victim-survivors

There has been a strong interest in child sexual abuse since the 1980s sparked by the Second-Wave Feminist Movement. At this time, child sexual abuse was characterized as mostly “father–daughter incest” (Sgroi, 1982). During the 1990s and 2000s, a new discourse emerged focused on children who carry out sexual abuse against other children.

As this recognition that children could harm other children as a result of their sexual behavior came to prominence, studies exploring the cohort of children with the abusive behavior burgeoned (Rasmussen, 2013). There are now scores of studies that focus on the nature of carrying out harmful sexual behavior, including causes, trajectories and prevalence, prevention and early intervention, and therapeutic treatment as demonstrated by recent systematic reviews (Campbell et al., 2020; McKibbin et al., 2023; Pelech et al., 2021). However, there have been surprisingly few studies that focus on the experiences of victim-survivors of harmful sexual behavior, and fewer still that adopt a qualitative approach in an effort to amplify their voices in the evidence base.

Only a limited number of studies aiming to consult with victim-survivors about their experiences of sexual abuse by children could be identified. One was undertaken by Doyle (1996) nearly 30 years ago, who utilized a qualitative design to frame victims-survivors as having expert knowledge about their experiences, entitled, *Sexual Abuse by Siblings: The Victims’ perspectives*. The UK study involved accessing the case notes of 12 women victim-survivors in a therapeutic service who had all been sexually abused by their brothers when they were children. The author identified six themes, which still have relevance today: effects of minimization; difficulty establishing responsibility; managing anger; relationships with parents; physical dimensions; and fears for the future.

A further study by McDonald and Martinez (2017) involved an open-ended survey of 33 victim-survivors of sibling sexual abuse, entitled: *Victims’ Retrospective Explanations of Sibling Sexual Violence*. Grounded Theory was used to generate themes about how victim-survivors understood the causes and contexts of the abuse. Some victim-survivors identified violent and “dysfunctional” family lives as causative and considered the abuse to be a learned behavior influenced by violent pornography. Other victim-survivors suggested that the abuse was caused by sibling rivalry and the perpetrating child’s desire for power and control over them.

There are more recent studies that focus on sibling sexual abuse, such as the Israeli study by Tener et al. (2021) which examined case notes from 100 families referred to a sexual abuse service using qualitative document analysis. The authors identified two sibling sexual abuse dynamics: (1) a clear distinction between victim and perpetrator, and the use of violence and coercion by the child with harmful behaviors; and (2) the embedding of abuse into the everyday routines of siblings' lives. Despite these important findings, there was not a focus on the voices of victim-survivors or investigation of their specific perceptions in this study. Further, these three studies focused specifically on sibling sexual abuse, rather than the full spectrum of children's harmful sexual behavior.

The broader child sexual abuse literature does include examples of qualitative inquiry into the experiences of victim-survivors designed to capture their "expert" insights into the abuse and their service system needs (Hershkowitz et al., 2007; Jessiman et al., 2016; Nelson-Gardell, 2001; Staller & Nelson-Gardell, 2005; Sumalla & Hernandez-Hidalgo, 2018), but there is a conflation of victim-survivors of adult-perpetrated abuse and those of harmful sexual behavior, meaning that the potentially unique experiences of the latter cohort are not captured in their own right.

For example, a US Grounded Theory study of victim-survivors' perceptions of healing and recovery was undertaken by Arias and Johnson (2013). The authors found that elements of recovery included having safe, healing relationships, and believing in a "higher power." There were also "turning points" in recovery journeys such as when victim-survivors become parents and motivated to actively pursue therapy. Victim-survivors also point to the importance of self-education about sexual abuse, and the adoption of an empathic and compassionate position toward themselves. Confronting abusers to hold them to account was a key factor in some victim-survivors' recovery journeys. The authors, Arias and Johnson (2013) developed a salient model of how victim-survivors heal from child sexual abuse.

Another in-depth phenomenological qualitative exploration of female child sexual abuse victim-survivors into their experience of resilience, relationships, and sexuality as adults was undertaken by Newsom and Myers-Bowman (2017). The authors found that victim-survivors talked about their "journeys" which involved taking care of themselves, developing safe friendships and connections, using spiritual framings to create meaning and acceptance, forgiving themselves, and working through trauma. This process led to the establishment of "survivor identities" characterized by seeing themselves as strong and resilient in the face of abuse and capable of having satisfying sexual relationships. However, it is impossible to tell if these findings or those from Arias and Johnson (2013) relate to children abused by adults or by other children (or both) as the two categories are not distinguished.

A further body of evidence emerging over the past two decades about victims' experiences of harmful sexual behavior has a focus on non-consensual nude image sharing (sexting) and tends to be cast as "sexual dating violence" or "peer sexual harassment" rather than as "harmful sexual behavior." A US study by Banyard et al. (2022) used a photovoice method to capture the insights of nine First Nations young people about prevention of sexual dating violence, and found that having a relational aspect to prevention efforts is important. In addition, a French study involving semi-structured interviews with 71 girl victim-survivors of sexual dating violence was undertaken by Fernet et al. (2021) about the nature of their experiences. The participants described four different abuse types. The first –

intimate partner coercion – involved intimate partners using emotional coercion and threats to force victims into sexual activity, and the second – intimate partner sexual assault – was when victims were forced to have sex under the threat of violence or through physical force, including being forced to have sex with drug dealers to “pay off” perpetrating partners’ debts. The third form of abuse – intimate partner sexual abuse – involved reproductive coercion and being degraded sexually, often with misogynistic verbal abuse, and the final – intimate partner forced sexual activity – was when victims were physically hurt during sex.

Thus, there is some, but limited evidence about how victim-survivors of children’s harmful sexual behavior make meaning of their experiences. The literature that does exist tends to focus on two types of harmful sexual behavior – sibling sexual abuse and sexual dating violence – rather than on the wider range of abuse experiences that constitute harmful sexual behavior. This study addresses the gap in knowledge about the experiences of victim-survivors of children’s harmful sexual behavior across the spectrum of this form of abuse. The aim of the study was to establish how victim-survivors interpret their experiences of harmful sexual behavior, and how interviewing researchers influenced these constructions. The findings are intended to be translated into policy and practice, and to amplify the voices of victim-survivors.

Method

The study reported in this paper was part of the Amplifying voices of victim-survivors: Advancing the harmful sexual behavior evidence base (AVA project). The AVA project explored the nature of victim-survivors’ experiences of children’s harmful sexual behavior, as well as their service system needs. This study focused on how victim-survivors make meaning of their experiences.

Research questions

The study was informed by the following research questions: (1) How do victim-survivors interpret their experiences of harmful sexual behavior? (2) How do researchers inform those interpretations?

Theory and methodology

Interpretivist Phenomenological Analysis (IPA) was adopted for this study. Phenomenology is a theoretical tradition associated with 19th and 20th century German philosophy, which sought to move away from positivism and its assumptions about the omnipotence and objectivity of scientific inquiry (Reiners, 2012). Epistemologically, phenomenology occupies an interpretivist position whereby reality cannot be known independently of the people making meaning of that reality. Ontologically, this means that phenomenology assumes one external physical reality and many social realities or interpretations of the physical reality; that is, phenomena cannot be explored independently of human thought and experience (Crotty, 1998). Unlike methods positioned epistemologically as constructivist, phenomenological inquiry is not necessarily concerned with linking interpretations back to social power structures and discursive regimes. Rather, it involves

“digging deep” into the way people make meaning of certain phenomenon (Giacomini, 2010).

Two strains of phenomenology became dominant in the early 20th century: Descriptive Phenomenology pioneered by Husserl, and Interpretivist Phenomenology introduced by Heidegger. Essentially, the difference between the two is that in the former, the researcher must “bracket” their thoughts, feelings, and experiences (biases), whereas in the latter, researchers draw upon their thoughts, feelings, and experiences, actively participating in the making of meaning (Reiners, 2012). Since Heidegger’s philosophical contributions, IPA has developed into a method of qualitative inquiry enabling researchers and participants to coproduce rich interpretations of a particular phenomenon (Smith & Osborn, 2015).

Sampling and data collection

As the aim of this study was to explore how victim-survivors interpret or make meaning of their experiences of harmful sexual behavior through an IPA approach, sampling involved recruiting a group of victim-survivors who had this experience. Participants were required to currently be over the age of 18, and to have an experience of being sexually abused by someone under the age of 18 years when they themselves were under the age of 18 years. Convenience and snowball sampling was used and recruitment occurred through an advertisement distributed by an Australian child sexual abuse community service organization. Potential participants contacted two of the researchers directly (GM and JK) to discuss the project and their eligibility to participate, and the plain language statement and consent forms were provided. Thirty-two victim-survivors responded to the recruitment advertisement, and 25 continued with an interview (see Table 1).

Semi-structured interviews were carried out in-person, via video call or telephone call, depending on participant preference between October 2023 and January 2024. The interview schedule supported rapport building and prompted exploration of different aspects of the experience of harmful sexual behavior. Participants were asked about preferred terminology; nature of the abuse perpetrated against them; impacts of the abuse; and experiences of the service system.

The interviewing researchers (GM and JK) participated actively in the interviews, offering reflections and interpretations as participants spoke about their experiences. In terms of the interviewing researchers’ positionalities, we are both women professionals with a strong commitment to the value of Lived Experience and to supporting victim-survivors’ pursuit of justice. The wider author team shared this value base. In line with IPA methodology, the interviewing researchers did not “bracket” their thoughts, feelings, and perceptions. However, they did not “lead” participants in that their reflections were made in response to the comments of the participants. In other words, the weight of focus was on the meaning-making and interpretations of the victim-survivors, as indicated by the preservation and amplification of their voices through direct quotations, and the secondary inclusion of the researchers’ reflections.

The interviews ranged in duration from 1 hour to 1.5 hours, and at times, a second interview was scheduled if the victim-survivor felt they had more to say. The interviews were audio-recorded with consent and transcribed by a professional transcription service. If a participant had undertaken two interviews, the two transcripts were combined into one.

Table 1. Participant demographics.

Harmful Sexual Behavior Victim-Survivors (<i>N</i> = 25)		
Gender	Female	21
	Male	3
	Non-Binary	1
Age at the time of the interview	18 to 19 years	1
	20 to 29 years	5
	30 to 39 years	3
	40 to 49 years	3
	50 to 59 years	4
	60 to 69 years	1
	Unknown	8 *
State or Territory	Australian Capital Territory	2
	New South Wales	3
	Queensland	8
	South Australia	2
	Tasmania	5
	Victoria	2
	Northern Territory	0
Area	Unknown	5*
	Metropolitan	12
	Regional	3
	Rural	1
	Unknown	10*
Self-described cultural background	Anglo/Australian	9
	European/Australian	4
	South African/Australian	1
	Asian/Australian	3
	Unknown	9*

*Participants did not provide this information as sharing demographic information was optional and some chose not to share.

Data analysis

IPA sets out an approach to data analysis involving the “hermeneutic circle,” which enables a circular and iterative process of interpretation that moves between the parts of the data (the individual interviews) and the “whole” of the interpretation (the theory or constructs that emerge). The researchers do not bracket their own thoughts and experiences, and all interview content is coded – both what the participant says and what the interviewer says. This enables the analysis to move beyond the typical thematic analysis to a deeper conceptualization of the co-construction of meaning (Smith & Osborn, 2008).

In practice, this involved the first author printing out a “first case” interview transcript. The first and second author selected the first case on the basis of its richness of content, whereby the experiences of the victim-survivor was described in depth, and the engagement between the researcher and the interviewee was strong and reflective. The first author read the transcript multiple times, familiarizing herself with the data. Then, in the left-hand margin, noted any “interesting” statements, interpretations, or reflections, writing onto the printed transcript. This process provided a broad range of textual analysis whereby the researcher had “free reign” to comment on what she found interesting and engaging. Some of the comments in the left-hand margin pertained to potential themes, and others noted interesting “turns of phrase,” and even silences or contradictions in the text. Then, in the right-hand margin, the first author attempted a higher level of abstraction, drawing on the comments in the left had margin to posit themes that may recur across other transcripts.



Figure 1. Process of data analysis.

A further five cases were selected by the first two authors, and the coding process was repeated by the first author. The additional cases were selected on the basis of diversity in terms of the form of harmful sexual behavior, the vulnerabilities of the participant at the time (for example, living in out-of-home care), and the demographics of the victim-survivor. A “mind map” was then drawn onto an A3 piece of paper whereby certain clusterings of themes were posited. The first and second author discussed the emerging clusterings, identifying five that appeared the most salient. They then looked back across the cases to explore how the five interpretations were influenced by the researchers’ comments and reflections during the interviews.

At this stage, all 25 transcripts were imported into NVivo, and the second and fifth author coded each manuscript according to the five interpretations already identified in the software to create a full record of codes and constructs. Coding included passages where the interviewers reflected and offered ideas to participants during the interviews. The outcome was five interpretive constructs and associated reflections relating to the influence of the researchers (See Figure 1).

Ethics

There were significant ethical issues associated with this study. Primarily, these related to participant distress and potential disclosure of current abuse. Researcher distress was also an issue. Ethics approval was obtained from the University of Melbourne Human Research Ethics Committee (ID: 26926). Pseudonyms are used to refer to victim-survivors, and identifying information was removed from the transcripts.

To ensure as much safety as possible for the participants, researchers (GM and JK) responded quickly to all expressions of interest in participation either on the phone or via e-mail (or both). Participants had a chance to ask questions about the research and to build initial rapport with the researchers. In addition, a participant self-reflection form was sent before the interview to enable victim-survivors to reflect on their emotional and physical safety, and whether participating could be helpful or harmful for them. For example, potential participants were asked about the boundaries around disclosure of their experiences and what they felt comfortable sharing with the researchers.

Further, a distress and disclosure protocol was developed to address situations where victim-survivors exhibit signs of distress during or after an interview. It was established that if a victim-survivor demonstrated distress, the researcher would pause the interview, and check in with the participant to see what their needs were in that moment. It was common for victim-survivors to cry as they recounted their experiences, although this did not always indicate distress about the interview. Crying was often a natural expression of the pain associated with their abuse experiences. Where there was distress, the interviewers always acknowledged the distress, validated the strong feelings, and

empowered the victim-survivor to do what they needed to regroup (for example, stop the interview, have a break, make a cup of tea, reach out to a loved-one if someone was with them). In general, participants wanted to continue the interview if they had cried as many felt that the research was important to stop harmful sexual behavior happening to other children. The participants were given a voucher in recognition of their time preceding, during and after the interview. An amount was chosen that provided remuneration for not only completing the interview, but the hours of mental and emotional processing that occurred before and after the interview. Participants who became distressed were followed up.

Researcher distress also became an issue during the interviews. At times, the content described was violent, and the stories were harrowing. The research team set up regular meetings to share and process difficult content and emerging findings, and the researchers (GM and JK) debriefed together after each interview, and scheduled interviews at appropriate intervals to enable “recovery” in between. The authors urge the reader to use similar strategies when reading the following section that contain some distressing material.

Results

Five interpretative constructs emerged through the data analysis: (1) Shifting identities; (2) Unspeakable betrayal; (3) Tenacious resistance; (4) Alternative justice; and (5) Hard-won recovery. The interpretive constructs are set out below, including an explanation of how the interviewing researchers (GM and JK) influenced the constructs through the IPA approach.

Construct 1: shifting identities

Confusion about identity positions played out in discussions about victim-survivors’ preferred labels relating to harmful sexual behavior. Twenty-three participants contributed to this construct. While participants often identified as “victims” and/or “survivors” of harmful sexual behavior, conceptualizing the abuser as a “perpetrator” could be more problematic.

When I think of the person that harmed me, I think of them as “that person,” I guess. That’s kind of what I call them - but it would definitely fit under “perpetrator” or “abuser.” It can be all of those - they are all of those things. (Martine)

I think of them, him, as “my brother” who’s dead now. I don’t think about the other [children who harmed] too much unless - I don’t have flashbacks and stuff so much anymore. If I ever think of them, it’s in a pretty abstract way, or just thinking about my brother. No, I don’t think of them as perpetrators. (Adeline)

In terms of preferred labels for the abuse, victim-survivors tended to refer to their experiences as “child-on-child sexual abuse,” “child sexual abuse” or “sexual abuse.” Although, at times, victim-survivors did not cast their experiences as abuse at all:

In my adult mind looking back and calling it sexual abuse, I can’t - I’m not comfortable with saying [it’s sexual abuse] because it’s not fair on the person [child with harmful sexual behaviour] - even though I was the victim of it, it’s not fair on the person who was also the victim of it who was only doing what they knew. I find it very hard to sort of put a label on it. (Jason)

Researchers co-constructed “Shifting identities” by pointing out to victim-survivors the nuances around finding the right labels to describe themselves and the experiences of abuse:

Am I right in saying that you wouldn't feel comfortable with me referring to, especially the person who you mentioned second, who you're still very close friends with, the term “perpetrator” wouldn't be right? (JK)

Jason responded:

No, [not] “perpetrator” – you can yeah, like we haven't gone into - like we haven't spoken about it in detail by any means. I have hinted to him that like hey, you were the one that did it and he's alluded to it, like I get it, I did it. I'm sorry. He's never said it but we've made amends - yeah, we've made amends - like he's one of my best mates and I don't hold anything against him for that one. So, even though yeah, like he's still a friend, we can call him a perpetrator because that's what he is. (Jason)

For victim-survivors who worked professionally in the sexual assault sector, like Cynthia, the identification as “victim-survivor” was trumped by the identification as a sexual abuse professional. The professional adoption of the term “harmful sexual behavior” led to needing to balance both their own experiences, as well as those of the child victims and children with harmful behaviors.

Researchers contributed to “Shifting identities” by highlighting the different identity positions victim-survivors took up at different times during the interview. For example, in responding to Cynthia, it was noted by the researcher that Cynthia, at times, put on her professional hat and used the term “harmful sexual behavior” so as not to stigmatize children and young people. This was seemingly in contradiction to how she constructed her own experience of abuse and identified as a survivor and thought of the young person who harmed her as an “abuser” and referred to the abuse as “child-on-child sexual abuse”:

Could we just talk a bit about the language? Obviously, with your professional hat on, I've heard you use the term, “harmful sexual behaviour,” but you've also used the term “child sexual abuse” and – I don't know if I've heard “perpetrator.” What sort of language do you like to use, both professionally and with your victim-survivor hat on? (GM)

Cynthia responded:

It's tricky because I think there's such an overlap with language in the fact that I think “harmful sexual behaviour,” which is what I use often when I'm talking about kids engaging in behaviours between each other, but I also, professionally, feel like it's a form of child abuse, “child sexual abuse.” [The terms are] not mutually exclusive in my brain. I might talk about it, a child at work saying, he's engaged in harmful sexual behaviour, but the person who's then impacted by that, has experienced child sexual abuse. That's how I will talk. I never use the word perpetrator, especially with kids and adolescents, I never use the word perpetrator, offender, or any of those sorts of things. (Cynthia)

It was clear that there were multiple conflicting identity positions at play and a juggling act to manage language and positionality at any given time and context. Changing circumstances could lead to changes in the interpretation of identity and language.

The shifting of identities was evident not only as victim-survivors spoke about the labels they prefer to use in relation to the abuse but also in recollections about the collapse of normative social roles associated with siblings and friends. This led to participants feeling some confusion about their identity and roles in social relationships:

With the girl [who perpetrated] - at the time I thought she was my best friend, so it was very, very confusing that she wanted to do all these things instead of just do normal stuff like play with dolls and go ride your bikes and things like that. (Caliope)

This confusion extended to victim-survivors' conceptualization of blame and accountability relating to the abuse. They could see the intentional grooming behaviors of the abusing child, and yet felt complicit in - and therefore partly responsible for - the abuse:

I felt complicit in [the abuse] because I wanted it at times because it felt good, or I got an erection or all that sort of stuff. I think for me personally, it was - it just became normal for three years. Like it was just . . . but I never felt like I was in a relationship with him. I never felt like I was gay. I never felt like I was homosexual in any capacity, I just thought this was normal. This is what friendship was. (Ian)

A lot of the abuse itself was him kind of wearing me down enough to eventually do whatever act he wanted. There was a lot of that just yeah, like getting me to the point where I said yes. Not of my own volition, but you know what I mean by that, thinking I was. It would involve things like him wearing me down to the point where I would physically get frustrated and lash out at him and then he'd turn that around on me and be like oh, you hit me, so you're the bad guy here and now if you don't do what I say I'm going to get you in trouble for this. Yeah, so I felt like I was choosing this, essentially. (Alice)

Thus, victim-survivors experienced "Shifting identities" where different competing positionalities and associated language took precedence in different contexts leading, at times, to a sense of past and present confusion. Researchers highlighting varying labels and contrary identity positions for the participants contributed to the development of the construct "Shifting identities."

