Scoping review to identify child sexual violence research gaps in low- and middle income countries

JANUARY 2024
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Acknowledgements

This report is part of a project on strengthening and clarifying SVRI’s work on violence against children and child sexual abuse that has been made possible by the generous support of OAK Foundation.

Thank you to Elizabeth Dartnall and the CSV research priority setting Advisory Group for their inputs into this review.

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# Abbreviations

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<th>Description</th>
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<tr>
<td>CSV</td>
<td>Child sexual violence</td>
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<tr>
<td>DHS</td>
<td>Demographic Health Survey</td>
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<td>GBV</td>
<td>Gender-based violence</td>
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<td>HICs</td>
<td>High-income countries</td>
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<tr>
<td>LGBTQI</td>
<td>Lesbian, gay, bisexual, transexual, queer and intersex</td>
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<td>LMICs</td>
<td>Low- and middle-income countries</td>
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<td>OSEC</td>
<td>Online sexual exploitation of children</td>
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<td>RCT</td>
<td>Randomized control trial</td>
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<td>SVRI</td>
<td>Sexual Violence Research Initiative</td>
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<td>ToC</td>
<td>Theory of Change</td>
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<td>UNICEF</td>
<td>United Nations Children Fund</td>
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<td>UNMC</td>
<td>The UN Multi-country Study on Men and Violence</td>
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<td>VAC</td>
<td>Violence against children</td>
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<td>VACS</td>
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RATIONALE FOR CSV RESEARCH PRIORITY SETTING IN LOW- AND MIDDLE-INCOME COUNTRIES

Child sexual violence (CSV) is a pervasive and deeply concerning issue with profound implications for the well-being and development of children. CSV is recognised as a global issue, affecting millions of children, underscoring the need for urgent preventive measures (Mathews and Mathews 2019, Natan 2015, Shah 2020, Stoltenborgh et al. 2015, Veenema et al. 2015), and evidence on what works to respond to and prevent child sexual violence.

The existing evidence base is replete with knowledge gaps, with CSV being especially under-researched, with most research on violence against children (VAC) focusing on physical and emotional abuse. As a result, we know very little about the extent and dynamics of CSV and its nuanced and complex dimensions (Akin-Odanye 2018, Altafim and Linhares 2016, Arango et al. 2014). Further, there is a disproportionate focus and general bias towards high-income countries (HICs) with a notable underrepresentation of low- and middle-income countries (LMICs) in the existing evidence base on CSV (Gonzalez et al. 2022, Broaddus-Shea et al. 2021, Dubowitz 2017, Ellsberg et al. 2015, Katz et al. 2023, McTavish et al. 2021, Saran et al. 2020, Stoltenborgh et al. 2015, Veenema et al. 2015). This bias not only hinders global understanding of CSV but also impedes development of context-specific interventions for LMICs (Finch et al. 2021). The imbalance in knowledge production perpetuates the challenges in combating CSV on a global scale (Abajobir et al. 2017). This demonstrates the need for more research in LMICs to ensure a globally representative picture of CSV (Katz et al. 2023, Philbrick et al. 2022, Radford et al. 2015, Temmerman 2015, Veenema et al. 2015). It further demonstrates the need the scholars from LMICs to inform culturally appropriate CSV prevention and response interventions (Nace et al. 2022).

Thus, there is a need for more priority-driven CSV research from LMICs with clear links to policy and practice, to guide the field toward building a cohesive evidence base (Gonzalez et al. 2022). As such, as part of a collaborative project, the SVRI, Safe Futures Hub, Together for Girls, We Protect Global Alliance and the Brave Movement are facilitating the creation of a shared research agenda on CSV. As part of this process, a review of systematic reviews was undertaken. The review provides the foundation for a collaborative CSV research priority setting process by identifying critical research gaps in the field and grouping them into domains under which research questions can be generated.
OVERVIEW OF THE SCOPING REVIEW

OBJECTIVES
The scoping review seeks to understand the state of CSV evidence in LMICs and highlight gaps in existing evidence to facilitate the generation of priority research questions to guide the field.