Construct 2: unspeakable betrayal

Victim-survivors recalled instances when parents discovered the abuse - or were subject to disclosures - and failed to act to stop the abuse and hold the child/ren with harmful sexual behavior accountable. Twenty-four participants contributed to this construct. These instances were experienced as betrayal, and it was often mothers who were construed as carrying out this breach of trust:

There was a lot of verbal abuse by [mother], not so much the physical, but she would stand there and watch [sexual abuse by father and brother] happen. So, if something - if I was being beaten or something [sexual] was happening, then Mum would stand there and watch or she'd walk away. (Mary)

I remember telling my Mum and Dad about what happened and I think they just blew it off. They just kind of went oh yeah, okay, like whatever. Sort of just making stuff up. But I remember kind of me feeling where they kind of blew it off but also kind of went "Oh God, don't say that sort of shit" sort of thing. So, I remember kind of going okay, cool. God like, you know, they thought I made it up. (Charlie)

At times, the responses of parents were victim-blaming and protective of the abuser, and at other times they minimized the harmful sexual behavior:

My Dad was grieving about the loss of his ideal family expectation and grieving about the loss of his son. Grieving about potentially what would happen if I made [the sexual abuse] public. He's like, I can't stop you from doing what you want, but these are all the repercussions. So, the

entire direction of the conversation was about fear and barriers to doing something [to expose the abuse]. Then basically he was like, I just want you to forget about it, move on and be happy. I was like, that is the worst thing you can ever say to someone. So, I got really upset. (Eliza)

I remember getting out of the pool, and going up to my Mum and saying, he's doing this, and my Mum saying, oh, it's just boys will be boys; it's just a phase and he'll grow out of it, just let it go. (Sarah)

Researchers co-constructed “Unspeakable betrayal” through introducing the language of betrayal and validating the victim-survivors as they described failures of family members to intervene in the abuse and keep them safe:

None of that is surprising either considering in ways there was a betrayal by your mother, who is usually our first attachment partner, if you like. Do you feel - did you feel a sense of betrayal, or do you feel an ongoing sense of betrayal? (GM)

“Forget it happened and move on.” That’s an awful thing to say. It’s really invalidating. It really minimised what you’ve gone through. It’s [as if the abuse is] something that you can just really easily get over. (JK)

For some participants, parents’ denial or minimization-led victim-survivors to feel that their parents favored the abusive child over them – often an older brother – and that they were separate and alone in their families:

When I was younger, I was very silent, very quiet, and I had a pretty strong belief that my family were monsters, literally monsters, but that there was something with my eyes so I couldn’t see them in their monster skin. (Adeline)

Overall, victim-survivors experienced a sense of betrayal from parents to whom they disclosed or who discovered the abuse and did not intervene or minimized the harmful sexual behavior. The betrayal was “unspeakable” in the sense that victims were blamed for the abuse and told not to talk about it, and in the sense that parents remained silent about the abuse, allowing it to continue. Through using language of “betrayal” and “silencing” to interpret victim-survivor experiences, the researchers contributed to the construction of “Unspeakable betrayal.”

Construct 3: tenacious resistance

It was not just parents who failed to respond appropriately, but professionals too. When professionals who were meant to protect failed to notice the abuse, some victims took matters into their own hands. Twelve participants contributed to this construct. Victim-survivors spoke about a range of failed opportunities for intervention when professionals were confronted with indicators of abuse but did not ask victims about what was being done to them:

I’d wag [skip] school specifically so I could get in trouble. This is definitely – I feel like it’s [Trauma] 101, but no one ever asked me my whole childhood ever, ever, not a single person, even social workers in the middle of the night at hospital and stuff when I’d get admitted. No one ever asked me if something happened to me. (Inez)

I remember my home economics teacher - and I used to say to her just flippantly [abusive] stuff that would happen at home. She would be like "You know that's not normal? You know that doesn't happen in every family?" But at the same time, she didn't do anything about it. (Mary)

These failed opportunities were often experienced as devastating by victim-survivors. Some took matters into their own hands and intervened in the abuse themselves. They did this by reducing opportunities for the abuse to occur or exhibiting explicit distress to attract the attention of caregivers when an abuser physically approached them. Sometimes resistance appeared to be unconscious and sometimes conscious. Victim-survivors resisted the abuse through moving schools/suburbs/states/countries or running away, and through trying never to be alone with the perpetrating child:

At 14 and a half, I'd run away several times, as a child. That's that escapism, the need to get away from that vile behaviour. I'd failed several times, but I learnt a lot from that experience. When I was 14 and a half, when I ran, I ran. (Marie)

I would say I was quite good at tactics. By 11, I was like - I'd be dodging [abusive brother] to be outside, be somewhere else, be in the kitchen with Mum, so that I couldn't get caught by him. I wouldn't come home after school, just so that I wouldn't be [near him], because that's where he'd catch me, in the hallway, on the way in. So, I tried to put him off. (Olive)

Other victim-survivors described resistance through "freezing the perpetrator out" and through screaming and "losing it" or fighting back physically when the perpetrating child approached for abuse:

I just remember [abusive young adult] almost being shocked as to why I wouldn't speak to him and why I didn't want anything to do with him and - but I don't remember the conversation. I don't remember if I just had a very blunt conversation and said, what you did to me was not okay. or, whether or not I just shut him out, you know? Just froze him out. (Cynthia)

Another time in the house, just before we moved there, it was really bad. [Abusive brother and I] were on our own. We lived above a restaurant and my parents were in the restaurant. He was just really terrifying as well, and he was making fun of me around the sexual stuff that had happened. I think I might have, like, lost it. I started to kind of lose it where I'd just scream and scream and scream or I'd just yell and say all kinds of things. (Adeline)

Researchers co-constructed "Tenacious resistance" by interpreting victim-survivors' efforts to stop the abuse as demonstrating power, resilience, and intelligent action. Researchers highlighted and drew attention to these instances:

It sounds like there was a point where your resistance became much more, I don't know, "loud" and there was something that happened in [abusive brother] where he realised he wasn't going to get away with it anymore. (GM)

Thus, there were times when victim-survivors employed various tactics to limit or stop the abuse. These were not necessarily conscious decisions made by victims but more a response to the failure of safe adults to intervene. They were "tenacious" in the sense that sometimes the victim-survivors made the abuse stop to achieve safety. These instances were often described in a minimizing way. Researchers reframed the instances as willful and clever actions that the victims took to make the abuse stop when all other avenues of helpseeking had been extinguished. This resulted in some participants, during the interview itself, gaining new perspectives about themselves as children. Constructing victim-survivors as resisting the abuse and creating safety for

themselves empowered them as “fighters” and contributed to the construct “Tenacious resistance.”

Construct 4: alternative justice

Victim-survivors recounted their experiences of achieving a sense of justice through means other than the traditional criminal justice system. Twenty-two participants contributed to this construct. Their experiences of the traditional justice system were often abysmal, leading to more trauma:

We spoke to the lawyers, and [police officer said] every time you did a statement with us, your memory slightly changed, and the lawyers said that that's not good enough and we don't have any reason to believe what you said. Then I was shocked, and I was holding back tears . . . [The conversation with the police officer lasted] five minutes then I just walk out and I go down the lift. Then as I get in the lift - I don't think I'm ever going to forget this. I was hysterically sobbing like a crazy person. (Gwenyth)

Researchers co-constructed “Alternative justice” by drawing victim-survivors’ attention to the notion of “kaleidoscopic justice” (McGlynn & Westmarland, 2019) – the idea that a sense of justice can be achieved through means other than the traditional criminal justice process:

I'm interested in sort of what we might call kaleidoscopic justice, so they're two kind of formal justice pathways that you've taken, but other ways that I hear victim-survivors achieving a sense of justice is sort of, you know, personally confronting their perpetrator. Which you did and also working in the space and making a difference for other victim-survivors. (GM)

This enabled participants to identify their own pathways to a sense of justice, such as confronting the abuser/s and complicit family members or speaking publicly about their experiences of abuse:

I did confront my brother about it though a little while ago and I think it was a very rare case where he immediately owned up to it and apologised . . . I've actually been discussing with my psychologist as a potential form of justice for myself, asking my brother to help financially contribute to therapy and stuff like that. Which is - yeah, an interesting means of potentially feeling - getting more of a sense of justice, that he's facing some sort of consequence. (Alice)

Victim-survivors described cutting off contact with their mothers and other complicit family members as a consequence of feeling betrayed and to achieve a sense of having a coherent narrative about the abuse not challenged by others’ perceptions:

I haven't seen [complicit family members] for eight years. That was one of the best decisions and one of the best things that a psychologist could tell me, because I just didn't think I even - couldn't even give myself permission to do that. I just thought, no, it's too hard. Too much to blow up my family. But I've just recently stopped seeing my Mum, too, who's been . . . the bystander. (Meron)

Then when I moved, so, all during this peak terrible period from 15 up, I mostly lived with [father]. I didn't talk to my Mum at all, because she refused to acknowledge any of this ever happened. (Inez)

Victim-survivors reflected on achieving a sense of justice through working to prevent sexual abuse from happening to other children. This work was both personal in that they educated

their own children about protective behaviors and professional in that they forged careers in the sexual assault area:

I'm teaching my daughter to be a very boundary-enforcing person. She is – actually something she does she calls me out she says, Mum, I didn't like you doing that, or, Mum, you need to give me space. (Prani)

I guess my sense of justice is the work that I do. I've been a community worker for a long, long time now and researching around children and out-of-home care. I get my sense of justice that way and that's good. (Adeline)

I was like, yeah, because as far as justice [goes], I feel like I have got justice by taking the career path I have and helping others through their journeys and setting up programs where kids who are displaying [harmful sexual behaviour] can actually get therapeutic intervention. (Cynthia)

Another form of justice identified by victim-survivors involved making public statements about their abuse, including publishing about their experiences. They also spoke of becoming “experts by experience” or “lived experience advocates,” sitting on a variety of panels to provide victim-survivor input. Often this pathway helped victim survivors recognize their strength through passion:

I've been a passionate advocate over the years for really understanding and hearing a young person and their story and not just thinking they're misbehaving. (Kyla)

Because I feel now that I'm [middle aged] and that I've written this book and I've gone through it all. You wouldn't know it today, but my confidence levels have actually just skyrocketed. I've got so many people saying to me, wow, you're so different because you're passionate about helping people. (Meron)

Overall, victim-survivors did not achieve a sense of justice through the legal system, rather they found it through alternative means, often becoming “survivor advocates” or sexual assault prevention and response professionals. Many victim-survivors had an intuitive sense of the actions they had taken to achieve some fairness and to hold their abusers accountable but had not conceptualized them in terms of establishing justice for themselves. Through explaining “kaleidoscopic justice” and enabling reflection through this lens, the researchers contributed to the construction of “Alternative justice.”

Construct 5: hard-won recovery

Victim-survivors talked about their journeys to recovery despite the failures of family and the system to support them. Twenty-three participants contributed to this construct. Victim-survivors recalled the negative impacts of harmful sexual behavior across all aspects of their sociological worlds, demonstrating the severity of what they had to overcome, giving researchers the opportunity to explore the ways that victim-survivors fought for recovery.

Victim-survivors recounted numerous devastating impacts of the harmful sexual behavior, including “hypersexualisation,” further sexual victimization and becoming a victim or perpetrator of domestic and family violence, as well as the well-documented mental health consequences:

I guess the biggest thing as well is I was like – so if anyone wanted to have any sexual contact, I'd be like, oh, great, I'll just hook up with this person tonight. So, I would have had countless partners between the age of 14 to – until uni. So, until 18. (Inez)

I feel like it made me more susceptible to being groomed because the adults in my life didn't really do much except go, "oh well, we'll sort that out, it's not happening anymore so it's okay." So then when there were adults, they could kind of – it's like predators could smell me from a mile away. (Caliope)

Two participants described how they became "perpetrators" of sexual abuse and domestic and family violence respectively:

I was – after it started happening, I became a perpetrator, because that's how I thought you had to do life . . . So I started sexualising all my relationships. I just started trying to morph all of my friendships into sexual relationships, because I thought that's what you did. I thought that's how you became – that's the next level of friendship. Almost across the board for the next 10 years of my life, if I became close with someone, I ended up trying to have a sexual relationship with them. (Poppy)

I was basically a functioning alcoholic getting on cocaine at work and then it progressively got worse. I would come home at 2.00am and I had a child at the time, so this is yeah, I lost my licence, high range drink driving, putting holes in walls. I was very abusive to my wife and I put her through some very traumatic experiences. One day, her Dad's a senior sergeant in the police, she called him, [I] got arrested and I thought they were all the key factors of "Hey, get your shit together." (Jason)

It is interesting to note that Poppy refers to herself as a "perpetrator" given the move away from that term in the professional harmful sexual behavior field. It may be their way to take account for their own behavior, holding their victimization and perpetration together simultaneously, disrupting the traditional victim/perpetrator binary.

Some victim-survivors talked about the failure of mental health practitioners to help their recovery and their pursuit of other therapeutic intervention that could lead to healing. Many discussed their recovery as "in spite of" rather than "as enabled by" professionals:

I was at an inpatient place for ages, and it was a private one as well, and I just think that that was like – the psychiatrist was just this gross man that was like, you just have anger issues. You've just got to up your meds. I think that's what a lot of the psychs are like in a hospital setting. (Inez)

The harmful sexual behavior caused havoc in the lives of victim-survivors, and the system did little to support healing. Recovery was often through their own perseverance and not achieved easily – hence it was "hard-won." Victim-survivors described doing recovery alone and trying to navigate a way through:

I think it's just that I feel like I've been living life off here by my own in a little vacuum, trying to be a part of what everyone else is. It's really not easy to do that. I think if we can find a way for people, such as myself, to not be so alone in the process of just trying to do life and be in life, in terms of recovery and healing, and even celebrating their wins and achievements. I don't know how that can be done because that's about educating people, I guess. But I think for me, it has been coming to terms with the grief of, oh, so that's another thing that's gone by the way. That's another thing that I'm not going to achieve and that's another thing that's not going to happen. (Londi)

I've been trying to find my way, I guess, over my whole life of figuring out. I've had a whole, obviously, a big journey with recovering from trauma and becoming well and empowered and all those kinds of things. (Adeline)

Others talked about not being able to access appropriate therapeutic support because they could not identify treatment for their form of sexual abuse during helpseeking efforts, or the available services did not deliver therapy for long enough periods:

I feel like I didn't even know – which is why I emailed you being like, do I even qualify for this? Because I always think of child sexual abuse as – well, I don't know. Is it – do you call it peer sexual assault? I don't – I get really weird about that. I feel like any child sexual abuse organisation or service – not really. I don't know where you'd go, because [child sexual abuse services] seem very adult to child. Then I feel like for the sexual assault services generally, I didn't even know what – I've never seen anything that looks like something that I would be able to go to. (Inez)

I would've stuck with it longer, but because it was with – the [sexual assault service] is for women aged 25 and younger. So, when I was 26, unfortunately, [sexual assault worker] – my therapist – had to say, we can't really extend this any longer. So, I think, had I been able to stay there, I would've maybe, eventually, opened up, and worked through things a lot more thoroughly. (Anne)

The researchers co-constructed “Hard-won recovery” by inviting reflection on the notion of a “recovery journey”:

We often talk about a kind of “recovery journey” and it can take a long time to recover or to reach a – and you don't – like you say, it will never not be there but there might be a point where you reach a sense of justice about these experiences and that the research might assist that. I hope it does, and that's certainly the intention of the research. (GM)

I know exactly what you're talking about. I think – yeah, well, I want to show appreciation for the point you're at, at this point, acknowledging the huge journey you must have gone on to get there. (JK)

As the researchers framed victim-survivors' experiences in terms of a “recovery journey,” participants adopted this concept and talked about where they were on their journey, as well as the fact their recovery was often “in spite of” not “due to” family, professional, and system intervention. This created a sense for participants that the recovery was “hard-won” and often due to the personal strengths of the victim-survivor.

Discussion

The study reported in this paper aimed to answer two research questions: (i) How do victim-survivors interpret their experiences of children's harmful sexual behavior? (ii) How do researchers inform these interpretations? Five interpretative constructs emerged through the data analysis, along with five reflections on how these constructs were informed and developed by the interviewing researchers: (1) Shifting identities; (2) Unspeakable betrayal; (3) Tenacious resistance; (4) Alternative justice; and (5) Hard-won recovery.

The victim-survivors exhibited conflicting identity positions depending on the context from which they were speaking. The researchers highlighted these diverse positionalities using the language of “hats” – for example, “professional hat” versus “victim-survivor hat.” Victim-survivors also spoke of adults who were meant to be protective failing to intervene,

minimizing the abuse, and blaming them. Researchers interpreted this as being betrayed and silenced. Some victim-survivors recounted times that they had resisted the abuse, and the researchers offered empowering reflections about their tenacity. Alternative forms of justice were explored through the lens of “kaleidoscopic justice” and researchers used the language of “recovery journey” to highlight resilience and healing in the light of significant, negative lifelong impacts of the abuse.

The findings about the experiences of victim-survivors harmed by other children echo many of the findings about victim-survivors of adult-perpetrated child sexual abuse, or findings when adult-perpetrated abuse is not distinguished from children’s harmful sexual behavior (Hershkowitz et al., 2007; Nelson-Gardell, 2001; Staller & Nelson-Gardell, 2005, Tamarit Sumalia & Hernandez-Hidalgo, 2018; Jessiman et al., 2016). The negative, lifelong impacts across all socioecological fields appear to be the same (Maniglio, 2009), as are the difficulties finding justice through the legal system (Gekoski et al., 2016). This suggests that children’s harmful sexual behavior is just as harmful as adult-perpetrated sexual abuse. Like the victim-survivors in the Newsom and Myers-Bowman (2017) study, the participants in this study, often with influence from the researchers, framed their experiences in terms of a “journey” and there was strong overlap between the two sets of victim-survivors about the elements constitutive of the recovery process. A finding unique to this study, however, is that some victim-survivors migrate professionally to the sexual assault prevention and response sector as a way of protecting other children from abuse and achieving a sense of mastery over their experience, similar to clinicians in the domestic and family violence sector (McLindon et al., 2018).

There are also resonances with the sibling sexual abuse literature, but very few with the “sexual dating violence” or “peer-on-peer sexual harassment” evidence. The latter could be explained by the sample of victim-survivors who participated in the AVA project. Many were aged in their thirties or above, meaning that social media and online pornography had not been the ubiquitous tapestry of childhood it is today. Another reason could be that people may not frame their experiences of sexual dating violence or peer-to-peer sexual harassment as “harmful sexual behavior” – there may be a siloing of constructs whereby harmful sexual behavior is more associated with sibling sexual abuse and the abuse of young children by older adolescents, rather than with sexual abuse, harassment, and assault in similar-age or dating situations.

In terms of the sibling sexual abuse literature, there are many synchronicities with the findings reported here. Themes of childhood trauma, sibling rivalry, and desire for power and control (McDonald & Martinez, 2017) were evident, as were notions of minimization, disrupted relationships, and confusion about roles of “perpetrator” and “victim” which were identified 30 years ago by Doyle (1996). It is somewhat alarming that the constructs and practice frameworks designed to prevent and respond to children’s harmful sexual behavior have not embedded this evidence despite it being available for three decades.

There are two findings that point to the specific experiences of harmful sexual behavior victim-survivors: (1) the role of resistance and (2) a sense of confused identity and complicity. In terms of the former, the concept of resistance has not been previously explored in the context of harmful sexual behavior. It may be that resistance to abuse from another child is more achievable or effective than when the abuser is an adult, even when there are significant age differentials. There is something about “all being kids” that may reduce the power dynamics for some victim-survivors.

Table 2. Incorporating findings into policy and practice.

Overall recommendation	(1)
	Language, constructs, concepts and practices relating to harmful sexual behavior maintain accountability to the experiences and perceptions of victim-survivors.
Sexual abuse education	• Sexual safety education from kindergarten through primary school with a focus on recognising difference between “normal” and “non-normal” sexual behaviours and how “<i>Tenacious resistance</i>” to grooming and advances of children seeking to sexually harm could work.
Early intervention	• Parents, educators and medical professionals upskilled in how to identify indicators of harmful sexual behaviour, and how to respond to avoid “<i>Unspeakable betrayal</i>.”
Therapeutic support & recovery	• Practice frameworks adopt models of safe, problematic and abusive sexual experience to inform assessment and treatment. • Therapeutic support for victim-survivors with explicit focus on feelings of confusion (“<i>Shifting identities</i>”) and complicity, ways to seek “<i>Alternative justice</i>” and creating safety through stopping contact with complicit family members. • Therapeutic programs match the prolonged recovery needs of victim-survivors; that is, the therapeutic process if funded for years not months • Therapeutic intervention with children with harmful sexual behaviour balances need for non-stigmatising constructs with severity of impact on victims.

Whilst protective behaviors education and teaching children to say “no” has been instrumental to sexual abuse prevention efforts, these have focused primarily on “stranger danger” (Walsh et al., 2015). It may be that teaching children about resistance to abuse perpetrated by other children and providing ideas about how this could occur, may be protective for potential victims. Acknowledging, of course, that children are not responsible for protecting themselves from sexual abuse and that a range of public health measures are essential.

The other pertinent finding that appears in this study and in the sibling sexual abuse literature is the sense of confusion and complicity that victim-survivors feel, represented through the interpretative construct of “Shifting identities.” It is clear that victim-survivors of harmful sexual behavior live with multiple, conflicting identity positions. They see the child carrying out the behavior in both normative social terms as a brother or friend, for example, and in terms of the harm caused by the child – positioning the harmful child as an abuser or perpetrator, and taking up the position of victim-survivor.

In cases of adult-perpetrated child sexual abuse, the power differential is obvious owing to the clear legal distinction between an adult and child, perhaps enabling a clearer narrative about who is the perpetrator and who is the victim. In cases of harmful sexual behavior, this age-related power binary can be less evident. Victim-survivors can then, at times, experience feeling as if they were “invited into,” or complicit, in the abuse, despite violence and coercion. This sense of confused identity and complicity could become a central focus of therapeutic programs for victim-survivors of children’s harmful sexual behavior.