METHODOLOGY
A review of existing reviews and CSV research evidence gap maps in LMICs was conducted to understand the state of CSV evidence and gaps in LMICs.

SCOPE AND INCLUSION CRITERIA
The scope of the review was limited to CSV-focused systematic reviews and evidence gap maps that focused on or included LMICs within a 10-year (2013 to 2023) period. Only studies published in English were included. Included studies involved children and adolescents below the age of 18 years. Both grey literature and peer reviewed publications were included.

SEARCH TERMS:
A literature search was conducted using relevant databases such as PubMed, Science Direct, Scopus, Web of Science, PsycINFO, Google Scholar and the Erasmus University institutional repository. A combination of keywords related to child sexual violence, LMICs, and research gaps were used. Search terms included "child" OR "adolescent" OR "teenager" AND “prevention” OR “interventions” AND “sexual abuse” OR “sexual violence” OR “sexual assault” AND “child” OR “teenager” OR “children” AND "scoping review" OR "systematic review" AND "low- and middle-income countries”.

LIMITATIONS:
The scoping review was limited to systematic reviews and evidence gaps studies published in English. The review did not delve into the methodological quality of the studies included in the reviews.

FINDINGS:
A total of 109 papers were selected out of which, 91 were included and 18 excluded because of their focus on HICs. Excluded studies from HICs focused on topics such as survivors healing, perpetrator focused interventions to prevent re-offence, online CSV and commercial sexual exploitation of children (CSEC) and trafficking. Identified studies were categorized into four themes termed as domains. The following are the domains and numbers of studies found under each domain:

1. Understanding CSV epidemiology (n=28).
2. CSV response interventions and programmes (n=25).
3. CSV prevention (n=14).
The 29 studies under this domain focused on the nature, prevalence, incidence and patterns, risk and protective factors, perpetrators characteristics, social norms, impact and consequences of CSV, and healing for survivors.

**Victimization, prevalence, and incidence:** CSV occurrence is found to be most prevalent among girls and during all stages of adolescence – early, pre-pubertal and late adolescence, with a prevalence as high as 25% among adolescent girls (Qu et al. 2022, Selengia et al. 2020, Scoglio et al. 2021, Solehati et al. 2021, Wilson 2021). While CSV is noted to be highly prevalent among girls during adolescence, there is a noted gap in understanding of the impact of CSV across the life course and among boys (Radford et al. 2015, Mitchell et al. 2017, Moynihan et al. 2018, Nodzenski and Davis 2023, Tichelaar et al. 2020).

Despite a growing body of evidence indicating the global prevalence of CSV among boys, existing literature lacks comprehensive information on the factors leading to such exploitation, its consequences, and the unique aspects of boys’ experiences in these situations (Moynihan et al., 2018, Nodzenski and Davis 2023). The prevalence of sexual exploitation of boys is reported at up to 5%, with higher rates noted in vulnerable sub-populations, such as trans youth and street-connected youth (Moss et al. 2023). The unique vulnerabilities faced by boys, including societal taboos and stigmas related to sex and sexuality, are highlighted. This underlines the need for more comprehensive gender analyses to better understand the impact of norms on boys’ experiences of CSV (Moynihan et al. 2018, Tichelaar et al. 2020). Future researchers are urged to include a balanced number of boys and girls, particularly in their randomized control trials (RCTs) to examine possible gender differences in treatment effectiveness (Tichelaar et al. 2020).