Ultimately, we are interested in how the findings from this study can be translated into policy and practice to ensure that the sexual abuse sector and its associated institutions are accountable to the experiences of children’s harmful sexual behavior victim-survivors, and that minimization or obfuscation of the impacts of this form of abuse do not occur. Ideas for knowledge translation are set out in Table 2.

Limitations

A limitation of this study pertains to its transferability to other contexts. The sample did not include much representation across intersectional dimensions (e.g., cultural background, sexual and gender identity, and disability status). There were no First Nations participants, and it is unlikely that the findings could be easily adopted by Indigenous communities. Further, the siloing of “sexual dating violence” and “peer-to-peer sexual harassment” along with their association to social media and pornography, were not explored. More research that focuses on the experiences of this cohort of victim-survivors is required.

Conclusion

Despite some research dating back 30 years, the experiences and perceptions of victim-survivors have not been applied to harmful sexual behavior policy and practice. This study amplifies the voices of harmful sexual behavior victim-survivors and makes suggestions for knowledge translation to the sexual abuse sector and intersecting institutions, such as families, schools, and health services. Ultimately, we call for language, constructs, concepts, and practices pertaining to harmful sexual behavior maintain accountability to the experiences and perceptions of victim-survivors. The unique factors for this cohort can usefully inform sexual safety education, early intervention, therapeutic response and recovery efforts. The non-stigmatization of children with harmful sexual behavior is an important endeavor, as is maintaining accountability to the experiences of victim-survivors – we argue that these are not incompatible goals.

Author contributions

CRedit: **Gemma McKibbin:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Supervision, Writing – original draft, Writing – review & editing; **Jacqueline Kuruppu:** Data curation, Formal analysis, Investigation, Methodology, Project administration, Writing – review & editing; **Simon Hackett:** Conceptualization, Funding acquisition, Writing – original draft, Writing – review & editing; **Bridget Hamilton:** Conceptualization, Methodology, Supervision, Writing – review & editing; **Cathy Humphreys:** Conceptualization, Supervision, Writing – review & editing; **Olivia Lynch:** Conceptualization, Data curation, Formal analysis, Methodology.

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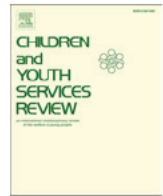
Ethics approval

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Navigating the grey zone in the response to child abuse and neglect in primary healthcare settings

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ABSTRACT

Background: Child abuse and neglect (child abuse) is a common issue that leads to significant health issues. Given the association between child abuse and health, mandatory reporting laws for doctors and nurses were introduced in jurisdictions such as the US, Canada and Australia. However, this legislation is not globally or nationally consistent. Thus, there is confusion surrounding the definition of abuse that should be reported and how to respond when suspicion does not meet the threshold of Child Protection. It is unclear as to how health professionals navigate the response to child abuse in light of this confusion.

Purpose: To explore how Australian GPs and nurses navigate their response to child abuse and neglect in primary healthcare settings.

Methods: Twenty-two Australian GPs and eight nurses were sampled from: private general practice and community health clinics; and Doctors in Secondary Schools, an initiative in the Australian state of Victoria that places GPs and nurses in high schools. We conducted 26 in-depth individual and group interviews. The interviews were audio-recorded, transcribed verbatim and analyzed thematically.

Principal Results: We generated three themes: *negotiating the threshold; mismatching expectations; and practising in the grey area*. Participants engaged in a process of negotiating between their immediate colleagues, with families, and with statutory Child Protection authorities. When participants decided to make a report, they were met with a response from Child Protection that did not match their expectations. This led to feelings of distrust directed towards Child Protection authorities which left participants to manage patients within a 'Grey Zone'. While practising in the Grey Zone, participants attempted to create an emotionally safe space for patients and engage in practical strategies that responded to patient vulnerabilities.

Major Conclusions: We recommend that training interventions be aimed at supporting practice within the Grey Zone and that threshold be made clearer in legal and occupational policy.

1. Introduction

Child abuse and neglect (child abuse), also known as child maltreatment, is a prevalent public health issue with one half of children worldwide experiencing some form of violence (World Health Organization, 2020). Child abuse is associated with a myriad of impacts across the lifespan, including low self-esteem, attachment issues, behavioural problems, poorer academic performance and a range of health impacts (Ferrara, Mullins, Ellner, & Van Meter, 2022; Krugman & Korbin, 2022; Shah et al., 2021; Vizard, Gray, & Bentovim, 2022; World Health Organization, 2020; Zamir, 2022). For example, adult survivors are at

greater risk of physical health issues such as cardiovascular disease, diabetes, cancer and obesity (Felitti et al., 1998; Krugman & Korbin, 2022; Vizard et al., 2022). Further, there are severe mental health impacts associated with child abuse. Abuse is associated with young people engaging in suicide behaviours and ideation, particularly when not under the care of a clinician (Angelakis, Austin, & Gooding, 2020; Pournaghash-Tehrani, Zamanian, & Amini-Tehrani, 2021; Vink et al., 2019), and with a greater risk of serious depression and suicide for adult survivors compared to the general population (Angelakis, Gillespie, & Panagioti, 2019; Felitti et al., 1998; Salokangas et al., 2020). Given these health issues, general practitioners (GPs) and primary care nurses

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(nurses) are well placed to provide early intervention and ongoing support for families experiencing child abuse (Institute, 2020b; Krugman & Korbin, 2022).

In recognition of GPs' and nurses' prime position in the community, jurisdictions around the world, including the US, Canada, and Australia introduced mandatory reporting laws (Mathews & Kenny, 2008). Generally, legislation states that doctors and nurses are mandated to report to statutory Child Protection authorities or equivalent statutory authorities (Child Protection) when they have a reasonable belief or suspicion that a child is experiencing, or is likely to experience, significant harm (Mathews, 2014). However, because mandatory reporting legislation is specific to each jurisdiction, where a jurisdiction may be a state, territory, or province, there are discrepancies across the globe in terms of how reportable abuse is defined (Family and Community Services, 2019; Mathews, 2014; Mathews & Kenny, 2008). For instance, some state or territory jurisdictions in Australia may require all forms of abuse (i.e. physical, sexual and emotional abuse, neglect and exposure to domestic violence) to be reported, whereas others may only specify certain forms (Mathews & Heyes, 2020; Mathews & Kenny, 2008).

Further, there is confusion surrounding the meaning of the terms 'reasonable suspicion' and 'significant harm', meaning that health professionals do not subscribe to a standard definition of these terms (Besharov, 1990; Crowell & Levi, 2012; Finlayson & Koocher, 1991; Levi & Brown, 2005; Levi & Crowell, 2011; Levi & Portwood, 2011). A scoping review of the factors influencing clinicians' decision to report analyzed the lack of a standard definition identified in the literature. The review extended the discussion on the inherent subjectivity of this phenomenon by identifying the 'personal threshold of suspicion' as a concept (Kuruppu, McKibbin, Humphreys, & Hegarty, 2020). The personal threshold of suspicion (personal threshold) is the amount of suspicion a health professional needs to have to trigger the impulse to make a report (Besharov, 1990; Crowell & Levi, 2012; Finlayson & Koocher, 1991; Kuruppu et al., 2020; Levi & Brown, 2005; Levi & Crowell, 2011). The higher a health professional's threshold, the more evidence, suspicion or severity of abusive behaviour is needed to convince them to make a report (Kuruppu et al., 2020). The personal threshold of suspicion is influenced by several factors, including clinicians' relationship with the patient family and their previous experience with Child Protection (Blaskett & Taylor, 2003; Demircin et al., 2017; Flaherty, Jones, & Sege, 2004; Kuruppu et al., 2020).

Despite health professionals being one of the most common sources of investigated reports of child abuse globally (Kelly, Street, & Building, 2020; Australian Institute of Health and Welfare, 2020a), they have often reported feeling unheard by Child Protection (Flaherty et al., 2004, 2006; Kuruppu, Forsdike, & Hegarty, 2018; Kuruppu et al., 2020; McTavish et al., 2017). This may be because of the discrepancy between the number of notifications being made versus the number being investigated. In Australia, where the current study was conducted, statistics suggest that less than a third of reports overall are investigated, of which about half are substantiated (Productivity Commission, 2022). It is widely acknowledged that Child Protection systems globally are overwhelmed and under-resourced (Herrenkohl, Scott, Higgins, Klika, & Lonne, 2021; Jones, 2018; Keddell, 2022; Krugman & Korbin, 2022; Lonne et al., 2021; Mathews & Bross, 2008; McTavish et al., 2017; Melton, 2005; Victorian Auditor-General's Office, 2018). Child Protection whistleblowers have described the impossible workload which results in children falling through the gaps (Uibu & Costelloe, 2022). Hence, health professionals' experience of the system is one that is generally unresponsive (Demircin et al., 2017; Kuruppu et al., 2020; Mathews & Bross, 2008; McTavish et al., 2017).

In situations where health professionals felt there was little response from Child Protection, the literature suggests that health professionals manage the response to child abuse themselves (Flaherty et al., 2006; Herendeen, Blevins, Anson, & Smith, 2014; Talsma, Bostrom, & Östberg, 2015). However, it is unclear from the literature as to how health professionals navigate this response to child abuse and what role, if any, the

personal threshold plays in the response. To date, the studies available have considered the barriers and facilitators to reporting and have demonstrated that health professionals do not have a standard threshold for reporting (Besharov, 1990; Crowell & Levi, 2012; Finlayson & Koocher, 1991; Levi & Brown, 2005; Levi & Crowell, 2011).

However, the ways in which the subjective position of the health professional operates in practice are yet to be explored. This is particularly important in primary care settings where health professionals have ongoing relationships with patients and their families which could influence the personal threshold (Blaskett & Taylor, 2003; Flaherty et al., 2004). Further, there is little existing research that explores the response to child abuse in primary care, including but also beyond reporting, in jurisdictions with mandatory reporting legislation. Moreover, the existing literature generally uses quantitative methods to explore the relationship between Child Protection and GPs and nurses (Kuruppu et al., 2020), which cannot capture potential nuances and subjectivity that may be present in sensitive topics. Understanding how GPs and nurses currently navigate the response to child abuse is essential to understanding their needs for support and training in this area. Hence, this study aimed to qualitatively explore how GPs and nurses navigated their response to child abuse and neglect in primary health-care settings.

2. Material and methods

2.1. Participants and recruitment

GPs and nurses were recruited via convenience, purposive and snowball sampling from two settings: private general practice and community health; and the Doctors in Secondary Schools Program (DiSS).

General practice forms a part of the primary care system in Australia (Australian Institute of Health and Welfare, 2016). Primary care is healthcare that is provided within the community where the population can make their initial approach to seek medical advice (Australian Institute of Health and Welfare, 2016). Primary care consists of allied health services, community health services and community pharmacy, as well as general practice (Australian Institute of Health and Welfare, 2016). However, general practice is the most accessed form of primary care, with 82 % of the Australian population visiting their general practitioner annually (Australian Bureau of Statistics, 2021). General practitioners practice in state-run health clinics or in private general practice clinics.

DiSS is a state-run initiative that places GPs and nurses in high schools one day a week, where they run a clinic that young people can visit without caregiver supervision. The DiSS program only existed in the Australian state of Victoria at the time of the study. GPs and nurses were eligible to participate if they: had ever suspected child abuse and neglect; worked or were receiving specialised training in general practice; or worked in the DiSS program.

Participants were accessed via existing networks within the Sexual Assault and Family Violence (SAFE) team and the Department of General Practice at the University of Melbourne. Several methods were used to advertise the study including placing advertisements in e-bulletins, newsletters, the Primary Health Networks (PHN) website, the DiSS portal and a GP-specific Facebook group. A sampling frame was constructed during to ensure representation across gender, practice setting and profession.

GPs and nurses interested in participating were invited to email the first author to express their interest. They were then emailed a plain language statement and a consent form. Upon receipt of consent, the first author and the participant(s) organised an interview at a time and place of the participant's choosing. Participants decided whether they participated in an individual or group interview and those involved in group interviews chose with whom they completed the group interview (i.e., colleagues working within the same school clinic). No more than

three people participated in a group interview. Participants who completed the interview were emailed a list of resources and were offered free access to a family violence training program developed by the SAFE team.

2.2. Data collection

Interview guide development was informed by two literature reviews looking at experiences of and factors involved in reporting (Kuruppu et al., 2020; McTavish et al., 2017). The interview guide contained open-ended questions that explored participants' experiences of suspecting child abuse, how they responded to suspected child abuse, and the challenges and facilitators within their response (see Appendix). Colleagues at the Department of General Practice piloted the guide and provided feedback. As data collection progressed, the interview guide was iteratively adapted to draw out new themes and ensure participant and researcher mental wellbeing.

Data collection took place between February and July 2019. Fourteen interviews were conducted over the phone, one over video call, and 11 in person. As participants chose where they wanted to be interviewed, the interviews occurred at a range of locations including the Department of General Practice, the participants' general practice, community health or school clinic, participants' home or hotel, and a park.

2.3. Data analysis

The interviews were audio-recorded with participants' consent and transcribed verbatim by the first author and a commercial transcription agency. Participants were offered the opportunity to review their transcripts, but all declined. The transcripts were de-identified and participants were allocated a pseudonym from a list of common names associated with each letter of the alphabet. Participants who worked within Doctors in Secondary Schools are differentiated from those working in private general practice and community health by including the acronym 'DiSS' after their pseudonym. It was important to maintain this distinction given the difference in clientele and clinic settings.

The interview transcripts were imported into NVivo 12 (QSR International). We chose to analyse the data according to the reflexive thematic analysis framework outlined by Braun and Clark (Braun & Clarke, 2013, 2019). This method of analysis allowed for both inductive and deductive coding which permitted the creation of themes from GPs' and nurses' experiences and the application of the authors' clinical work and knowledge of the literature (Saldana, 2021). After familiarization with the data, the first author developed initial inductive descriptive codes for 10 of the transcripts. These codes were written in active language to retain meaning (Charmaz, 2006). These codes informed preliminary themes which were reviewed by the research team to develop a coding framework of preliminary themes. The coding framework was used to deductively code the remaining transcripts, with the second, third and fourth author independently applying the framework to nine transcripts to ensure rigor. While there were no disagreements in coding, theme development was iterative as the number and content of themes shifted during team discussions. The team upheld the reflexive nature of the analysis by recording observations and reflections from the interviews in field notes and recorded discussions as well as discussing the assumptions we brought into analysis.

2.4. Ethical considerations

There was a risk that participants may be reported to a health practitioner regulation agency by other participants in group interviews if they felt an inappropriate decision about child abuse and reporting had been made. This was countered by encouraging confidentiality within group interviews and making participants aware in the plain language statement that this could occur. However, the research team

felt that the risk of this occurring was very low, given that the group interviews occurred with participants who already knew and worked with one another. Ethics approval was obtained from the Human Ethics Advisory Group, Department of General Practice at the University of Melbourne (Ethics ID: 1851916.1).

3. Results

Thirty participants took part in 26 individual and group interviews that had an average length of 52 min. Most participants were female GPs practising in Victoria, with 14 participants practising within a DiSS setting in addition to their private general practice or community health setting (more participant demographics are summarized in Table 1). Nearly all participants had undertaken domestic violence training, which included training on child abuse, with 11 participants reporting they had completed 20 or more hours. Participant demographics are summarized in Table 1.

Three themes are presented in this paper: *negotiating the threshold*; *mismatching expectations*; and *practising in the grey area*. In this section, 'Child Protection' refers to Australian statutory child protection authorities.

3.1. Theme 1: Negotiating the threshold

Every GP and nurse went through a process of negotiating the threshold for reporting child abuse. This theme describes the process of negotiation which occurred on multiple levels, including between their immediate colleagues, with families, and with Child Protection.

When trying to determine whether child abuse may be occurring, GPs and nurses had to cross their personal threshold of suspicion to report child abuse. The personal threshold of suspicion varied between individuals:

And I think they [nurses] would probably go to the GP and say this has happened, but they couldn't then reliably know that the GP would report it or would have the same level of suspicion because it's just your level of suspicion. (Daphne, nurse, Victoria).

GPs and nurses often consulted colleagues about the decision to

Table 1
Participant Demographics.

	GPs	Nurses	Total
Gender %* (n)			
Male	17 (5)	0 (0)	17 (5)
Female	57 (17)	27 (8)	83 (25)
Age range (years)**	38–66	35–50	–
Years in practice in Australian primary care**	0–38	8–30	–
Geographical location %* (n)			
Metropolitan	60 (18)	17 (5)	77 (23)
Rural	13 (4)	10 (3)	23 (7)
Practice Setting %* (n)			
Private general practice/community health	47 (14)	7 (2)	53 (16)
Doctors in Secondary Schools	27 (8)	20 (6)	47 (14)
State %*(n)			
Victoria	50 (15)	27 (8)	77 (23)
New South Wales (NSW)	13 (4)	0 (0)	43 (13)
South Australia (SA)	7 (2)	0 (0)	7 (2)
Northern Territory (NT)	3 (1)	0 (0)	3 (1)
Queensland	0 (0)	0 (0)	0 (0)
Tasmania	0 (0)	0 (0)	0 (0)
Western Australia (WA)	0 (0)	0 (0)	0 (0)

* Percentages are rounded up.

** Indicates missing data – 2 participants declined to share some demographic information.

report, which formed part of the process of forming a 'reasonable belief' as they gained reassurance for their decision. However, in consulting colleagues, GPs and nurses also seemed to be measuring their personal threshold against the personal threshold of others. When these thresholds did not align, tension sometimes arose where one party would try to convince the other to raise or lower their threshold to meet their own. This was evident in a situation between a nurse and GP working in the Northern Territory on the case of a pregnant teenager seen walking around in the early hours of the morning:

And nurse saw her out walking one day at four o'clock in the morning... and she reported her... And I'm like, when she has the baby, she'll probably be up at that time of day anyway. And I said, but actually that's normal for here....because people will be out until the early hours in the morning and then they'll sleep during the hottest parts of the day. I said she wasn't doing anything risky or abnormal. She just happened to be out walking. (Charlotte, GP, NT).

In other instances where nurses in general practice or community health settings disagreed with their GP colleagues, they seemed more likely to defer to GPs' threshold. However, nurses in DiSS seemed to have more confidence in their decisions and some even actively concealed their thoughts from their GP colleagues if they did not want a situation reported.

I perceived to hear something that was quite distressing and I felt I couldn't change at any level....If I was to inform Farrah of that situation, her perception could be so different from mine that she rings the police, DHS [Child Protection], da, da, da, da and that then is taken out of my control. (Eliza, nurse, DiSS, Victoria, in joint interview with Farrah, GP, DiSS, Victoria).

Differences in personal thresholds also seemed to highlight perceived personal biases when GPs or nurses reached out to discuss cases with colleagues outside of general practice. These included racial biases:

The white people actually, their baby got a skull fracture. And it was really interesting because I said to the paediatrician, 'so have you reported it?' He's like, 'oh, I'm not that worried about that.' I'm like, 'it's a skull fracture in a baby!' But anyway, just the difference between white and brown people. (Charlotte, GP, NT).

Despite the uncertainty of differing thresholds among colleagues, GP participants particularly seemed to feel more confident about their personal threshold when presenting it to families or young people. In these situations, GPs took on an educator role, trying to align parents', caregivers' or young people's thresholds with their own. Often, caregivers' thresholds seemed much higher than GPs', especially if caregivers had migrated from countries where some behaviours that are considered abusive in an Australian context, were accepted in their cultural context:

There are many families that don't see a slap over the face for being naughty abuse. It's part of their parenting. Now, I disagree with that, but they don't see it as abuse. So, my perception is that it is, their perception is that it's not. So, there's our challenge. (Eliza, nurse, DiSS, Victoria).

Seems that - which I think this is right - that the definition of abuse, it should be in the context of the culture. For example, this is abuse in Australia, but it's not abuse in [names a Middle Eastern country]. In Australian culture, it's abuse that for example the child says, 'I don't have food, I should work [until 12am] ... I don't have any energy to come to the school'. (Farrah, GP, DiSS, Victoria).

Despite the conviction GPs and nurses showed in explaining their threshold to their patients, many participants' confidence in their threshold would diminish when presenting their concerns to Child Protection. This uncertainty seemed to come from the perceived ambiguity around Child Protection's threshold. Some GPs and nurses felt that Child Protection actively tried to persuade them that their concerns didn't meet Child Protection's threshold:

...you get the feeling on the other end that really, they're trying to talk you out of it, ... [imitating Child Protection] '... It's only a bit of bruising.' Or, 'oh, neglect? What do you mean by that? Why have you come to this decision?' You think, oh for heaven's sakes, just listen to me! I've known this family. I've observed this for some time now, and it's come to a point where I really think that I need to do something about it. (Rose, GP, Victoria).

When Child Protection rejected their concerns, it left many GPs and nurses with the impression that Child Protection's threshold for acting on reports of child abuse was extremely high.

But yeah, it just feels like some people slip through the cracks where they're not bad enough to get DHS [Child Protection] involvement, but they're probably just an accident waiting to happen. (Ben, GP, DiSS, Victoria).

Sometimes the catastrophe has to happen for things to improve. (Veronica, GP, Victoria).