**Risk and exacerbating factors:** Poverty and its associated strain on the family and society is considered a key risk for CSV (Essabar et al. 2015, Fisk et al. 2021). Children with disability and LGBTQI children and adolescents are also considered to be at increased risk for CSV (Cerna-Turoff et al. 2021, Devries et al. 2022, Essabar et al. 2015, Fang et al. 2022, Fisk et al. 2021). Factors such as the relationship between the perpetrator and the victim, their physical proximity, the method used by the offender, and the lack of a vigilant guardian can increase the risk of CSV (Clayton et al. 2018). Additional risk factors include previous victimization, cooccurring maltreatment, risky sexual behavior especially in adolescence, post-traumatic stress disorder, emotion dysregulation, and maladaptive coping strategies that contribute to revictimization (Assink et al. 2019, Fisk et al. 2021). Early marriage, human trafficking, sexual coercion, forced first sex are also identified as significant risk factors (Fisk et al. 2021, Essabar et al. 2015).

While several studies discuss victimization and risk factors, only a few studies examine protective factors against CSV, demonstrating a gap in connecting risk factors to protective factors. Only one review by Scoglio et al. (2021) identified perceived parental care as a protective factor, while a review by Wilson (2021) proposes primary school completion and higher household wealth as possible protective benefits. Similarly, there is minimal attention given to elements that support the recovery of survivors of CSV. Social environments and organizational frameworks are essential for effective CSV interventions including establishing preparedness for swift responses during crises such as COVID 19 (Katz et al. 2019). Understanding and bolstering mechanisms to facilitate healing for CSV survivors, particularly focusing on social support from families, health care systems and community policing programs are vital components of effective intervention and support (Katz et al. 2023, Yoviana et al. 2023). Moreover, there is need to better understand the role of social safety nets as a protective factor (Peterman et al. 2017).
Socio-cultural norms: An intricate intersectionality between socio-cultural norms and CSV exists with recognition of socio-cultural norms as drivers of CSV, and the sensitive and taboo nature of the topic, which not only amplifies CSV occurrence, but also hinders reporting (Solehiti et al. 2021, Veenema et al. 2015, Wismayanti et al. 2019). Existing studies often overlook the nuances related to gender roles and identity (Ligiero et al. 2019). Notably, there is a lack of research that examines the impact of interventions targeting norms and values that facilitate VAC, thereby limiting the understanding of effective responses across diverse cultural contexts (Edwards et al. 2023, Radford et al. 2015).

Further research is needed to inform culturally tailored prevention and response strategies (Choudhry et al. 2018, Ji et al. 2013, Solehati et al. 2021). Interventions addressing CSV must account for individual, social, and structural factors, emphasizing context-specific social norms interventions to address harmful norms, promote protective norms, and enhance services for CSV survivors (Buller et al. 2020). A socio-ecological framework as well as the INSPIRE framework are recommended to facilitate understanding of CSV in its varying socio-cultural contexts, as well as the input of local scholars (Assink et al. 2019, Buller et al. 2020, Choudry et al. 2018, Ligiero et al. 2019, Maternowska and Fry 2018, Nace et al. 2022).

Perpetrator characteristics: CSV perpetrators are predominantly male, with varying characteristics and relationship to the survivor across contexts (Essabar et al. 2015, Selenga et al. 2020, Mathews and Mathews 2019, Natan 2015). Some studies identify household members as the most prevalent offenders often exceeding a 50% rate, followed by student peers (Devries et al. 2018, Mathews and Mathews 2019). Intimate partners are often identified as primary perpetrators among girls aged 15-19 years (Devries et al. 2018). There is a notable gap in the availability of systematically collected global data on other perpetrators of CSV, such as schoolteachers, siblings, strangers, and authority figures, in addition to limited availability of age- and sex-specific information on CSV (Devries et al. 2018). Evidence on child abuse occurring in institutions does not pay attention to perpetrators (Finch et al. 2021). Notably, research attention leans towards CSV occurring outside the family, leaving a gap in understanding CSV within family contexts (Wismayanti et al. 2019). There is need for more evidence on CSV perpetrated by household members, school peers, and intimate partners to drive prevention efforts (Devries et al. 2018).

Broadening the focus on perpetrators and understanding the multifaceted nature of perpetration is essential for comprehensive strategies aimed at reducing the demand for both online and offline CSV, and in developing effective prevention and intervention measures (UNICEF 2020). Research should delve deeper into the characteristics, motivations, and pathways of different types of CSV perpetrators. This expanded focus should encompass not only individual-level factors but also organizational and systemic contributors to perpetration.