This led to participants having two internally held thresholds: their personal threshold of suspicion and a perceived threshold of action for Child Protection, where the threshold of action was the circumstances (i.e. severity of abuse, or age) that participants believed would trigger Child Protection to take action in a case of suspected child abuse. Participants described their definition of the perceived threshold of action for Child Protection by mentioning factors such as age of the young person or by indicating that the case might not match Child Protection's standard of abuse:

But I think, once they get to a certain age, it seems that DHS [Child Protection] isn't interested. (Ben, GP, DiSS, Victoria).

But I do feel like, around the edges, if you can support the parents and it doesn't, you know, might not fit the exact criteria, it's not something that DOCS [Child Protection] would really look into, then you're like, hmm, perhaps supporting this person is better. I think that's why I'm so focused on the patient relationship. (Bonnie, GP, Victoria).

3.2. Theme 2: Mismatching expectations

Participants' perception that Child Protection's threshold was extremely high created the expectation that, when they did become involved, their action would be decisive and effective in protecting young people from severe abuse. However, for most participants, Child Protection did not meet this expectation. This theme explains the ways in which GPs' and nurses' expectations of Child Protection were not met, either through inaction or perceived inappropriate response. This created distrust in participants' view of Child Protection and influenced participants' mentality around their approach to child abuse.

Many GPs and nurses spoke of limited teaching about reporting laws as being the only response to child abuse taught during medical or nursing school. Additionally, all participants viewed the function of Child Protection, whole or in part, as being that of removing a child from an abusive situation. Those participants whose perception of Child Protection was synonymous with child removal seemed to have a higher personal threshold for reporting child abuse.

...obviously we want the kids to stay with their parents if it's possible, so I think it probably does need to be something pretty serious before you're actually really going let's get these kids away from their parents. (Tara, GP, DiSS, Victoria).

However, most participants experienced great frustration with the Child Protection system when reporting what they viewed as serious child abuse. For most participants, much of this frustration came from being uncertain about what action would be taken following their report, and then hearing or realizing that nothing was going to happen. Charlotte described Child Protection's response to a mother who was a

previously reported and substantiated case of Munchausen's Syndrome by Proxy. The abuse was escalating again, and Charlotte felt the need to report:

They didn't really kind of do anything, which I think is our most common frustration with the Department of Families [Child Protection] is that we're never quite sure if we report something, that anything's going to actually be done. (Charlotte, GP, NT).

While it may have seemed counter-productive to re-notify Child Protection about a case they have already substantiated, participants did so because they felt limited to mandatory reporting in their response to child abuse. Sometimes, re-notification was seen as a way of getting Child Protection's attention:

We're very limited under the legalities. We're very limited. I mean, DHS [Child Protection] is our voice. That's our voice. Really, all we've got is DHS. (Eliza, nurse, DiSS, Victoria).

Apparently five is the magic number though. Apparently five reports triggers an intervention. (Heidi, GP, DiSS, Victoria).

However, even when there was intervention, some participants described responses to reports that seemed to be disproportionate to the situations reported:

But again, and again and again, that's the thing that most of us as GPs, I think over the years, say. We do not understand why DOCS [Child Protection] goes in heavy handed in some situations, which we personally didn't think much of, and never, never will touch a situation in which you really, really can see that something needs to be done. (Xanthe, GP, NSW).

This reputation of taking inappropriate action was further crystallized by hearing accounts of young people experiencing further abuse in the care of Child Protection:

You hear stories about institutionalising children. I've heard that ...a teenager was sexually abused at home from someone. Then they put that child and another child together, and then this child sexually abused the other child. (Shanika, nurse, Victoria).

In particular, one GP, Veronica, described seeing a 13-year-old girl who became pregnant while in the care of the state. Veronica expressed her disgust as she described Child Protection's impatience to confirm the pregnancy, believing they were only worried about how it would reflect on them:

DOCS [Child Protection] want to know [adds a forceful tone] 'Is she pregnant, is she pregnant?'. Like everyone is busy sort of covering their arse and the poor kid...Sometimes I feel like ringing up and reporting DOCS to DOCS...I have actually, I did it once. (Veronica, GP, Victoria).

Yet many participants acknowledged that Child Protection was overworked and under-resourced. Some also described instances of abuse, particularly sexual abuse, where Child Protection was quick to respond. For example, Eliza reported a case of severe sexual abuse to Child Protection where Child Protection ensured the perpetrator no longer had contact with the young person. While this was a good outcome, Eliza described the lack of support from Child Protection over time to help young people to deal with the heartbreaking consequences, including emotional neglect from the family, following Child Protection's involvement:

I had no choice with it, I had to go with DHS [Child Protection], and they got involved. There was an intervention order on the uncle [perpetrator], there was horrendous problems in the home that went on for months....So, the sexual abuse was left behind because it was addressed, but the mental illness and the rejection from family... the problem I have is that the child can only be in the system of DHS [Child Protection] for a short period of time. (Eliza, nurse, DiSS, Victoria).

This led to participants believing that they could not trust Child Protection to do the right thing by their patients:

I am very anxious about reporting in general. I don't trust them. I don't trust that they will do the right thing by the baby. I trust that they will watch their bottoms much more than the baby. (Xanthe, GP, NSW).

Child Protection's inaction for cases that participants felt were severe created a shift in their perceptions of what abuse they should report, with many participants asking themselves: Would the outcomes be better for young people and their families if Child Protection is not involved in the response to child abuse?

We hang back for as much as we can and sometimes, I guess that shifts the border, I guess, of what's mandatory. And sometimes, for me particularly, I feel like I probably should [report] but I don't think it's going anywhere and I feel like if I can put supports in place around it, and really closely monitor it, then is that the best thing for the kid? And that's a real dilemma and I don't think I'm probably alone in that. (Lilly, nurse, DiSS, Victoria).

3.3. Theme 3: Practising in the grey area

Questioning which response would lead to the best outcomes for young people and their families found many participants managing the response to child abuse within their own health settings, without the help of Child Protection. Sometimes this was participants' choice, but most of the time, participants were forced into this reality by what they perceived as an inadequate response from Child Protection. This theme describes how participants navigated their response to child abuse in the absence of Child Protection, including developing emotional support and practical strategies.

All participants spoke about how challenging it was to make a judgement on what abuse should be reported when many of their patient's situations fell into a grey area that was unacknowledged in mandatory reporting legislation:

Because at the moment, they say you're either making the report or you're not. Like the impression I get is it's very black and white....If you've got people around...helping them [the young people] - we've got so many kids that don't have any food and stuff like that, that are trying to look after younger siblings and stuff. But they're doing a pretty good job and the family probably doesn't need to be busted up and dragged through the coals. (Zoe, GP, DiSS, Victoria).

The problem with mandatory reporting, as it is written in guidelines, is it is a very blunt knife.... This is to be reported. This doesn't have to be. Whereas when it really comes down to it, there are so many shades of grey.... (Xanthe, GP, NSW).

Thus, GPs and nurses in this study often found themselves practising within this grey area. Participants' practice within the grey area was varied. For some GPs and nurses, particularly those who had little knowledge or access to creative family supports, the grey area was perceived as a void of knowledge:

I still think with doctors there's a bit of a black hole, a bit of a gap in our knowledge, ...when it comes to child abuse and neglect, I think it is more of an unknown. (Sophia, GP DiSS, Victoria)

It was also a void where, other than reporting, participants felt that the only thing to do was to continue monitoring the situation:

I think I've become a little bit disillusioned with the reporting system. So, if I feel they're not at imminent risk of really severe harm, I'll often see them a few times and try and really make sure I've got a good understanding of what's going on. So, I think I'm probably slower to report those ones now than I was before, because sometimes things sort of settle down. (Zoe, GP, DiSS, Victoria)

I guess it's kind of our role is to support the student if he chooses to come back to engage ... and then we've got other students that come back every

single week because they absolutely love coming and they just like to offload. (Genevieve, nurse, DiSS, Victoria).

By continuing to monitor the situation, GPs and nurses were giving themselves time to evaluate the circumstances before deciding to report. In doing this, they also created a safe environment for their patients which helped build the trust and bond of the therapeutic relationship.

Monitoring the family. Encouraging them to come back. Making them feel that they're valued, so that they don't feel that you're finding them annoying or want to dismiss them. (Rose, GP, Victoria).

Some participants, particularly those practising in general practice or community health settings, created this safe and bonding environment unconsciously. In the interviews, these participants focused on their lack of practical strategies and their tone conveyed a feeling of helplessness in practising in the grey area:

And she [another GP] said she's got a 7-year-old who's transgender... And...the child is living with Granny because the mother has been beating this child to try and get the child to be in alignment with their physical gender... and the GP is caught about 'what should I do?' and worried about it. (Amy, GP, NSW).

Others consciously maintained engagement with the family and described it as being the only thing they could do in the situation:

If I suspect something is going on, and I'm not exactly sure, and I'm not sure that it's going to be of much use at that point in time to involve DHHS [Child Protection], I will follow that family...try and build up some sort of rapport with that - particularly with the parents, so that they know that they can come in if they're in strife. (Rose, GP, Victoria).

While others, particularly DiSS participants, spoke with enthusiasm about creating a safe and bonding environment and saw it as a therapeutic tool that was an essential part of their role:

I strip it back to the individual child...that's being abused. I can only spend time with them...I can only tell them they're so wanted and so important. I can only teach them - very intimately right there and then - but long-term resilience...it's a resilience that must happen to stand up and make people accountable. Even at a young age, we can teach these students to become more resilient. (Eliza, nurse, DiSS, Victoria).

Some GPs and nurses, particularly those in DiSS, had supports and strategies that they could use to support young people and their families through the abuse they were experiencing. For example, Heidi spoke about responding to adolescents experiencing neglect by empowering them to help their parents with grocery shopping, in addition to reporting more extreme cases:

I think the neglect one is a tricky one because you often try, with teenagers, you start to kind of say 'can you help mum with the shopping list?'... 'Mum, let's go to the shops, let's go and buy some food together'. I mean I had one case of neglect that we did report, and she was a kid who was actually sneaking out of school to go steal food from the supermarket, she was so hungry. So that was a fairly hard case. (Heidi, GP, DiSS, Victoria).

Other participants responding to similar situations engaged young people in the school's breakfast clubs or engaged local charities to provide food for the young person and their family. Other participants focused on trying to access further welfare payments so that the family had more money for essentials. Participants also found creative ways to support young people in more volatile situations. Lilly and Michaela described how they were supporting an adolescent experiencing neglect when she expressed that she felt in danger of sexual abuse from her father:

She said dad was getting a bit pervy and I said, 'do you actually feel safe?' And she did actually feel safe, she just was a bit concerned that that might change. So...they were already in the system. So, what we did instead was

negotiated with the school to have ...some extra food, clothing, some increase in the level of support for the dad finding some new accommodation. (Lilly, nurse, DiSS, Victoria).

Thus, when responding to child abuse, participants often felt that they were operating within a grey area. In this space, GPs and nurses supported families by holding an emotionally safe space and using practical strategies to address vulnerability.

4. Discussion and Conclusions

The way GPs and nurses navigated the response to child abuse can be explained through three themes: *negotiating the threshold; mismatching expectations; and practising in the grey area.*

In *negotiating the threshold*, GPs and nurses in this study had to negotiate the threshold of suspicion across three levels: between colleagues, with families, and with Child Protection. When there were differences in thresholds, one party, usually the party who held more power in the relationship, would try to persuade the other to match their threshold. For example, when a GP or nurse differed in their alignment, the GP would try to influence the nurse to raise or lower their threshold to meet their own. Nurses in private general practice and community health seemed to be more likely to defer to GPs' threshold. This speaks to the power differential existing between these professional groups in making the final decision to report. Traditionally, social convention has positioned doctors in a greater place of power than nurses (Mckay & Narasimhan, 2012), which may explain why GPs in this study tried to persuade nurses to their point of view or why nurses deferred to GPs in decision-making.

In the same way, within the doctor-patient relationship, where GPs inherently hold more power in their position as a medical expert (Koeck, 2014), GPs, in most cases, tried to lower the caregivers' personal threshold to align with the GPs' idea of the 'western' threshold for abuse (Reisig & Miller, 2009). In attempting to lower the threshold for abuse in caregivers, participants showed their increased sensitivity to detecting abusive behaviours. However, the reverse situation may also exist in the broader community of health professionals, where there is a high personal threshold (Levi & Brown, 2005; Morris, Johnson, & Clasen, 1985). There is the potential for a higher threshold to encourage a greater tolerance of abusive behaviours when staying in the Grey Zone. This in turn may potentially lead to increased risk of harm to young people, but this is not known from this study. There is limited research on the range of personal threshold levels (Levi & Brown, 2005; Levi & Crowell, 2011) and the way in which the personal threshold level translates to risk for young people.

Threshold differences were also a source of tension between Child Protection and participants, leading participants to believe that Child Protection's threshold was extremely high. Health professionals' frustrations with Child Protection have been well documented in the literature, with a lack of feedback and action being the primary concern (Kuruppu et al., 2020; McTavish et al., 2017).

However, *mismatching expectations* sheds light on some of the issues in the Child Protection response. Participants indicated that an inappropriate response from Child Protection included: the response being disproportionate to the situation; placing a child in care where they are at further risk of harm; seeming to focus on how incidents would reflect on the reputation of Child Protection itself instead of the wellbeing of young people; and Child Protection coming in to deal with only one aspect of abuse, without putting supports in place to manage the consequences of their intervention. This led participants to question if providing intensive support for families themselves would lead to better outcomes for young people (Herendeen et al., 2014; Talsma et al., 2015).

Thus, GPs and nurses in this study often found their response was situated in the space between their personal threshold and the perceived threshold of action for Child Protection, which we define as the 'Grey Zone', as shown in Fig. 1. While uncertainty is a key factor in the Grey

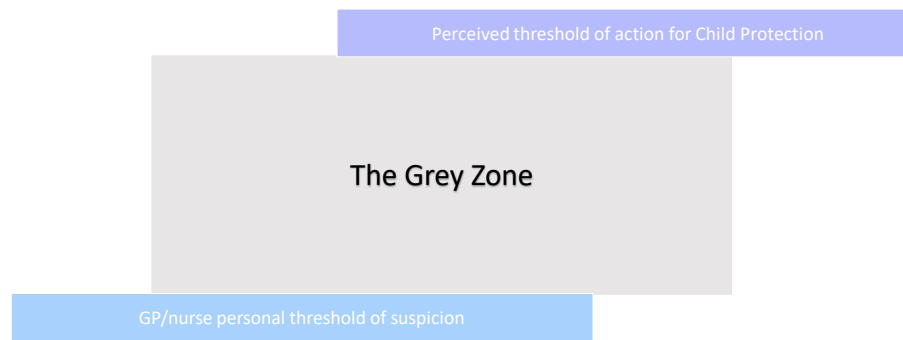


Fig. 1. The Grey Zone.

Zone, the two are not to be conflated. The terms ‘uncertainty’ or ‘grey’ simply describe the situation, whereas the Grey Zone is a construct that captures the conceptual area within which GPs and nurses were practicing in definite, non-elusive terms.

Participants could enter this Grey Zone in several ways. First, when they detected family dysfunction, but did not have enough suspicion to meet the threshold of the law. Second, when Child Protection failed to respond to participants’ reports and participants were forced to manage the abuse issues themselves. Finally, where the abuse presenting to participants met their threshold but was not perceived to meet the threshold of action for Child Protection. In this situation participants made deliberate decisions to stay in the Grey Zone when responding to child abuse instead of reporting.

When in this Grey Zone, as explained in *practicing in the grey area*, participants attempted to support families by holding an emotionally safe space. They used strategies, such as accessing support from community service organisations and schools and empowering young people. Interestingly, all participants focused on detailing the practical strategies they used to respond and only a few recognised that the act of simply listening was healing and that holding space had therapeutic power for those experiencing child abuse. While studies have recognised that some health professionals have preferred to support families without Child Protection intervention (Flaherty et al., 2006; Herendeen et al., 2014; Talsma et al., 2015), this paper conceptualises the personal and professional tensions that underpin the negotiation of the Grey Zone.

There were several limitations to this study. First, most of the sample consisted of female metropolitan based GPs who were well educated about domestic and family violence, including child abuse, due to their DiSS training and involvement with the SAFE team. Thus, the diversity of the sample was low and the findings from this study may not resonate with a broader geographical and culturally diverse population of GPs and nurses. Second, the study only included two nurses that worked in private general practice and community health and only six nurses working in DiSS. Therefore, any findings from comparisons between these two groups and between GPs and nurses in general should be viewed with caution. Further, the findings presented in this paper are only the authors’ interpretations of the data, given that participants were not involved in analysis. Additionally, the advertisements for this study may have appealed to participants with an existing interest in child abuse which may introduce self-selecting bias.

Despite these limitations, to the authors’ knowledge, this is the first study to interrogate the interaction of thresholds between individuals, groups, and the law in the context of child abuse. It defined differences in these thresholds and explored how these differences influence the response to child abuse. Further, in defining ‘The Grey Zone’, this study conceptualises the situation within which the response to child abuse in primary care occurs. Because this study focuses on the intersection between mandatory reporting and the broader response to child abuse, these findings may also resonate with other groups that are mandated to

report, such as teachers and psychologists.

There are several implications for these findings, most of which pertain to education and training in responding to child abuse for health professionals. Much of the training available to health professionals focuses only how to identify child abuse, with the main response taught being a report to Child Protection (Carter, Bannon, Limbert, Docherty, & Barlow, 2006; Gilbert et al., 2009; Kenny, 2015; Turner et al., 2017). This means that GPs and nurses have generally not been given the tools and lack the support to hold survivors and their families within the Grey Zone. Thus, training that addresses how to respond within the Grey Zone is urgently needed (Flaherty et al., 2004; Flaherty, Schwartz, Jones, & Sege, 2013; Flaherty et al., 2006). Health professionals may be supported in the Grey Zone by training that indicates actions they can take independently to support young people and their families. They may also be supported by strategies and models, such as supporting the development and role of empathy (Hojat, 2009; Ratka, 2018) and relationship centred care (Beach & Inui, 2006; Lonne, 2022). Training health professionals to independently support young people and their families aligns with recent scholarship on the public health approach to preventing child abuse. This approach focuses on providing a greater intensity of family support to vulnerable families (Lonne, 2022).

Training that also heightens health professionals’ awareness of their thresholds can help them achieve a better understanding of the boundaries of their Grey Zone and how their thresholds relate to their mandatory reporting obligation and best practice for families. Ideally, this understanding would require ongoing critical reflection where health professionals continuously critique their assumptions and practice within the Grey Zone and how these have impacted on young people and their families. Health professionals would then use their learnings from critical reflection to engage in ongoing education and training to improve their practice in the Grey Zone. This training responsibility lies with providers of education and training to work towards greater clarity in understanding the nature of the thresholds for reporting child abuse across the health sector and how they align with the law and complement the response offered by Child Protection.

However, the effectiveness of training is dependent upon how it is delivered, with interactive training being more effective (Sammur, Kuruppu, Hegarty, & Bradbury-Jones, 2021; Turner et al., 2017). A recent meta-analysis of health practitioners’ readiness to address abuse found that training to foster readiness to respond to these sensitive issues is complex and goes beyond individual training and requires team collaboration and high health system support (Hegarty et al., 2020). In the case of responding to child abuse, it would also require high family services and Child Protection system support.

Yet this systemic support and multidisciplinary collaboration is lacking for GPs and nurses (Kuruppu et al., 2020; McTavish et al., 2017). An ideal system would have elements such as timely and useful feedback between medical and Child Protection sectors. The effect of mandated reporters receiving feedback is significant. A randomised control trial was conducted in NSW which involved Child Protection sending

feedback letters to mandated reporters encouraging alternative responses (Bolton, Newell, Gandevia, Peek, & Berrocal Capdevila, 2022). These revised feedback letters indicated both the reason for case closure and the impact inaccurate reporting had on Child Protection's limited resources (Bolton et al., 2022). The letters also included a response guide which had suggestions for alternative responses. In other words, NSW Child Protection were encouraging mandated reporters to work within the Grey Zone. The trial found that reporting accuracy was increased after receiving the letter and there was no evidence that the letters discouraged professionals from making a report, regardless of the risk level (Bolton et al., 2022). This suggests that this quality of feedback appeared to not increase the risk to young people. Therefore, alternative responses when mandated reporters are working in the Grey Zone as recommended by feedback letters similar to those used in Bolton et al. (2022) study could be used more widely.

An ideal system would also allow both reporting and family support to occur simultaneously. However, studies show that when health professionals report, they often lose the family as patients (Flaherty et al., 2006; Herendeen et al., 2014; Kuruppu, Humphreys, McKibbin, & Hegarty, 2022; Kuruppu et al., 2020; McTavish et al., 2017;) which prevents health professionals from providing ongoing family support. The loss of the therapeutic relationship may be partly due to the lack of training health professionals receive in maintaining the therapeutic relationship through emotive situations like abuse. However, it may also be partly due to the negative perception of Child Protection by the public (Bekaert et al., 2021). While it is difficult to change public opinion on child removal services, addressing some of the perceived failings of Child Protection may improve public perception.