Impact of CSV: CSV results in profound physical and psychological effects with documented negative consequences and a broad spectrum of health and behavioral consequences leading to poor outcomes across behavioral, social, and health domains (Choudhry et al. 2018, Essabar et al. 2015, Mathews and Mathews 2019, Natan 2015). Despite these established repercussions, there is a minimal body of literature addressing the link between CSV and risky sexual behaviors, and urgent research is warranted to elucidate the mechanisms underlying this association (Abajobir et al. 2017).

Reporting and disclosure: A common challenge identified is the non-disclosure of child sexual abuse by both girls and boys, which exacerbates the difficulty in obtaining a true picture of extent of CSV (Mathews and Mathews 2019). CSV under-reporting has however not been explored to understand the causes, effects and possible strategies to prevent non-disclosure, especially using more child-focused methods (Kakuru 2023, Okunolola et al. 2020). This underlines the urgent need to explore the barriers to disclosure and devise strategies to facilitate timely reporting (Okunolola et al. 2020).
Online CSV: The existence of online CSV is acknowledged, emphasizing its significant impacts. Research on online CSV focuses on dominant forms of online sexual exploitation of children (OSEC), specific mediums of exploitation and contexts which OSEC takes place, legislation, and offender and survivor characteristics - such as livestream offenders being older than the average online CSV offender, and females comprising majority of the victims (Drejer et al. 2023, Roche et al. 2023). Child pornography, utilizing both commercially and non-commercially through diverse methods, adds complexity to the online CSV landscape (Ali et al. 2023). Risk factors, as exemplified in the Philippines, underscore vulnerabilities stemming from poverty and weak social protection (Roche et al. 2023).

While available evidence allows some insights into a potentially much larger issue, the evidence is insufficient. For instance, in addition to challenges in language consistency and legal definitions, uncertainty exists regarding the representativeness of findings on livestream offenders globally (Drejer et al. 2023). Policies regulating demand for online child sexual abuse materials remain inadequately explored (UNICEF 2020). Moreover, despite numerous programs targeting children, parents, and teachers, research on their impact is limited, and data on sexual exploitation using ICT are sparse (Radford et al. 2015, UNICEF 2020). Similarly, the evidence baseline for using ICT to prevent and/or respond to gender-based violence (GBV) against women and children in LMIC is nascent and there is a paucity of eligible studies examining the use of ICT in connection with preventing or responding to GBV against children (Philbrick et al. 2022). The emerging evidence baseline for using ICT to address gender-based violence suggests promising areas for study, emphasizing the need for comprehensive research on ICT’s effectiveness in preventing or responding to GBV against children in LMICs (Philbrick et al. 2022).

The limited overall understanding of OSEC, including its harms and facilitative technologies, underscores the need for further research into prevalence, socio-cultural contexts, and intervention efficacy (Roche et al. 2023). Further research is needed to illuminate the causes, types, and impacts of online CSV for a better understanding and future safeguarding (Ali and Paash 2022). Primary prevention programs addressing online CSV could be more effective when integrated with broader initiatives focused on preventing VAC, given the interconnected nature of offline and online abuse (Ali et al. 2023, UNICEF 2020). These recommendations emphasize the need for comprehensive approaches to address the multifaceted challenges posed by online CSV, advocating for integrated strategies that consider both online and offline dimensions of abuse.

**Research gaps:**

1. CSV epidemiology, impact of CSV across the lifespan.
2. CSV in marginalized groups
3. CSV in boys
4. CSV protective factors, appropriate responses and what supports recovery.
5. Responses during humanitarian crises and settings.
6. Stigma and other barriers to reporting CSV.
7. Understanding perpetration.
8. Online CSV.
DOMAINT 2: CSV RESPONSE PROGRAMMES AND INTERVENTIONS

Of the ninety-two studies included in this review, twenty-five focused on effective interventions to enhance early detection and disclosure and respond to child sexual violence.

Research on effective responses is limited and biased towards HICs with inadequate representation of countries with large populations and high incidences of child abuse, as well as key vulnerable populations including children with disabilities and there is minimal focus on equity for vulnerable groups (Finch et al. 2021, Mikton et al. 2014, Saran et al. 2020, Tichelaar et al. 2020). Similarly, interventions that target perpetrators in LMICs are lacking and the few available perpetrator-focused reviews are from HICs.

CSV is often detected at an advanced stage as instruments to facilitate early detection of CSV and therefore respond effectively, are scarce and inadequate (Bailhache et al. 2013). Moreover, even though there are many CSV response initiatives in place, there is lack of sufficient evidence to establish their effectiveness and sustainability (Mathews and Gould. 2017, Radford et al. 2015, Rockowitz et al. 2023). For example, even if there has been an increase in one-stop centers, evaluation to assess their impact are limited (Ligiero et al. 2019). Similarly, collaborative approaches have also not been adequately evaluated, and evidence on what works is fragmented across different areas of response such HIV/AIDS, GBV, child protection, and CSV, and often focus on individual interventions than on whole system responses (Radford et al. 2015). Further, not much is known on the roles of other professionals outside of the educational setting, for example the role of counsellors in providing psychosocial support and healing for CSV survivors.

Rahnavardi et al. (2022) outline key components of effective healthcare systems for survivors of CSV, encompassing activities such as conducting interviews and gathering medical histories, performing physical and anogenital examinations, collecting forensic and DNA evidence, documenting all findings, addressing pregnancy prevention and termination, conducting diagnostic tests, providing prophylaxis for HIV and other STIs, administering vaccinations, and offering psychological intervention. They further highlight that greater emphasis exists on certain aspects, such as prophylaxis, and point out limited research on elements like HPV vaccinations for survivors, indicating the necessity for further investigation in these areas.

Informal and community support from peers, family, and community groups, including faith groups, are often the first or main sources of help, but too little is known about what this involves (UNICEF 2020). Additionally, knowledge about the impact of policies, effective legislation and child protection system responses is limited (Radford et al. 2015). There is need for more evidence-informed models for scale-up and adaptation and more evaluative research is needed to establish effective strategies in CSV response and offer guidance to policy makers and practitioners (Attrash-Najjar and Katz 2023, Ligiero et al, 2019, Schindeler and Aldersey 2019, Solehati et al. 2022). There is lack of interconnected interventions connecting the epidemiology of CSV including risk factors or the impact of CSV to prevention and intervention (Gonzalez et al. 2022). For instance, despite evidence on the impact of CSV on mental health, only a few studies evaluate interventions that address mental health for survivors (Gonzalez et al. 2022).

Holistic and comprehensive approach: The notion of a comprehensive approach and holistic strategies to address CSV is reiterated in the literature (UNICEF 2020). This involves collaboration and partnership across disciplines and sectors, and recognizing the involvement of health, child protection, education, social welfare, and justice as crucial for protecting children against violence (Ligiero et al. 2019, UNICEF 2020). By incorporating multiple well-integrated, well-planned approaches, with clearly defined theory of change, and
engaging various stakeholders over time, comprehensive efforts have the potential to address underlying risk factors and social norms related to gender dynamics and CSV (Edwards 2023, Fang et al. 2022, Jewkes et al. 2021, Selengia et al. 2020, Solehati et al. 2022). There is need to better understand and document the mechanisms and outcomes of holistic CSV interventions and strategies.

Research gaps:
1. Research on contextually and culturally appropriate responses to CSV in LMICs.
2. Research on contextually, culturally appropriate responses and marginalized groups and CSV in LMICs.
3. Role and impact of informal support.
4. Impact and effectiveness of legislation and child protection system
5. Evaluation and delivery of holistic response models at scale.