The fact that some of the findings from *mismatching expectations* have been well known for decades (Kuruppu et al., 2020; Mathews & Boss, 2008; Melton, 2005), but are still being found in the current study suggests a resistance to change within the Child Protection system. The findings relating to the variation in thresholds between participants and Child Protection, the perceived inadequate response from Child Protection, and participants being forced to operate in the Grey Zone calls into question the effectiveness of Child Protection responses and, by extension, mandatory reporting legislation. Some authors contend that mandatory reporting policy and Child Protection are separate entities and therefore, the faults of the Child Protection system should not tarnish the potential of mandatory reporting as a policy (Besharov, 2005; Drake & Jonson-Reid, 2007; Mathews & Bross, 2008). However, for health professionals, the success of mandatory reporting is directly related to the outcomes for families (Humphreys, 2008; McTavish et al., 2017). As Child Protection is the agent through which mandatory reporting is enacted, the two are inextricably linked for GPs and nurses. By this measure, the evidence for the success of mandatory reporting is inconsistent and, in some cases, lacking (McTavish et al., 2017; World Health Organization, 2006).

In conclusion, as mandatory reporting legislation is likely to continue in jurisdictions where it exists, this paper highlights the importance of clarity in defining reporting thresholds within legislation and occupational policies (Mathews & Bross, 2008). Though there has been significant work around uncertainty in responding to risk and harm for children, this research contributes a rigorous conceptualisation – the Grey Zone – which depicts the result of misaligning thresholds in primary care. This concept can provide a framework to direct education for primary healthcare professionals. Further, this research raises important questions about what personal thresholds mean for the key stakeholder – young people experiencing abuse and neglect. Thus, this research also draws attention to the potential need to revise mandatory reporting policy guidance to ensure safety and wellbeing for young people and their families.

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Declarations

Contribution Statement

JK collected, analysed and interpreted the data and was a major contributor in writing the manuscript. CH, GM and KH, analysed and interpreted the data and contributed to writing the manuscript. All authors read and approved the final manuscript.

Ethics approval and consent to participate

Ethics approval was obtained from the Human Ethics Advisory Group, Department of General Practice at the University of Melbourne (Ethics ID: 1851916.1). All methods were carried out according to the National Health and Medical Research Council's ethical guidelines. All participants provided informed consent either by signing a consent form or providing audio-recorded verbal consent.

Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors declare that data supporting the findings of this study are available within the article.

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Appendix

Interview guide:

1. Tell me about some experiences where you suspected child abuse and neglect.
 - a. What would help you in the dilemma of identifying child abuse and neglect?
2. Thinking about times where you may have suspected child abuse, take me through your frontline response to suspecting child abuse and neglect.
 - a. What would support you as the GP in this initial/frontline response?
3. How do you decide the best referral response?
 - a. What would help you in this decision-making?
4. What would you like changed in the system?
5. What would the ideal model for helping you to respond to suspected child abuse look like?
 - a) Is there anything else you can think of? In other areas of your practice, what have you found useful?
 - b) What is your opinion of using a technological intervention to meet your needs?
 - c) What would ideal implementation look like?

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Preventing Sexual Violence: A Behavioral Problem Without a Behaviorally Informed Solution

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Abstract

What solutions can we find in the research literature for preventing sexual violence, and what psychological theories have guided these efforts? We gather all primary prevention efforts to reduce sexual violence from 1985 to 2018 and provide a bird's-eye view of the literature. We first review predominant theoretical approaches to sexual-violence perpetration prevention by highlighting three interventions that exemplify the zeitgeist of primary prevention efforts at various points during this time period. We find a throughline in primary prevention interventions: They aim to change attitudes, beliefs, and knowledge (i.e., ideas) to reduce sexual-violence perpetration and victimization. Our meta-analysis of these studies tests the efficacy of this approach directly and finds that although many interventions are successful at changing ideas, behavior change does not follow. There is little to no relationship between changing attitudes, beliefs, and knowledge and reducing victimization or perpetration. We also observe trends over time, including a shift from targeting a reduction in perpetration to targeting an increase in bystander intervention. We conclude by highlighting promising new strategies for measuring victimization and perpetration and calling for interventions that are informed by theories of behavior change and that center sexually violent behavior as the key outcome of interest.

Keywords

primary prevention, sexual violence, meta-analysis, intervention, randomized controlled trial, behavior change

This article presents an intellectual history and quantitative meta-analysis of primary prevention efforts to reduce sexual violence. Sexual violence is a major public-health problem in the United States and across the globe (Basile et al., 2022; Center for Disease Control, 2022). Accordingly, significant efforts and resources are aimed at primary prevention strategies, which are intended to prevent violence before it occurs. The search for theoretically informed interventions to reduce sexual violence spans multiple academic disciplines, including public health, sociology, medicine, criminology, economics, and psychology. We approach this endeavor as an interdisciplinary team led by psychologists. Our article speaks to the fundamental goals of these varied interventions: to change ideas about

sexual violence (broadly construed) and to reduce rates of sexual violence. On the basis of these goals, we consider the underlying psychological theories guiding primary prevention programs to reduce sexual violence, how these theories compare to psychological evidence for behavior change, and how effective these programs have been in reducing sexual violence.

We assess these questions qualitatively and quantitatively. Our qualitative review describes the explicit and implicit theories of behavior change that have

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guided prevention programs since 1985. We observe a throughline: Sexual-violence interventions seek to change behavior by changing attitudes, knowledge, and beliefs about sexual violence (i.e., ideas about sexual violence). We call this overall strategy the “ideas-based approach.” To interrogate the assumptions of the ideas-based approach, we review the psychological literature that looks at the efficacy of changing attitudes, beliefs, and intentions to change behavior. This approach is more successful in some domains than others and leaves open an empirical question of how well suited this approach is to the domain of sexual-violence prevention.

Targeting ideas about sexual violence is the common strategy of the three interventions we identify as “zeitgeist programs.” These pioneering and influential programs represent the prevalent approaches to sexual-violence prevention in a particular period of time. The first is Safe Dates, which seeks to educate adolescents about dating violence (e.g., Foshee et al., 1996). The second zeitgeist program is The Men’s Program, which targets men’s empathy for victims of sexual violence (e.g., Foubert, 2000). The third is Bringing in the Bystander (e.g., Banyard et al., 2007), which marks a shift to a community-focused approach. We highlight the tremendous work that has been done and discuss the relationship between these different philosophies regarding primary prevention and the resulting changes in ideas about sexual violence and behaviors observed among intervention participants.

Our quantitative review gathers data from published and unpublished evaluations of primary prevention interventions to reduce sexual violence from any discipline and uses meta-analysis to estimate the average effect of all interventions. We also present average effects according to the method of evaluation (i.e., observational, quasi-experimental, and experimental methods). In keeping with the theoretical throughline we observe, our primary analysis of interest is the relationship between idea change and behavior change identified by these studies.

We also consider the most common and best-practice measures that were used to assess the efficacy of the interventions. The Sexual Experiences Survey is the gold standard for self-reported perpetration and victimization, asking about the perpetration or experience of behaviors, including unwanted touching and coercion. For ideas, we review rape myth acceptance, a highly prominent construct in this literature that measures the endorsement of rape-permissive ideas such as “some women deserve to be raped.” Slightly fewer than half (140 of 295) of the studies that we identified for our quantitative meta-analysis measured rape myths in some form. Prior work has found rape myth acceptance to be associated with sexual-violence perpetration

(Trottier et al., 2021); many evaluations take the (implicit) position that because the two are positively related, successfully intervening to decrease rape myth acceptance will lead to a decrease in violence. We find that existing sexual-violence interventions are indeed effective for changing ideas such as rape myth acceptance but not for changing behavior—the ultimate goal of any prevention intervention.

We conclude with an analysis of the difficulty of both measuring and changing violence-related behavior and some ways forward for future research. With this review, we use our unique perspective as psychologists to assess not only the efficacy of interventions designed to prevent sexual violence but also the theories and behavioral approaches that explicitly or implicitly inform them.

The Problem of Sexual Violence

Sexual violence is considered by the Centers for Disease Control and Prevention (CDC) a major public-health problem affecting the lifelong health, opportunity, and well-being of hundreds of millions of people (CDC, 2022). According to a recent report by the CDC, more than 50% of women and nearly one in three men have experienced contact sexual violence (Basile et al., 2022). Sexual violence affects a diverse array of people. Women between the ages of 18 and 25 and women of color and members of the LGBT+ community are at the greatest risk of being sexually assaulted (Fisher et al., 2010; Sinozich & Langton, 2014).

The prevalence of sexual violence on college campuses in the United States, and its destructive effects on students and the overall college environment, has been recognized as a public-health problem by a broad coalition of policymakers, researchers, and educators (e.g., Fisher et al., 2010; Hostler, 2014; Koss et al., 1987; Saul & Taylor, 2017; White House Task Force, 2014). The worldwide #MeToo movement brought attention to the problem of sexual violence, particularly in the workplace. Accordingly, there are many ongoing efforts to prevent sexual violence and mitigate its consequences (e.g., Culture of Respect, *THAT GUY*, *It’s On Us*). These and other related efforts pull on a tradition of pioneering scholarship on sexual-violence prevention, one that began courageously at the dawn of activist pushback against sexual violence (e.g., Brownmiller, 1975/2005; Connell & Wilson, 1974). To date, this tradition of scholarship has been summarized either in narrative form (e.g., DeGue et al., 2014; Rutherford, 2011, 2017) or only partially meta-analyzed (e.g., Kettrey et al., 2023; Kettrey & Marx, 2019; Mujal et al., 2021; Ruvacalba et al., 2022; Wright et al., 2020). Our current review provides empirical results from 13 countries and seeks to summarize all

primary prevention efforts from 1985 to 2018. Our findings bring to light the successes and shortcomings of this literature.

Primary prevention efforts

Our review focuses exclusively on primary prevention strategies to combat sexual violence as a global and distinct class of sexual-violence intervention strategies. Primary prevention efforts are defined and distinguished from other kinds of antisexual violence efforts in the following ways (Krug, Dahlberg, et al., 2002):

- Primary prevention strategies refer to “approaches that aim to prevent violence before it occurs” (World Health Organization [WHO], 2010, p. 7) and may be targeted at preventing either perpetration, victimization, or both.
- Secondary prevention strategies refer to “approaches that focus on the more immediate responses to violence” (WHO, 2010, p. 7).
- Tertiary prevention strategies refer to “approaches that focus on long-term care in the wake of violence” (WHO, 2010, p. 7).

All three strategies take aim at a different aspect of sexual violence in its chronology—before, immediately after, and in the longer term wake of sexual violence. Primary prevention, which aims to prevent violence from occurring at all (or to reduce its incidence), also aims to prevent revictimization and recidivism (Basile et al., 2016; Black et al., 2011; DeGue et al., 2012; Krug, Mercy, et al., 2002). Another distinction of the primary prevention approach is that it focuses not only on potential victims of sexual violence but also on potential perpetrators (Krug, Dahlberg, et al., 2002; P. M. McMahon et al., 2000). Decreasing the number of potential perpetrators is necessary to achieve significant reductions in the prevalence of sexual violence (DeGue et al., 2012).

Despite its importance in combating sexual violence, the primary prevention approach has not been studied systematically to the same extent as secondary or tertiary approaches (Arango et al., 2014; Ellsberg et al., 2015; WHO, 2010). A number of quantitative and qualitative reviews of primary prevention strategies conducted in the past (e.g., Anderson & Whiston, 2005; DeGue et al., 2014; Ellsberg et al., 2015; Kettrey & Marx, 2019; Rivera et al., 2021; Verbeek et al., 2023; Vladutiu et al., 2011) fell short of providing a bird’s-eye view that encompasses all primary prevention efforts. For example, an influential review conducted by DeGue et al. (2014) captured the full breadth of primary prevention interventions, reviewing about 140 studies, but did

not provide a quantitative assessment or meta-analysis of these efforts. Other reviews provided a quantitative assessment of a smaller slice of the literature, such as bystander interventions (Mujal et al., 2021; Park & Kim, 2023), programs specifically targeting men or masculine spaces (Ruvacalba et al., 2022; Wright et al., 2020), or interventions on college campuses (Kettrey et al., 2023; Kettrey & Marx, 2019; Wright et al., 2020). In sum, what is missing from the literature is a comprehensive empirical review encompassing the full scope of primary prevention interventions to provide a much-needed bird’s-eye view of what the dominant strategies for reducing sexual violence are, how successful these interventions are in reducing violence, and where the field should go next. The current review aims to do precisely that.

Formation of Database

To review all primary prevention interventions to combat sexual violence, we began by searching the literature for all of the relevant evaluations. Our search followed biomedical meta-analytic standards outlined by PRISMA (Moher et al., 2009; Page et al., 2021) and was preregistered on PROSPERO and the OSF. We used the Proquest Summon Service (*Articles+*) to conduct our search for published and unpublished articles from 1985 through 2018. We used 11 different keywords to describe sexual violence and its various manifestations (e.g., dating violence*, sex*, and abuse), along with qualifying terms indicating an intervention, such as *intervene**, *prevent*, or *program*. We supplemented this search by reviewing existing meta-analyses and narrative reviews to identify and retrieve additional reports that met the inclusion criteria. Finally, we went through all programs listed on Culture of Respect, a website summarizing all college intervention programs to prevent sexual violence on campuses. For more information on our search and our PRISMA flow diagram, see Supplemental Appendix Figure 1, available online.

Inclusion and exclusion criteria for study selection

Our exhaustive search yielded 12,677 articles that we reviewed. The authors and a team of research assistants decided whether a study met the eligibility criteria for inclusion. The PRISMA flow diagram (Supplemental Appendix Figure 1) explains how we winnowed the original pool of studies down to the 224 articles.

To be included in this review, studies had to fit four inclusion criteria. First, because our review focuses on primary prevention strategies, to be included, a study needed to research an intervention that seeks to reduce

Table 1. Number of Articles and Studies by Study Design

Study design	Articles (<i>n</i>)	Studies (<i>n</i>)
Randomized controlled trial	72	102
Quasi-experimental	80	100
Observational	77	96

Note: Although we report data from 224 unique articles, some articles reported multiple studies with different designs or measured different outcomes in multiple ways. Thus, there is a mismatch between the total number of articles and studies reported here and our overall tally of unique articles and studies.

sexual violence within the general population (rather than at-risk populations) and take place before the violence occurs (rather than in its aftermath).

Second, we included studies that conducted a programmatic evaluation using one of three common methods. The first and most rigorous group of methods are randomized control trials, which include experimental studies in which participants (or groups, classes, or schools) are randomized either to a treatment condition or to a control condition. The second group included quasi-experimental designs, in which a group that receives treatment is compared to a control group with no random assignment. Under this category, we also included studies in which participants were randomized into one of multiple treatment arms without a control condition. For example, Taylor et al. (2016) randomly assigned 23 middle schools into one of four treatment arms to test what dosage was needed to have lasting reductions in violence. The third included observational designs so long as they had both pretreatment and posttreatment measures to allow a comparison of baseline and endline. Table 1 details the number of articles and studies for each study design.

Third, we included studies conducted in various contexts (community, school, workplace, etc.), and in any country. Fourth, we included studies that assessed behavior either through self-report or observational methods or outcomes measuring ideas related to sexual violence such as rape myths or knowledge.

Our exclusion criteria were also fourfold. First, although our review aims to be as broad as possible, we excluded programs that did not focus specifically on reducing sexual-violence perpetration. A number of programs fall under this exclusion criterion. We excluded programs targeting children who are 9 years old or less or who had not yet entered 5th grade because these programs are geared toward appropriate sex education rather than the prevention of sexual violence. We excluded secondary or tertiary prevention programs that focus on addressing the aftermath of a sexual assault that has occurred as well as programs with a primary focus other than, or much broader than,

sexual-violence prevention, for example, HIV-acquisition prevention (Jewkes et al., 2006, 2008), men who have sex with men, alcohol consumption, or domestic violence. We also excluded programs aimed at changing the behavior of potential targets of sexual violence (e.g., victimization prevention or risk-reduction interventions), for example, a 6-week self-defense program for Kenyan adolescent girls (Sinclair et al., 2013) or a four-meeting resistance program for first-year female undergraduate students (Senn et al., 2015). Finally, we excluded programs that targeted particularly at-risk populations such as prisoners, or men with anti-social tendencies who may respond to interventions with reactance (Malamuth et al., 2018). We did this to focus our findings on primary prevention efforts that are maximally applicable across populations—with the caveat that any intervention likely needs to be tailored to fit its context—and that explicitly and intentionally attempt to reduce perpetration behavior.

Our second criterion for exclusion was evaluations with reporting that made it impossible to estimate a program's impact. In practice, these were either studies that did not appropriately report statistical tests or quasi-experimental and observational designs that did not provide a baseline measure that could be compared to a posttreatment measure to gauge the program's impact. For example, we excluded nonrandomized studies that compared one program to another program but had no premeasure that would allow inferring the baseline ideas about or rates of sexual violence. For the same reason, we excluded studies in which the comparison condition included a combined sample of control participants and participants who received a different sexual-violence preventive program. We also excluded nonrandomized studies that compared combined data from multiple programs to a control condition because this did not allow a clear identification of each program's effect.

Our third exclusion criterion was the type of outcomes measured. In this domain, we excluded studies that did not measure outcomes relevant to sexual violence. Fourth and finally, we excluded a handful of studies that were not reported in English.

All articles were initially read by either R. Porat or J.-H. Pezzuto, who coded the quantitative attributes of the study. We also gathered a team of research assistants blind to the hypotheses of the study to code qualitative attributes (e.g., the stated purpose of the intervention and how the intervention was delivered). We recorded a behavioral outcome (when available) and an ideas-based outcome (i.e., belief, attitude, perceived norm, knowledge) for each study in the database. In cases in which studies reported multiple eligible outcomes (e.g., rape myth acceptance and knowledge), we took the

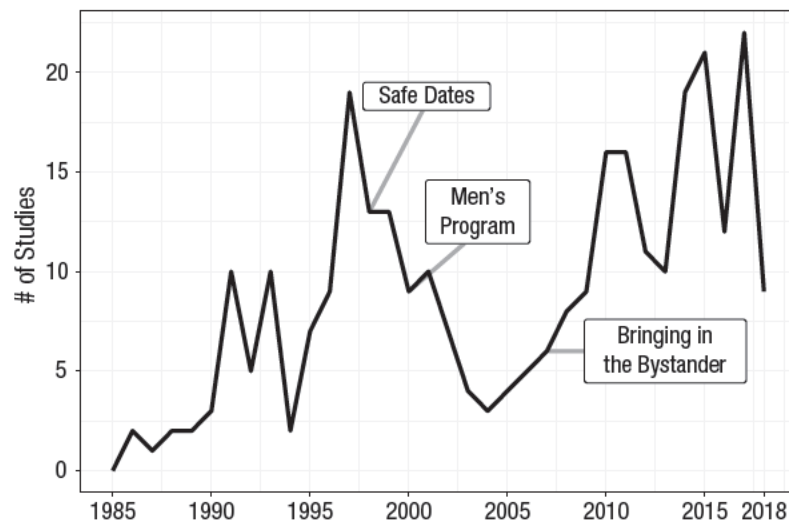


Fig. 1. Number of studies over time (1985–2018).

outcomes assigned the most priority in the abstract or article by the authors, a rule that typically favors selecting positive results of the intervention. In cases in which the outcomes were measured at multiple time points, we took both the most immediate postintervention measure and the most delayed. After this phase, given the relative advantage of experimental designs for inferring causality, all experimental studies were double-checked by at least one of the authors. Coding disagreements were all resolved by documented discussions among the authors, and all codes were double-checked by either a research assistant or an author (for all coding documentation, see the Supplemental Appendix).

Overview of the Studies in the Meta-Analytic Database

We begin by describing the database of primary prevention efforts to reduce sexual violence. The database encompasses 224 articles that describe 295 studies spanning from 1985 to 2018, for which we coded 489 distinct point estimates. Overall, these were relatively large studies, with an average of 406 participants and a median of 162 participants. In addition, 30% of these studies tested primary prevention efforts that spanned more than 1 day.

Over these years, we observed an uneven rise in the study of primary prevention efforts. This rise is depicted in Figure 1. Figure 2a portrays where these efforts were centered. We observed that 262 studies, constituting 89% of the database, were conducted in the United States. The remaining 33 studies came from Canada, Europe, Israel, and Africa.

Figure 2b depicts the settings in which primary prevention efforts took place. Over 66% of all studies were conducted on college campuses. Another 15% were conducted in high schools, whereas 11% were conducted in middle schools. Four percent of studies were conducted in the workplace, and 3% were conducted in community settings. This relatively small number of studies conducted outside of college campuses underscores how rarely researchers study adults outside of higher education settings.

Finally, Figure 2c characterizes the gender composition of the study participants. We observed a persistent rise in the number of studies targeting both men and women. In fact, 67% of the studies targeted both men and women, whereas 28% targeted only men and 6% targeted only women. This trend likely reflects the increase in bystander approaches, which are aimed at the community level, conceptualizing both men and women as community members who can prevent sexual assault.

The Leading Approach to Reducing Sexual Violence

Our bird's-eye view of primary prevention programs reveals that the dominant approach to reducing sexually violent behavior is to change people's attitudes, beliefs, and knowledge about sexual violence. In other words, these interventions all target aspects of the mind—what people think and believe about sexual violence, who perpetrates it, who is victimized, why sexual violence occurs, what counts as sexual violence, what people can do to stop it, and whether those actions will be effective. We call this the ideas-based approach, and its core assumption is that people's

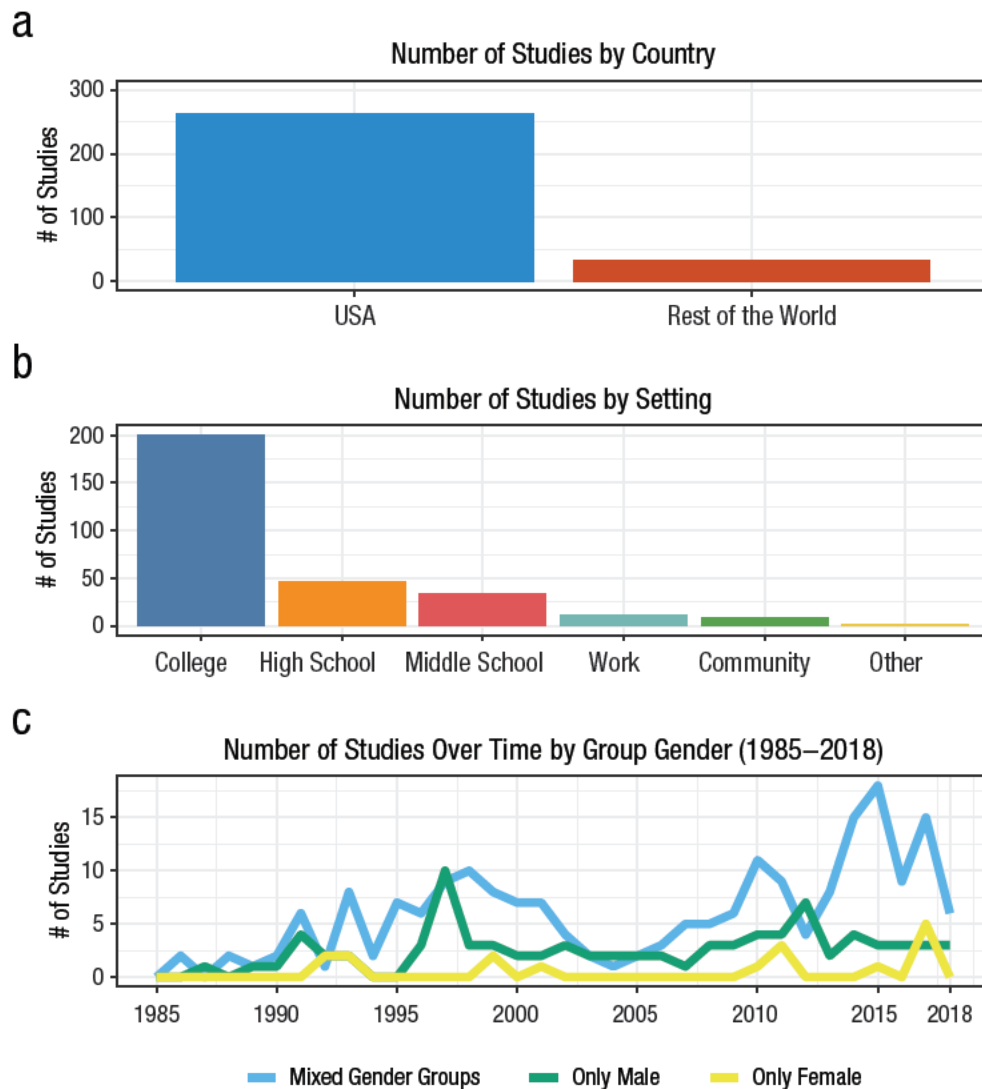


Fig. 2. Overview of the studies in the meta-analytic database.

thoughts are the primary cause of their behavior. Virtually every intervention we reviewed took this approach in terms of both its guiding theory and specific content. This was also reflected in the kinds of outcomes measured. As depicted in Figure 3, in our database, ideas about sexual violence were consistently measured more often than behaviors (typically self-reported). For example, rape myths such as “some women say ‘no’ when they mean ‘yes’” were very frequent targets of intervention. Implicit in this approach is the notion that myths about sexual violence cause sexual violence—changing the myths should change the behavior. This paradigm has guided sexual-violence reduction since the beginning of the field.

We also observed a significant change over the years in the goal of primary prevention programs. Although the immediate goal at first was to reduce perpetration

behavior, later on, with the rise of the bystander approach, the immediate goal became eliciting bystander behavior (we reflect on these trends when discussing measurement later). Yet the overall psychological model of behavior change stayed the same. Whether the focus is on reducing perpetration behavior or increasing bystander behavior, the implicit assumption is that if a program successfully changes how people think about sexual violence, then it will also successfully reduce instances of perpetration (and thereby victimization) either directly or via an increase in instances of bystander behavior.

This notion that ideas, including beliefs, attitudes, and other thoughts, are the primary cause of behavior—as opposed to contexts or personality—has a long-standing history in the field of psychology (see Ajzen, 1991; Ajzen et al., 2007). Numerous reviews and meta-analyses have

examined the strength of the association between ideas and behavior, specifically the attitude-behavior association, which varies by attitude characteristic and context (Glasman & Albarracín, 2006). For example, across a range of behaviors, including voting and product choice, attitudes that were stable over time showed the strongest relationship to behavior ($r = .37$) and attitudes that were highly personally relevant and important showed the weakest relationship to behavior ($r = .02$). Critically, however, these relationships are predictive but not necessarily causal (Cooke & Sheeran, 2004).

Although consistent attitudes and behaviors have been found to be positively associated, broadly speaking, intervening on attitudes does not always change behavior. There are (at least) two ways to think about this dissociation. The first is that attitudes do not perfectly predict behavior. Our attitudes contribute to the formation of our intentions, but intentions do not seamlessly lead to the realization of goals. This space between what people intend to do and what they actually do has been coined the “intention-behavior gap” (Sheeran & Webb, 2016). This gap was demonstrated in a meta-analysis of 47 experiments that randomly assigned people to receive either a control or an intervention designed to change their intentions in various contexts (e.g., studying, exercising, applying sunblock, using condoms, ceasing smoking). Findings suggest that a substantial change in intention ($d = 0.66$) was related to a smaller change in behavior ($d = 0.36$; Webb & Sheeran, 2006). In recognition of this intention-behavior gap, much research has investigated the obstacles that can come between a person’s stated desired end state or goal and the achievement of that goal. People sometimes do not meet their goals because they forget to do so, prioritize another goal in the moment, find a task harder than anticipated, or were not particularly committed in the first place (Fishbach et al., 2003; Zhang & Fishbach, 2010). For example, imagine someone who intends to intervene if they overhear a sexist joke. Despite a strongly held attitude that sexist jokes are wrong, and an active goal to intervene, they may still fail to do so because they prioritize something else (e.g., social harmony) more highly in the moment. Likewise, they might fail because it was harder to think of something to say than they had anticipated. Even if a given attitude does impact behavior in a meaningful sense, the relationship is noisy and probabilistic.

The second explanation for the dissociability between an idea and a behavior is that a person can hold an idea, and even act in ways consistent with that idea, without the idea playing a causal role in bringing about the behavior. A number of domain-specific reviews provide some evidence for this lack of causal

association. For example, in the health literature, a meta-analysis examining a range of communications interventions that sought to increase condom use to prevent HIV acquisition and transmission found that persuasive messaging increased knowledge and favorable attitudes toward condom use without changing behavior (Albarracín et al., 2003). In addition, we reviewed a number of rigorous evaluations in the prejudice-reduction literature (e.g., Mousa, 2020; Paluck, 2009; Scacco & Warren, 2018) that found behavioral change but not attitudinal change (Paluck et al., 2021).

But it is possible to change behavior by changing ideas. One example comes from a meta-analysis of interventions aimed at changing attitudes, norms, and self-efficacy beliefs to change health-related behavior (Sheeran et al., 2016). Findings suggest that these interventions are very successful at changing attitudes, norms, and self-efficacy beliefs ($d = 0.48, 0.49$, and 0.51 , respectively) and can have real effects on health-related behavior ($d = 0.38, 0.36$, and 0.47 , respectively). The authors noted, however, that there was substantial variability, such that some interventions had large effects and others had none at all. Ultimately, whether changing ideas about sexual violence will lead to changes in sexual violence itself is an empirical question.

In sum, the fact that ideas about sexual violence (such as endorsing rape myths) are associated with sexually violent behavior does not guarantee that changing the ideas people have will change their behavior. As we have reviewed, the difficulty in changing behavior, especially via attitudes or intentions, is not unique to primary prevention programs to reduce sexual violence. By looking at other domains such as health and prejudice, we see that changing behavior is not solely a problem of changing people’s ideas. However, as noted earlier, the vast majority of primary prevention interventions target ideas about sexual violence to reduce sexual violence (either directly or via bystander intervention). Next, we provide an in-depth historical review of the evolution of these theoretical approaches and trends that informed primary prevention programming over the years.

Zeitgeist programs and their predecessors

In this section, we describe the intellectual progression of primary prevention interventions to reduce sexual violence. We find that the overarching behavioral approach is to change people’s behavior by changing their ideas. This overall approach remains consistent, although the more proximate theories guiding program design change. We now review these trends in the literature, emphasizing the different fields of research that

contributed and the shifts in thought and theory that informed the type of programs developed. We begin by characterizing the first decade (1985–1995). Then, to illustrate theoretical trends, we describe in detail what we call zeitgeist programs in the literature starting from 1996. These studies capture the defining approach of their time, as reflected by the ideas and beliefs guiding the programs. Overall, we review three programs that exemplify the theoretical approaches that underlie the most prevalent programs: Safe Dates (Foshee et al., 1996), The Men's Program (Foubert, 2000), and Bringing in the Bystander (Banyard et al., 2007).

The first 10 years. Our review begins in 1985 (similar to other reviews; see, e.g., DeGue et al., 2014), with the first study meeting our inclusion criteria published in 1986 (Fischer, 1986). In the first 10 years, we found 44 studies reported in 32 articles (comprising 14% of our database). Most of these studies were conducted by graduate students, consistent with many research programs breaking into the mainstream from the margins. This is also apparent when looking at the type of publication: 24 of these studies were from journal articles, and 20 were from dissertations. The researchers came from various subfields of psychology, including educational psychology and counseling psychology. The majority of these studies were laboratory studies ($n = 24$) as opposed to field studies ($n = 20$), which characterize the larger programmatic evaluations that dominate the next generation of studies. Accordingly, these early studies tended to be smaller than the next generation of studies, averaging 200 participants each. They targeted both men and women (31 interventions, which constituted 67% of all studies in this time frame), but a relatively high number of studies targeted only men (11 studies, or 24% of all studies in this time frame). We acknowledge this important groundwork here. We did not find a singular perspective among these studies that could be well represented by one program.

In subsequent years, three interventions exemplify trends in the primary prevention space. We review Safe Dates, an education program aimed at teaching adolescents about dating violence; The Men's Program, which seeks to increase empathy among men for victims; and Bringing in the Bystander, which marks a considerable and ongoing shift away from changing perpetration directly and toward increasing bystander behavior.

Safe Dates. Vangie Foshee's Safe Dates program, which was evaluated beginning in 1996 by a longitudinal randomized field experiment, is one of the most thoughtful and well-studied educational curricula aimed at teaching adolescents about dating violence and relationship skills, regardless of gender. It was groundbreaking in its ambition and evaluation and represents a major shift in the literature for both its methods and content.

Safe Dates makes use of multiple strategies, including a play performed by students, a poster contest, and a 10-session curriculum. For these reasons, it is one of the first programmatic evaluations in the literature that looks at a scalable, well-structured curriculum that can easily be implemented in the field. It inspired later programs, including Shifting Boundaries, one of the best evaluations we encountered, which we elaborate on later. The theoretical rationale binding these three components is that perpetration and victimization may be decreased by changing dating-abuse norms and gender stereotypes and improving students' interpersonal skills, including positive communication, anger management, and conflict resolution (Foshee et al., 1996, 1998). Safe Dates approaches the problem of sexual violence as an education problem. The intensive, thoughtful, interactive intervention takes place in schools and is explicitly referred to as a curriculum. The curriculum is designed to change ideas that students have about dating violence—especially norms and stereotypes—and provide communication skills that are put forward as the causal mediators that will lead to a decrease in perpetration.

The play, which is an essential part of the curriculum, is about an adolescent who seeks help with her relationship with a violent partner. It is performed by students at the school and is followed by a discussion led by the actors. The curriculum contains numerous modules that begin with "Defining Caring Relationships" and end with "Preventing Sexual Assault." To address norms, students complete worksheets with their peers about the consequences of dating violence, assess dating conflicts together, and work together to define dating abuse. To learn about gender stereotypes, students write about their own experiences with gendered expectations and analyze scenarios discussing how gender stereotypes relate to dating violence. To improve conflict-management skills, students participate in role-playing exercises. Finally, posters are made and judged by students, and winners of the best posters get a prize.

In terms of evaluation, Safe Dates represents the first large-scale randomized experiment in the literature, setting rigorous standards for future evaluations. This is not surprising given it is also one of the first studies by scholars who were all based within a school of public health, also demonstrating that a new discipline had joined the efforts to develop and evaluate primary prevention programs. Foshee et al. (1998) reported on a cluster-randomized control trial conducted in 14 public schools with more than 1,800 adolescents in North Carolina. The trial compared students in the treatment group to those in a control group who were exposed to community activities unrelated to sexual violence. It was the first randomized experiment to use a primary prevention program that was tested in the field, with a nonconvenience sample of eighth and ninth grade

students rather than undergraduate college students. Although there were a number of previous evaluations that were done on younger adults (e.g., Avery-Leaf et al., 1997; Feltey et al., 1991; Pohl, 1990), this was the first randomized evaluation outside of a college campus. The Safe Dates evaluation was also the first to assess the program's longitudinal impact in a series of five influential articles (see Foshee et al., 1996, 1998, 2000, 2004, 2005). Findings from this five-wave data collection suggest that adolescents exposed to the program reported less psychological, physical, and sexual dating-violence perpetration and less physical dating-violence victimization at all follow-up periods. These behavioral effects were explained by changes in dating-violence norms, gender stereotyping, and awareness of services (Foshee et al., 2005). The long-term effectiveness of Safe Dates was not improved by a "booster" 2 to 3 years after the initial intervention; in fact, analyses suggested this booster may have had negative effects.

The Safe Dates curriculum has also been adapted for use in other contexts. Participation in a family-based teen dating-abuse prevention program (Families for Safe Dates; Foshee et al., 2012) was significantly associated with caregiver engagement in the prevention of teen dating abuse, decreased teen acceptance of dating abuse, and the prevention of victimization. Additionally, an adapted version of the school-based Safe Dates program was associated with significant increases in domestic-violence knowledge among high school students in Haiti (Gage et al., 2016), although the findings pointed to the need for additional examinations of gender differences.

One significant impact of Safe Dates is the creation and evaluation of a similar intervention called Shifting Boundaries. Shifting Boundaries is similar to Safe Dates in that it is an education program in schools. And it is exemplary in its rigorous evaluation. Shifting Boundaries was created in response to Safe Dates and other interventions that were geared toward older adolescents and young adults (Taylor et al., 2013). The intervention targets middle school students and consists of six classroom sessions administered by trained school personnel over a period of 6 to 10 weeks. These sessions covered topics including state and federal laws related to dating violence and harassment, consequences for perpetrators, strategies for communicating boundaries in interpersonal relationships, and the importance of bystander intervention. Additionally, Taylor et al. (2013) developed a building-level intervention that included building-based restraining orders (Respecting Boundaries Agreements), posters to increase awareness of dating violence and harassment, and increased presence of faculty or school security in "hot spots" identified by students.

Shifting Boundaries has been rigorously evaluated numerous times (e.g., Taylor et al., 2010, 2013, 2017). Taylor et al. (2013) assessed whether both the classroom and building components were necessary to decrease violence. To do so, they randomly assigned 30 public middle schools in New York City to have the classroom intervention only, the building intervention only, both interventions, or neither. Students completed surveys assessing their experiences with sexual harassment and sexual violence (including perpetration and/or victimization), their knowledge of sexual harassment and sexual violence, and their behavioral intentions at baseline, immediately after the intervention, and 6 months postintervention. The evaluation suggested that the building-level intervention effectively reduced sexual-violence perpetration and victimization both as a stand-alone intervention and in combination with the classroom-based intervention. However, the classroom-based intervention alone was not effective in reducing sexual violence (Taylor et al., 2015). They also noted an unexpected finding: that the interventions were associated with an increase in the prevalence of sexual-harassment victimization (Taylor et al., 2013, 2015).

In another randomized evaluation, Taylor et al. (2017) examined the saturation levels necessary to reduce violence. Specifically, they tested whether the program needed to be delivered to all three middle school grades or just one or two. To do so, they randomly assigned 23 public middle schools in New York City to receive the Shifting Boundaries intervention for (a) sixth graders only, (b) sixth and seventh graders, or (c) sixth through eighth graders. They found that providing the treatment to only one grade level was equally effective in terms of peer violence and dating-violence outcomes as a more saturated process of treating multiple grades. In addition, they found that at both the 6-month and 12-month assessments additional saturation beyond one grade was associated with reductions in sexual-harassment victimization. However, one surprising finding was that the delivery of the Shifting Boundaries program to more than one grade level was unexpectedly associated with more reported perpetration of sexual violence at 12 months posttreatment compared with the sixth-grade-only group (Taylor et al., 2016). Although the authors noted that the results may have been spurious, it is also possible that there were unexplored measurement errors or backlash effects. This warrants further investigation (Taylor et al., 2017).

The Men's Program. The second zeitgeist we observed in the literature, which emerged around the same time as Safe Dates, were interventions that sought to reach men in particular. This strategy is best exemplified by The

Men's Program. This program aims to prevent sexual-violence perpetration among men by increasing the empathy and support they offer to victims of sexual violence and by reducing their resistance to violence-prevention programming (Foubert et al., 2006). Foubert et al. (2006) argued that existing prevention interventions were unlikely to be effective because they "[assumed] all-male program participants to be potential rapists" (p. 134). The Men's Program engages men as potential helpers of victims and begins by eliciting empathy for victims of sexual violence.

Participants in the program watched a 15-min dramatization of a male police officer who was raped by two other men and then dealt with the aftermath of the assault. Trained peer educators then told the participants that the perpetrators were heterosexual and known to the victim and attempted to draw connections between the male police officer's experience and common sexual-violence experiences among women. Participants were then taught strategies for supporting a rape survivor, definitions of consent, and strategies for intervening when a peer jokes about rape or disrespects women and in situations in which a rape may occur. As part of the 1-hr program, men were also taken through a guided imagery activity and asked to imagine that a woman close to them was raped while a bystander watched and did not intervene. The goal of the program was to increase men's empathy for and desire to help victims of sexual violence and thereby decrease the likelihood that they would commit sexual violence in the future.

The Men's Program was created to reduce reactance from male audiences and to move them and empower them to help potential victims of sexual violence. The psychological target of the intervention is empathy. The main content of the programming is learning about the experience of a male victim and drawing similarities to female victims. The intervention approaches men as potential allies who can help out women once they understand the gravity of sexual violence, its many forms, and how to help. The Men's Program was novel in its approach to its audience of men because it engaged them as potential allies to victims instead of implying they are potential perpetrators. This approach is still very much the dominant form of messaging in primary prevention programs, as we discuss in our third zeitgeist program, *Bringing in the Bystander*, below.

The Men's Program was evaluated through open-ended survey questions and focus groups immediately after the conclusion of the program (Foubert & Cremedy, 2007; Foubert et al., 2006; Foubert & Marriott, 1996). In multiple samples of undergraduate men on college campuses, approximately half of participants reported that their attitudes did not change as a result of the

program (Foubert & Cremedy, 2007; Foubert et al., 2006). Although some men clarified that this was because they already agreed with the program's message, it is unclear whether the remainder agreed with the message or were unreached by the intervention. In both survey responses and focus groups, participants reported increased awareness of sexual violence, improved understanding of consent, and greater belief in their ability to help victims of sexual violence (Foubert & Cowell, 2004; Foubert & Cremedy, 2007; Foubert et al., 2006). When asked how they expected their behavior would change as a result of the program, approximately one quarter to one third of men anticipated no behavior change (Foubert & Cremedy, 2007; Foubert et al., 2006; Foubert & Marriott, 1996). As with their attitudes, it was unclear whether this was because participants felt their behavior was already in line with the program's message. However, the majority of participants reported intentions to change their own behavior by intervening if a rape might occur or by using more caution to avoid coercion in intimate situations (Foubert & Cremedy, 2007; Foubert et al., 2006; Foubert & Marriott, 1996). Foubert and La Voy (2000) assessed the lasting impact of The Men's Program on participants' ideas about sexual violence through open-ended survey questions administered 7 months after program participation. Over half of participants reported their ideas about sexual violence, specifically their endorsement of rape myths, and their intentions to help stop potential sexual violence, were changed by the program. Note that The Men's Program lacks the same rigorous evaluation as Safe Dates—the evaluations have much smaller sample sizes and treatments were delivered to and assigned to men in their fraternities, but then effects were analyzed as if the treatment were randomized to individuals.

Bringing in the Bystander. *Bringing in the Bystander* is a program that represents a sharp turning point in the focus of primary prevention for sexual violence. Although there were some evaluations of bystander interventions in the 1970s and 1980s (e.g., Harari et al., 1985), bystander interventions became popular only later on partially because of The Men's Program's influential approach of viewing men as potential allies rather than solely as potential perpetrators. *Bringing in the Bystander* was first evaluated in 2007 and puts helping others in danger and speaking up against sexist ideas (i.e., "bystanding") at the center of the intervention. As a result, the target behavior change is moved from decreasing perpetration behavior to increasing bystander behavior. The intervention is aimed not at men as potential perpetrators and women as potential victims but everyone as a potential person who can intervene and stop sexual violence. *Bringing in*

the Bystander has been massively influential in programming across the United States, where the vast majority of these interventions have been evaluated. It was featured in the first report of the White House Task Force to Protect Students From Sexual Assault (White House Task Force, 2014), and nearly every intervention reviewed since 2006 has had a bystander component to it.

The Bringing in the Bystander program involves a 90-min or 4.5-hr session administered to single-sex groups of undergraduate students. Two trained facilitators (one man and one woman) introduce the concept of bystander intervention, discuss the role of community members in preventing sexual violence, and help participants develop skills to safely intervene. There is now a shift in the targeted behavior to change: Bystander interventions aim to increase bystander behavior and do not typically measure self-reported perpetration or victimization. There is an underlying assumption that if rates of bystanders intervention go up, then rates of perpetration and victimization will go down.

The theory behind Bringing in the Bystander is based on an ecological model (e.g., Bronfenbrenner, 2005; Kelly, 2006; WHO, 2005) that analyzes factors that go into human behavior at the level of peers and families (e.g., what my friends think), larger communities that people exist within (e.g., what does my college president think) and are adjacent to but do not directly participate in (e.g., what happened at that party last night), as well as larger societal and cultural beliefs (e.g., what is news coverage like of assault cases; Banyard, 2011). In the ecological model, rape myths, a target of intervention across all three zeitgeist studies, are understood as a societal-level factor (rather than an individual belief) that makes it difficult to identify a potentially dangerous situation and decreases an individual's sense of responsibility to help. It is worth noting that the factors identified at varying levels from the individual to the individual's immediate social circle and to society at large are all ideas at varying distances from the individual in the community. They are attitudes, norms, and beliefs.

Banyard et al. (2007) conducted a rigorous and influential experimental evaluation of the Bringing in the Bystander program. They assessed participants' knowledge and attitudes about sexual violence, rape myths, and actual bystander behaviors; attitudes toward bystander intervention; and confidence in their ability to intervene. Participants reported on their bystander behaviors by answering "yes" or "no" questions about 51 behaviors over the past 2 months. These behaviors included actions such as walking an intoxicated friend home or responding to someone calling for help at night. These outcome variables were assessed among

the treatment groups (those who participated in the 90-min or 4.5-hr program) and a control group at pretest and posttest, as well as follow-ups at 2 months, 4 months, and 1 year after the conclusion of the program. Participants in both treatment groups demonstrated decreased rape myth acceptance, increased knowledge of sexual violence, increased prosocial bystander attitudes and feelings of self-efficacy, and increased self-reported bystander behaviors compared with the control group. These effects persisted 2 months after the program, potentially because of a brief booster session administered at that time. Although the program's effects on participants' knowledge and attitudes also persisted at the 4- and 12-month follow-ups, effects on self-reported bystander behaviors did not persist beyond the 2-month follow-up. It is important to note here again that the self-reported behaviors of interest are bystander behaviors and not rates of perpetration and victimization.

Moynihan et al. (2010) further evaluated the impact of the program among a sample of college athletes. Participants in the treatment group and a control group completed measures of rape myth acceptance, bystander efficacy, and intention to help at pretest, posttest, and a 2-month follow-up. Participants also self-reported bystander behavior at pretest and the 2-month follow-up. As in the previous evaluation, the Bringing in the Bystander program significantly impacted participants' attitudes toward bystander intervention and behavioral intentions but did not lead to the desired changes in actual bystander behavior. The intervention itself has also been the subject of an entire meta-analysis (Bouchard et al., 2023) that reported an overall reduction in endorsement of rape myths and increased self-efficacy beliefs and intentions to be an active bystander. Too few studies measured bystander behavior for analysis.

Bystander interventions such as Bringing in the Bystander have, in effect, taken over the marketplace of ideas of how to prevent sexual violence. This is in large part due to its promising effects on rape myth acceptance and intentions to intervene and its many evaluations (Bouchard et al., 2023). An additional lasting impact of Bringing in the Bystander are other bystander interventions such as Green Dot (Coker et al., 2016), which was first evaluated by Coker et al. (2011) and is currently recommended by the CDC alongside Bringing in the Bystander (Basile et al., 2016). In approaching the audience as potential allies, regardless of gender, bystander interventions may also be effective in reducing reactance not only with audience members of the intervention but also among those who select interventions to be implemented at their universities and workplaces.

Zeitgeist programs summary

In our search for primary prevention interventions to reduce sexual violence, we observed a substantial shift in focus over time. Pioneering prevention efforts (in the 1990s and early 2000s) focused on education in schools for adolescents about dating violence (exemplified by Safe Dates), as well as efforts to increase empathy for victims among men (exemplified by The Men's Program). Then we observed a substantial shift in theorizing about sexual violence, as exemplified by *Bringing in the Bystander*. Looking at the community as a whole rather than identifying men as potential perpetrators and women as potential victims, these efforts identify all participants as members of the community and aim to empower them to recognize potential situations to intervene—and to do so when necessary.

As we see it, there are positives and negatives to this shift. Bystander interventions seem to be very successful in generating buy-in across institutions (including the White House in 2014) and seem to change rape-related attitudes and decrease rape myths, which can shift culture and peer networks (and in turn affect others' individual attitudes; Swartout, 2013). In our view, one downside of this move toward bystander-intervention programming is that it changes the behaviors that are targeted for intervention (and evaluation) from reductions in perpetration behavior to increases in bystander behavior. There is evidence in some studies that bystander training can reduce victimization and sometimes (but not always) perpetration on college campuses (Coker et al., 2016; Gidycz et al., 2011). However, whether increasing bystander behavior leads to reductions in sexual-violence perpetration has yet to be rigorously tested.

All interventions we reviewed hypothesized that they would change ideas about sexual violence, and all included some information about helping others in need or intervening on behalf of others. We now turn to our quantitative meta-analysis to assess the efficacy of these and other primary prevention interventions to reduce sexual violence. We prioritized measurements of rape myth acceptance and reports of behavior as measured by the Sexual Experiences Survey (SES) or bystander behavior. We pay special attention to the relationship between changed ideas and changed behavior. We also examine how frequently bystander interventions measure perpetration and victimization in our database, and among those interventions that do, whether they change them.

Trends in Measurement in the Database

As established, the underlying psychological theory guiding the overwhelming majority of efforts in the literature

at this point is that perpetration and bystander behavior may be changed by dispelling myths, changing attitudes, and providing education regarding sexual violence. We now turn to our database to examine the meta-analytic effect of primary prevention interventions, as well as the association between changing ideas about sexual violence and changing behavior in the data. To do so, we first describe the measures we coded and how we analyzed the data. We focus particularly on randomized evaluations because they are best situated to tell us about the causal link between these two factors.

Overall, outcomes referring to an individual's ideas about sexual violence outnumber behavioral outcomes in our sample by 346 to 143. In the studies we coded, 199 measured outcomes about ideas only, 34 measured only behaviors, and 62 measured both. Figure 3 shows that behavioral measurements became more common over time, particularly from 2010 onward. Although the ratio between ideas-based outcomes and behavior outcomes in the first 15 years was 1:4.59, after 2010 it dropped to 1:1.34. Figure 3 displays the relationship between these outcomes over time.

Measuring sexually violent behavior

The difficulty of measuring sexually violent behavior and the dearth of this measurement is a long-standing and well-recognized issue in the primary prevention of sexual violence (DeGue et al., 2014; Ellsberg et al., 2015; Koss & Oros, 1982). In this literature, behavior is typically measured through retrospective self-reports. We did not include measures of behavioral intentions that focus on predicting one's future behavior because these kinds of measures are particularly subject to demand, and medium-to-large changes in behavioral intentions are needed to observe small-to-medium changes in behavior (Webb & Sheeran, 2006). Accordingly, we included studies that measured (overwhelmingly, self-reported) behavioral outcomes that fall into four categories: perpetration, victimization, bystander, and involvement. Figure 4 demonstrates the trends over time in these measurements. We observe that perpetration and victimization have been the primary behavioral outcomes over the years. However, with the rise of bystander interventions, we notice a rise in measurement of self-reported bystander behaviors. We now turn to discuss each of these four behavioral categories.

The first two behavioral categories are perpetration and victimization. "Perpetration" outcomes are measures of whether, and how often, respondents have perpetuated sexual violence, whereas "victimization" outcomes are measures of respondents having been a victim of sexual violence or harassment.

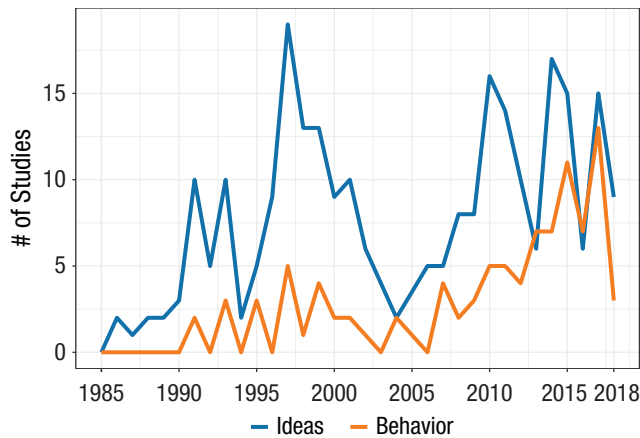


Fig. 3. Ideas and behavior over time (1985–2018).

The most common and rigorous measure we encountered for measuring perpetration and victimization is the SES (Koss et al., 2007, 2023; Koss & Oros, 1982), which is a self-reported, retrospective assessment of one's perpetration and victimization. The strength of the SES lies in its lack of judgment or labeling of sexual-violence behaviors, which is intended to encourage self-reporting. The SES lists a number of “unwanted” sexual behaviors and asks the respondent whether they have done these behaviors (to measure perpetration) or have had these behaviors done to them (to measure victimization). The SES covers a wide range of behaviors and so does not merely cover more prototypical scripts of sexual violence (Peterson & Muehlenhard, 2007). The original form of the SES asked “yes” or “no” questions. For example, “Have you given in to sex play (fondling, kissing, or petting, but not intercourse) when you didn’t want to because you were overwhelmed by a man’s continual arguments and pressure?” The SES was later updated by a consortium of experts (see Koss et al., 2007; Testa et al., 2004). These updates included more forms of coercion, a different response method, and a specified time frame. In this updated version, participants are asked about a specific act (as opposed to a number of acts); for example, “Someone had oral sex with me or made me have oral sex with them without my consent.” Participants are then provided with multiple options describing different forms of coercion, including intoxication, manipulation, threats of violence to self or loved ones, and physical force. Next to each of these options are two columns of tick boxes, one for the event having happened in the last 12 months and the other for the event having happened since the respondent was 14 years old (Koss et al., 2007).

The SES is considered the gold standard for the measurement of perpetration and victimization. There are

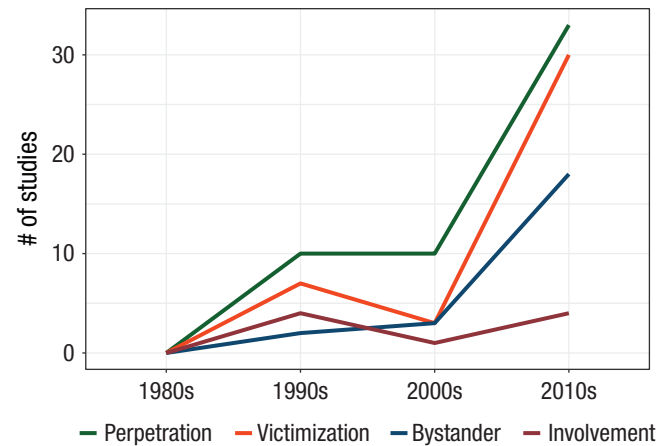


Fig. 4. Behavioral outcomes over time.

also a few difficulties with using the SES. There are multiple ways to score the SES (Davis et al., 2014). If separate perpetrator and victim surveys are not administered it can be hard to tell whether the respondent was a perpetrator or victim, and it can also be difficult to tell whether any reported unwanted sexual acts occurred all in the same incident or over multiple repeated incidents and whether they reflect multiple instances with one perpetrator or multiple perpetrators. And, of course, the SES is a self-report measure of events, not a direct observation of behavior (Koss et al., 2007). Notably, the SES is currently being revised to address some of these limitations (see Koss et al., 2023).

The third and fourth categories represent categories of behaviors that became popular with the rise of bystander interventions. The third category, “Bystander” behaviors, measures whether/how often participants “intervene . . . in cases of sexual violence before, during, and after incidents with strangers” (Banyard et al., 2007, p. 463). The most common dependent variable in this category is the Bystander Behavior Scale, which includes “yes”/“no” responses to prompts such as if participants have asked “a friend if they need to be walked home from a party” (Darlington, 2014, p. 41) as well as items that describe speaking out against social norms that support sexual violence (e.g., spoke up against sexist jokes, spoke up against commercials depicting violence against women; Kleinsasser et al., 2015, p. 231).

The fourth category, “Involvement” behaviors, represents measures of participants’ interest in participating in sexual-violence awareness and prevention activities. For example, the opportunity to volunteer for a campus-wide rape-education organization is measured by whether participants tore off the bottom of a page with “the number of this organization in order to call or volunteer” (Gillies, 1997, p. 51).

Measuring ideas about sexual violence

We encountered a multitude of scales measuring individuals' ideas about sexual violence—their attitudes, knowledge, perception of norms, belief in myths, and more. After going through all articles reviewed in DeGue et al. (2014), we decided to prioritize those that were most common in the literature and were most in line with the psychological rationales guiding primary prevention efforts. As stated in our preregistration, the most common outcomes we found were myths regarding rape and sexual violence. However, in cases in which these were not measured, we accepted any type of norms or knowledge scale that was common in the literature and part of the theoretical rationale guiding the literature. As noted earlier, in cases in which studies reported on multiple eligible outcomes, we took those that were assigned the most priority by the authors of the study.

The most common myth scales we encountered were the Rape Myths Acceptance Scale (RMA) and the Illinois Rape Myth Acceptance Scale (IRMA) in its long and short form. Overall, these and other myth measures constitute 57% of the measures we coded that assessed ideas about sexual violence. Beliefs in rape myths are frequently measured because they are considered a proxy for perpetration. In communities in which there were higher levels of endorsement of rape myths, sexist beliefs, and norms, there were also higher rates of violence against women (for a review, see Casey & Lindhorst, 2009). Thus, it is purported that rape myth acceptance—in individuals and within communities—contributes significantly to what makes a culture prone to or permissive of sexual violence (see Canan et al., 2018).

Scales about sexual violence or rape myths typically contain four elements: disbelief of rape claims, the belief that victims are responsible for rape, that rape reports are manipulation, and that rape happens only to certain kinds of women (Briere et al., 1985; Burt, 1980; Payne et al., 1999). Rape myth acceptance has been found to moderate the relationship between associating sex with power and domination and responses on a rape-proclivity measure (Chapleau & Oswald, 2010). Critically, Trottier et al. (2021) conducted a meta-analysis on the relationship between rape myth acceptance and perpetration that covered 28 studies from 1992 to 2018 in the United States and Canada and found a correlation (r) of .23, such that a greater acceptance of rape myths was associated with higher rates of perpetration regardless of the specific scale used to measure myths (i.e., IRMA, RMA, etc.). This positive association does not necessarily indicate that rape myths cause sexual violence perpetration, however, or that a reduction in rape myths is followed by a reduction in rape perpetration. A third variable may cause both myth acceptance and perpetration, or there could

be a stronger causal relationship in the opposite direction. For example, the perpetration of violence could lead to the justification and minimization of that violence. Accordingly, whether intervening to dispel rape myths (or any other rape-related ideas) would change perpetration behavior in an observable way is a separate empirical question. To answer this question we now turn to the empirical data collected and examine both the overall treatment effects of primary prevention programs as well as the specific association between ideas about sexual violence and the occurrence of sexually violent behavior.

Quantitative Meta-Analysis

Meta-analytic approach

Our meta-analytic methods closely follow those laid out and developed in previous meta-analyses by the authors (Paluck et al., 2019, 2021). When possible, all outcomes were converted to Glass's Δ —a standardized effect size measure that is equivalent to Cohen's d except that the effect size is expressed in terms of the standard deviation of the control group rather than of the entire population (Cooper et al., 2019). When this procedure proved infeasible, outcomes were converted to Cohen's d . These estimates were used as inputs to a random-effects meta-analysis. Further details of our methods, as well as a discussion of how we resolved some statistical issues that we did not anticipate in our preanalysis plan, can be found in the Supplemental Appendix. Our code and data can be found on the OSF at <https://osf.io/w9hqs>. We aimed for full analytic reproducibility according to the standards laid out in Polanin et al. (2020).

All statistical procedures were conducted in R (Version 4.1; R Core Team, 2023) using the tidyverse (Wickham et al., 2019) and metafor (Viechtbauer, 2010) packages, as well as custom functions. In what follows we first report on the overall meta-analytic results and the lack of publication bias found in this literature. We then move to meta-analyze outcomes for behaviors and ideas-based outcomes separately, paying close attention to behavioral outcomes in general and perpetration outcomes in particular. Finally, we turn to studies that measure both behavioral and ideas-based outcomes to test the overall association between these two constructs and examine whether changing ideas related to sexual violence leads to a change in perpetration behavior.

Overall results and (lack of) publication bias

Our random-effects meta-analysis of all primary prevention strategies from 1985 to 2018 revealed an overall

effect size (Δ), across all interventions and outcomes, of 0.28 ($SE = 0.025$). This effect was statistically significant ($p < .0001$) and corresponded to a small-to-medium effect size by convention. Further, this finding was robust to variations in estimation strategy (see Supplemental Appendix Section 3).

Next, we tested for publication bias within the literature. Publication bias occurs when studies showing evidence of intervention success are more likely to be published in academic journals. This problem has been highly prevalent in psychology and other social-science literature (Open Science Collaboration, 2015; Franco et al., 2014; Paluck et al., 2021). Thus, we conducted three checks to determine whether publication bias is prevalent in this literature as well. First, a telltale sign of bias is a strong positive relationship between effect sizes and their corresponding standard errors. In our database, we found this relationship between effect sizes and standard errors to be weak and nonsignificant ($\beta = 0.16$, $SE = 0.178$, $p = .379$). This suggests that studies with null or insignificant effects are not systematically more likely to be found in large studies rather than small ones, which is evidence against the presence of a “file-drawer problem” (Rosenthal, 1979).

Second, the relationship between standard errors and overall effect sizes remained nonsignificant within randomized ($n = 102$, $\beta = 0.21$, $SE = 0.252$, $p = .415$) and quasi-experimental ($n = 100$, $\beta = -0.145$, $SE = 0.407$, $p = .722$) evaluations, providing further evidence to the lack of publication bias within the literature. However, we found a significant relationship within observational designs ($n = 96$, $\beta = 2.22$, $SE = 0.658$, $p < .001$), suggesting some publication bias within these studies. This implies greater pressure specifically on studies with observational designs to demonstrate significant findings as a precondition of getting published.

Our third check for publication bias was to separate the literature into studies published in peer-reviewed journals ($n = 189$) and those that were not ($n = 106$). Our assumption is that if publication bias occurs, it should be evident within studies that were published in academic journals specifically. In our sample, being unpublished was associated with a small reduction in effect size ($\beta = -0.044$, $SE = 0.044$) but not at a statistically significant level ($p = .32$). Within published studies, the relationship between standard errors and overall effect sizes was tiny and insignificant ($\beta = 0.008$, $SE = 0.199$, $p = .914$); although the association between the two variables was larger in unpublished studies ($\beta = 0.603$, $SE = 0.366$), the relationship was still not statistically significant ($p = .101$).

Overall, we found much less evidence of publication bias than found in previous meta-analyses (e.g., Paluck et al., 2019, 2021). We speculate that the public-health

literature, from which many of these studies were drawn, may be less prone to publication pressure favoring positive results compared with the publication pressures observed in social-science departments (Simmons et al., 2011).

The meta-analytic effect of primary prevention on behavior and on ideas about sexual violence

Next, we took a close look at the impact of primary prevention programs on how people behave and how people think about sexual violence. Because the ultimate goal of primary prevention programs is to reduce perpetration behavior, we paid careful attention to behavioral outcomes. However, given the prevailing ideas-based approach to preventing sexual violence, we also closely examined whether primary prevention efforts were effective in changing behavior, ideas, both, or neither.

Overall, we found that behaviors were much more resistant than ideas to change. The overall effect size for behaviors was $\Delta = 0.071$ ($SE = 0.022$, $p = .002$), whereas the overall effect size for ideas-based outcomes was $\Delta = 0.371$ ($SE = 0.031$, $p < .0001$). The observed discrepancies between the magnitude of change in behavior compared with ideas were in line with past meta-analytic estimates. DeGue et al. (2014) wrote that although three prior meta-analyses “reported small to moderate mean effects on attitudes ranging from 0.06 to 0.35 . . . Anderson and Whiston (2005) reported . . . small mean effect sizes for . . . incidence of sexual violence (0.12)” (p. 347). We also observed a negligible, statistically nonsignificant relationship between effect size and year of publication ($\beta = 0.003$, $SE = 0.002$), suggesting that there is general consistency in effect sizes over time.

We further explored the meta-analytic effect of primary prevention interventions on behavior and on ideas about sexual violence by study design (see Table 2). This analysis revealed that the discrepancy between changing behaviors and changing ideas was substantial across every design category, and in particular in observational research, in which outcomes pertaining to an individual’s ideas about sexual violence were more than 20 times larger than behavioral responses. Turning specifically to primary prevention programs’ effect on behavioral outcomes, we observed that the largest behavioral effects were found within randomized studies, which are the most rigorous designs, whereas the smallest were found within observational designs. However, although the meta-analytic effect for behavioral outcomes was statistically significant ($p < .05$) in

Table 2. Behavioral and Ideas-Based Effects Within Different Subsets of Study Design

Study Type	Ideas	Behavior
Randomized control trial	$\Delta = 0.318^{***}$, $SE = 0.04$, $n = 88$	$\Delta = 0.109^*$, $SE = 0.045$, $n = 43$
Quasi-experimental	$\Delta = 0.287^{***}$, $SE = 0.037$, $n = 87$	$\Delta = 0.073^*$, $SE = 0.033$, $n = 35$
Observational	$\Delta = 0.509^{***}$, $SE = 0.069$, $n = 89$	$\Delta = 0.021$, $SE = 0.034$, $n = 18$

* $p < .05$. ** $p < .01$. *** $p < .001$.

both randomized and quasi-experimental designs, neither meet the conventional standard for a “small” effect size ($\Delta = 0.2$).

Do bystander interventions change sexually violent behavior? As noted earlier, a bystander approach has prevailed in the literature on primary prevention since around 2007. The underlying assumption is that increasing bystander behavior will decrease perpetration and victimization. We tested this assumption within the 95 bystander-related interventions in our database, the majority (77/95) of which measured ideas about sexual violence such as beliefs, attitudes, and knowledge and were successful at changing them ($\Delta = 0.392$, $SE = 0.068$, $p < .0001$).

Of the 95 bystander studies, 42 measured behaviors. Overall, 22 studies measured whether bystander interventions increase bystander behaviors, which they did to a modest extent ($\Delta = 0.154$, $SE = 0.056$, $p = .011$). In our database, 19 bystander studies measured perpetration or victimization, the ultimate goal of these interventions. We did not find that bystander interventions meaningfully changed rates of perpetration ($\Delta = 0.019$, $SE = 0.041$, $p = .640$) or victimization ($\Delta = -0.009$, $SE = 0.041$, $p = .835$). This suggests, unfortunately, that nearly one in three studies in our database pursued a theory of behavior change that is not grounded in reality.

A closer look at behavioral outcomes. The picture becomes grimmer still when we separately meta-analyze the four categories of behavior present in our database: perpetration, victimization, bystander behaviors, and involvement. Table 3 shows the number of studies that measured each behavioral category and their pooled effect sizes. We also provide the overall effect size for ideas-based outcomes for reference. We found that on an aggregate level, primary prevention programs have not been effective in reducing perpetration and victimization behaviors at all. The corresponding effect sizes for these two critical outcomes are neither meaningful in magnitude nor statistically significant. It appears that primary prevention programming is currently effective in increasing only bystander or involvement behavior—and changing ideas about sexual violence. There is a lack of correspondence between changing ideas about sexual violence and reducing perpetration or victimization—the ultimate goal of any primary prevention intervention. We

Table 3. Effect Size by Outcome Type

	Studies, n	Δ (SE)
Perpetration	53	0.032 (0.021)
Victimization	40	0.046 (0.029)
Bystander	23	0.129* (0.059)
Involvement	9	0.236* (0.088)
Ideas-based	261	0.371*** (0.031)

* $p < .05$. ** $p < .01$. *** $p < .001$.

see this as an urgent problem: The prevailing model for how to go about reducing sexual violence does not appear to be a fruitful one.

Given this concerning lack of evidence for reductions in victimization and perpetration, we next zoomed in on perpetration outcomes within randomized controlled trials, the gold standard for primary prevention research. Our sample featured 28 randomized designs that measured perpetration that collectively produced a meta-analytic effect of 0.086 ($SE = 0.061$, $p = .173$). Of these 28 studies, in the authors’ own words, 16 reported that their interventions did not produce a significant reduction in perpetration behavior, eight reported positive reductions, and two reported backlash effects on net. Taken together, these analyses are consistent with either a weak positive effect or an overall null effect for perpetration outcomes. For a closer look at two studies that illustrate the magnitude of behavioral changes in the literature, see Supplemental Appendix Section 7.

In sum, we have gone from an encouraging, meaningful overall average effect of primary prevention programs to a much more discouraging finding that, on the most crucial outcomes (perpetration and victimization), the literature on primary prevention has not yet found its footing. Perhaps this should not be surprising—we should not expect worldwide public-health problems to be easy to solve. However, these results also provide the backdrop for our claim that behavioral problems require behavioral solutions.

Do changes in ideas predict changes in behaviors?

A key question for the literature on primary prevention concerns the association between ideas about sexual

violence and sexual violence itself. Specifically, a primary goal of this review was to examine whether the predicted association between changing ideas and changing behavior actually prevailed in the database. To do so, we focused on the 62 studies that measured both types of outcomes. In this subset of studies, the pooled behavior-change effect was $\Delta = 0.083$ ($SE = 0.029$, $p = .007$), whereas the pooled ideas-change effect was $\Delta = 0.292$ ($SE = 0.039$, $p < .0001$). In other words, the ideas-change effects were slightly lower than the overall effect we obtained when looking at the full database ($\Delta = 0.371$, $SE = 0.031$), whereas the behavior-change effects were slightly larger than the overall effect ($\Delta = 0.07$, $SE = 0.022$).

Unfortunately, in these studies, we found a small, statistically nonsignificant correlation, $r(60) = .136$, $p = .293$, between changes in ideas and changes in behaviors. The relationship remained small and nonsignificant when looking solely at randomized evaluations ($r(27) = .138$, $p = .48$).

Figure 5 visually depicts this lack of correlation. Specifically, each point in the figure represents a study that measured both ideas and behaviors, with the average effect size for ideas about sexual violence (within a given study) on the x -axis and the average within-study behavioral effect size on the y -axis. The dotted black line shows what a correlation of 1.0 would look like, and the dotted gray line shows the correlation that we actually observe. Studies are color-coded by design.

In sum, although ideas such as myths about sexual violence appear malleable, the problem of sexual violence itself is much more resistant to change, and positive change on one front does not reliably lead to progress on the other.

Discussion of quantitative results

Our quantitative results are a bit of a Rorschach test. An optimist could look at this literature and conclude that overall we have a pretty good grip on how to change attitudes, beliefs, and knowledge about sexual violence, and although the overall effect size for behaviors was small ($\Delta = 0.071$), it was also precisely estimated ($p = .002$), which suggests that the changes were real. These results were not driven by publication bias; in fact, stronger designs tended to reveal stronger effects on behavioral outcomes.

Further, average decreases in victimization and perpetration outcomes might underestimate the true effect of the programs because receiving an intervention could raise subjects' awareness of experiences in their own lives that qualify as violence. If this is true, then even if treatments reduce sexual violence, treated subjects are systematically more likely to report. There is a dramatic

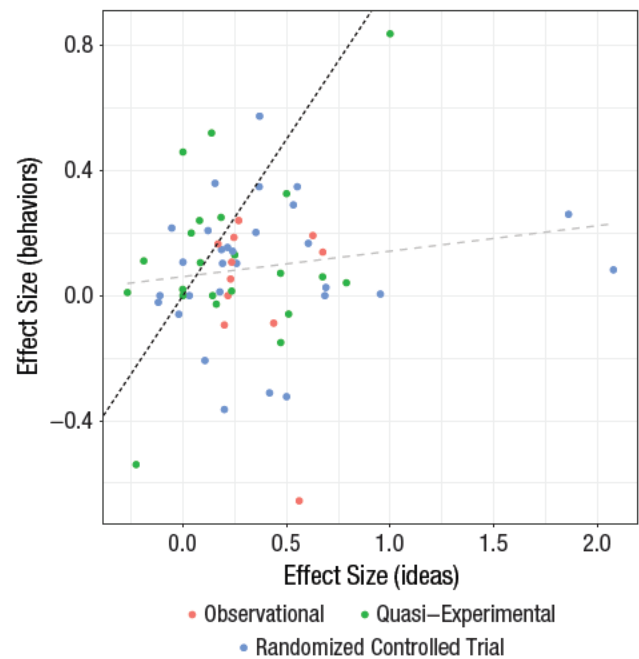


Fig. 5. Correlation between ideas-based outcomes and behavioral change.

illustration in Hirsch and Khan (2020) of a young man who realizes in a research setting that he once committed an assault (pp. 60–61). Recently, Boyer et al. (2022) reported evidence that asking about intimate-partner violence in a baseline study can increase the frequency of reporting more violence later, which they interpreted as causing participants to note and remember violence more in the future. If experiences like this are common, then these quantitative results might be underestimating the efficacy of available programs.

On the other hand, a pessimist might respond by pointing out that outcomes measuring ideas about sexual violence might be overestimating the effect of interventions. A typical intervention in this literature seeks to educate participants about rape myths and how to recognize sexually violent behavior and then asks them to take a questionnaire about rape myths and what counts as sexually violent behavior. There is reason to worry about social desirability: It is clear what answers the administrators of the survey are hoping for. This might explain why we did not observe a strong correlation between changes in ideas about sexual violence and acts of sexual violence. Further, although behavioral outcomes tended to be larger in randomized controlled trials, changes in ideas were greatest in observational research ($\Delta = 0.509$ vs. $\Delta = 0.318$ for randomized controlled trials and $\Delta = 0.287$ for quasi-experimental designs).

Last, a pessimist might argue that the most straightforward explanation for why there were average

reductions (Δ) of just 0.032 for perpetration and 0.046 for victimization is that we do not know how to change the rates of either. This interpretation is in keeping with evidence that overall rates of sexual violence have not changed between 1985 and 2015, a period that includes a majority of the interventions included here (Koss et al., 2022).

Limitations of this analysis

We note two central limitations of our meta-analysis. First, our data collection stopped in 2018, so we are missing 6 years of subsequent literature. Second, we had to make decisions about which of the many outcomes to code for analysis. We prioritized self-reported behaviors, then bystander behaviors, and then the most common ideas-based measures such as rape myth acceptance. We excluded behavioral intentions, including measures of intentions to be an active bystander. On the basis of prior research (Webb & Sheeran, 2006) and our own views, we decided that measures of intentions would not give us a good idea of what people who participate in these interventions actually go on to do. As mentioned, there is reason to worry about experimenter demand effects, and many things can come between a person's intentions and their behaviors. Yet we acknowledge that approaches that intervene on attitudes, norms, and self-efficacy beliefs to change intentions can be successful in changing behavior (Sheeran et al., 2016). Finally, it is worth noting that we still think ideas such as rape myths are worth dispelling for their own sake. These ideas are associated with antivictim and prodefendant judgments in lab studies, are prevalent in media coverage of cases of sexual violence, and directly impact victim well-being (Dinos et al., 2015; Franiuk et al., 2008; Kosloski et al., 2018). It just turns out these are two separate issues—changing the one will not necessarily change the other.

A Behavioral Problem

We can now see from a bird's-eye view a substantial problem in the current state of primary prevention strategies for sexual violence. We have very little evidence that current interventions change behavior, especially perpetration behavior, which is their primary aim. We also have something of a shifted goalpost: Many interventions target bystander behavior, and bystander interventions do not appear to change rates of perpetration or victimization. We do have promising evidence that interventions can change problematic attitudes, beliefs, and norm perceptions related to sexual violence. Unfortunately, we do not have strong evidence to suggest that the changes in attitudes, norms, and beliefs

that result from the tested interventions have positive downstream consequences for preventing perpetration. In fact, the weak and nonsignificant association between changed ideas and changed behavior observed in this data calls for rethinking traditional approaches that prioritize changing how people think about a social problem as a way to change how they behave. To better understand sexual violence as a behavioral problem, we first discuss the difficulty of measuring behavior in this space and then point to promising future avenues for measurement and intervention that serve as alternatives to an ideas-based approach.

Problems with behavioral measures

As mentioned above, numerous prior reviews (and this one) have lamented the lack of behavioral outcomes in the assessment of interventions. Directly measuring behavior is particularly difficult in the area of sexual violence for many reasons. First, direct observation is often impossible or unethical. Many sexual assaults occur with no outside witnesses when the perpetrator and victim are alone or in a household setting in which witnesses are often minors. Even if sexual violence takes place somewhere that direct observation is possible (e.g., public space, posted publicly online) there are ethical concerns about researchers failing to intervene, and third parties do not always agree about whether the events in question are consensual.

Typically, researchers rely on self-report. There are a few problems with this approach. First, there are the typical issues surrounding self-report (i.e., difficulty in remembering, concerns about demand effects, and social desirability). In addition, many sexual assaults go unreported (e.g., to the police; Thompson & Tapp, 2022). There are many reasons why. One concerns construal. At the psychological level, people differ in their personal interpretation of events of nonconsensual touching, and sometimes victims themselves do not characterize the behavior as violent until later or ever. For example, among college students conceptualizations of consent are multifaceted (e.g., distinguishing wanting from consent; Peterson & Muehlenhard, 2007), and whether an event is construed as rape or assault can be related to an endorsement of particular rape myths about resistance (Peterson & Muehlenhard, 2004) and how closely the event matches schemas of "prototypical" sexual violence that usually involves strangers and physical violence (Bondurant, 2001; Littleton et al., 2009; McKimmie et al., 2014), although they are not the most common features of assault (Koss et al., 1988; Planty et al., 2013; Sanday, 1997). Even when sexual violence occurs, it may not be construed that way (Bondurant, 2001; Edwards et al., 2014).

Reporting is also disincentivized. Even when victims identify events as violent and do want to report the event there are further barriers. Victims often report that the process of officially reporting the event and the investigation that follows constitute “secondary victimization,” in which experiences of victim blaming and discrimination exacerbate the trauma associated with the assault (Campbell & Raja, 2005; Jackson et al., 2017). Other victims hear about this, and it decreases their motivation to report when they have been sexually assaulted. In addition, oftentimes reporting conditions within organizations are weak in the sense that very few people know about them and have trust in them. The victim may feel threatened by the perpetrator and fear repercussions for reporting and may believe that law-enforcement officials cannot or will not do anything to help (Planty et al., 2013). In other words, people may (rightfully) fear institutional betrayal (Smith & Freyd, 2014). Victims also sometimes report reluctance to get the perpetrator in trouble (Planty et al., 2013) and express a preference for restorative over retributive justice practices (Koss, 2014). This makes the use of official reporting part of, but not the whole, story.

The use of official reporting rates is further complicated by the likelihood that factors that contribute to the prevalence of sexual violence also contribute to barriers to reporting. For example, rates of reporting may be lower in places in which men occupy more positions of power. This may explain why interventions aimed at reducing sexual violence can also improve reporting conditions. Imagine a college campus or workplace with high rates of sexual violence. If the workplace officially hosts programming aimed at reducing sexual violence this can signal to employees that their workplace may be more willing to take their reports seriously. In this way, interventions can actually make rates of reporting go up. This in itself can be a good outcome and may not signal that actual rates of violence have changed in any or either direction. It does, however, complicate assessing the efficacy of a given intervention in terms of official reports and could even disincentivize assessment.

Ideas for future programs

In our comprehensive review of primary prevention interventions, we have come to think of sexual violence as a behavioral problem without a theory of behavior. From a psychological perspective, it is easy to see sexual violence as a behavioral problem. Yet we do not currently have many approaches that aim to solve the problem of sexual violence with interventions that target behavior change. Instead, we predominantly see efforts to change attitudes, beliefs, norms, and

knowledge surrounding sexual violence with the assumption that behavior change will follow.

What do theories of behavior change look like? Interventions that take a behavioral approach may do so by considering features of the environment. Physical spaces communicate local norms and expectations (Gantman & Paluck, 2022; S. McMahon et al., 2022) as well as make some behaviors easier than others to enact. Those features could be geographical configurations such as a lack of common social space (Gantman & Paluck, 2022). An excellent example of this approach is the Shifting Boundaries intervention (Taylor et al., 2015, 2013) implemented in New York City middle schools. The intervention involved the introduction of building-based restraining orders, placement of posters to increase awareness and reporting of violence, and a joint effort by school students and teachers to identify physical hot spots where a greater presence of faculty or school personnel was needed. Taylor et al. (2013) reported that receiving this treatment alone was associated with significant reductions in the reported frequency of both sexual-harassment victimization and perpetration. Another idea that is more relevant to the college setting is based on the finding that college students do not have enough private spaces to interact that are not bedrooms (Hirsch & Khan, 2020). Therefore, future work could quantitatively evaluate the impact of introducing more public spaces to reduce sexual violence on campus. Interventions may also consider who is afforded power in a given situation, such as who owns the physical space, who has more money, who is driving home, and how the physical space communicates who is valued (Gantman & Paluck, 2022). For example, fraternities with poorly kept women’s restrooms were also places where sexual violence was more likely to occur (Boswell & Spade, 1996). We recommend a focus on geographical and other aspects of physical spaces as one untapped area for future theorizing and intervention programming that targets behavior change.

It is also worth considering interventions that do not mention sexual violence or even primarily target it. Our review encompassed only programs that explicitly sought to reduce sexual violence. We made this decision because we assume that these are the programs that people who are looking for a program to reduce sexual violence in their school or workplace encounter. But interventions that do not explicitly target sexual violence have reduced violence; for instance, researchers have found that decriminalizing sex work is associated with lower rates of sex crimes in Rhode Island (Cunningham & Shah, 2018) and the Netherlands (Bisschop et al., 2017). Meanwhile, Haushofer et al. (2019) found that unconditional cash transfers distributed to women in Kenya reduced sexual violence by 0.22 standard

deviations, which was statistically significant, whereas cash transfers given to men reduced sexual violence by 0.10 standard deviations, which was not; these observed effect sizes are much larger than the average perpetration outcomes observed in the literature on primary prevention. Note that when we evaluate interventions that do not primarily target ideas about sexual violence, we might measure them not as a proxy for success of the intervention itself but as a measure of its downstream consequences, possibly the downstream consequences of reducing sexual violence itself.

Intervening on physical configurations or without mentioning sexual violence explicitly may also be a promising avenue for preventing reactance, especially among at-risk men (Malamuth et al., 2018). It may also be a fruitful approach given the relationship between violence perpetration and personality variables that are presumably harder to change Malamuth et al. (2021).

Ideas for future measurement

We began this section with a warning about the difficulties of measuring behavior. Now we are calling on researchers to take up a more behavior-centric approach to the reduction of sexual violence. How do we reconcile these issues? We cannot claim to solve the problem, but we offer some suggestions.

We suggest researchers attempt to triangulate on rates of perpetration and victimization through multiple avenues of measurement. When testing interventions conducted in a college campus, researchers can collect complaints filed with the university's Title IX offices, crime data observed by police on campus grounds, and self-reports of perpetration and victimization. Ciacci and Sviatschi (2022) cross-referenced "stop-and-frisk" data from the New York Police Department (NYPD) with two versions of complainant data sets from the NYPD to assess the frequency of sex crimes. Although these behavioral data may be incomplete and imprecise, the authors used multiple measures to converge and corroborate evidence in a single evaluation. Researchers may find that these different sources provide disparate pictures of what is really happening because rates of sexual violence derived from official reporting mechanisms lag drastically behind self-report. Institutions can also improve their apparatus for reporting. They can work to improve institutional signals that victims will be believed and supported when they report (i.e., increase their institutional courage; Freyd, n.d.), such as a smartphone app with time-stamped entries, optional official reporting functions, and the potential to identify repeat offenders (see <https://www.projectcallisto.org>). Scholars studying this must take into account that at least in the short term, when reporting mechanisms improve, measures may go up rather

than down because the intervention can make victims feel more positive about reporting behavior than before. Increases in reporting after a primary prevention intervention could be seen as a positive outcome, demonstrating the intervention's success.

It is also important to be mindful of local events and their relationship to rates of sexual violence. For example, on college campuses, sexual violence is highest among freshman students in the period between the beginning of school year up to Thanksgiving (Cranney, 2015), and events on campus such as Division I football games increase daily reports of rape (Lindo et al., 2018). Finally, it is also possible to better assess the relationship between changing ideas about sexual violence and changing behavior. For example, Sharma (2022) tested a sexual-harassment training aimed at men in India and used an innovative mix of women reporting on the harassment behaviors of men in their class, trust games, direct questions, and hypothetical scenarios to elicit opinions. Last, Schuster et al. (2022) combined self-reported behavioral data at multiple time points with "risky sexual scripts" and open-ended questions to provide a fuller picture of how and when ideas about sexual violence and sexual violence itself vary together. Although any given measure of perpetration behavior has its problems, researchers can combine multiple measures to get a better picture of how sexual violence is changing (or not) in response to an intervention.

Conclusion

In sum, we have reviewed the efficacy of primary prevention interventions to reduce sexual violence. We have found that the majority of interventions take an ideas-based approach—seeking to change rates of sexual violence by changing attitudes, knowledge, perceived norms, and beliefs about sexual violence. We identified trends in the literature over time, especially a shift to bystander interventions that seek to reduce violence by increasing bystander behavior. Our quantitative review found that current interventions are quite successful at changing ideas about sexual violence but are less successful at changing rates of perpetration. We offered some ideas for future directions for both intervening on and measuring behavior. We hope in the future to see more psychological research on the prevention of sexual violence, a behavioral problem without a behaviorally informed solution.

Transparency

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Supplemental Material

Additional supporting information can be found at <http://journals.sagepub.com/doi/suppl/10.1177/15291006231221978>

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