**DOMAIN 3: CSV PREVENTION**

Fourteen studies focused on CSV primary prevention including on school-based interventions, community-based interventions, offenders/perpetrator targeted interventions and parenting programs.

School-based CSV prevention interventions are more highly represented in literature, presenting a gap in population level interventions and perpetrator focused prevention interventions. School-based interventions, many of which are offered through life-skills programs, are known to increase knowledge on CSV self-protection, and they have a wide reach across different backgrounds (Fantaye et al. 2022, Lu et al. 2023, Rusell et al. 2020, Trew et al. 2021). However, the focus on self-protection and self-protection models have been critiqued for placing a lot of responsibility on children (Lynas and Hawkins 2017). Moreover, while most school-based intervention evaluations assess increase in knowledge, behaviors, and skills to prevent CSV and HIV infection, violent behavior among perpetrators is not assessed as an outcome (Fraser 2022, Russel et al. 2020). Additionally, there is little evidence on the effectiveness of school-based interventions in reducing CSV prevalence and incidence, increasing disclosure of CSV, or reducing children’s anxieties and fears about CSV (Lynas and Hawkins 2017, Rusell et al. 2020, Walsh et al. 2015, Walsh et al. 2018).

There are also notable geographic gaps for school-based interventions with a bias towards HICs, and population gaps such as humanitarian and conflict settings and for children and who are most vulnerable to violence including those with disabilities and LGBTQI+ (Fraser 2022). Moreover, school-based interventions are characterised by low-implementation fidelity (Lynas and Hawkins 2017). More research is needed regarding the long-term effects of programs, their effectiveness for specific groups of children, which components are most effective and their associated costs and their impact on disclosure, prevalence and incidence (Trew et al. 2021, Walsh et al. 2015).

Several recommendations are provided for future research, particularly in terms of optimizing the effectiveness of school-based CSV prevention programs, and the better reporting of intervention components as well as participant characteristics (Fraser 2022, Lu et al. 2023). These include multi-component interventions that combine school-based programs with interventions that address multiple forms of violence, engage with a wide range of factors that drive violence including social norms, and include a wide range
of actors such as perpetrators and communities (Devries et al. 2022, Walsh et al. 2015). Successful school-based interventions have been found to work through curriculum approaches, address institutional policies and school management mechanisms and provide integrated referral for students who require support (Fraser 2022). Strategies for earlier intervention in schools to prevent harmful sexual behaviors could be integrated with ongoing whole school programs to address GBV and create safer schools (UNICEF 2020). Recommendations are also made for further implementation of school-based CSV prevention programs, especially under the guidance of experienced researchers and conducted for students at an early age (Zhang et al. 2021). More research is needed to understand the key elements of effective school-based CSV interventions, and how they can be adapted and contextualized to different LMIC settings and scaled sustainably (Broaddus-Shea et al. 2021, Devries et al. 2022, Ellsberg et al. 2015, Ligiero et al. 2019).

**Community CSV prevention interventions**, which are fewer than school-based interventions are often awareness-focused (Pundir et al. 2020, Russel et al. 2020, Saran et al. 2020). Only two reviews (Altafim et al. 2020) and (McCoy et al. 2020) discussed community level CSV prevention. Existing reviews highlight gaps in assessing the impact of CSV community interventions on reducing and preventing CSV and for specific age groups. Similarly, parenting interventions are few and only two reviews (Schindeler and Aldersey 2019) and (Walakira et al. 2017) focused on parenting-focused CSV prevention. Parenting interventions are considered effective for reducing VAC, but mostly focus physical and emotional abuse and neglect, and not CSV (Altafim et al. 2016). There is therefore a gap in parenting interventions that seek to prevent or reduce incidences of CSV, and the impact of parenting on CSV has not been adequately demonstrated.

**Intersectionality**: A significant gap is identified is the underrepresentation of reviews focusing explicitly on equity or programs for key vulnerable populations and disadvantaged as well as groups that face discrimination (Finch et al. 2021, Saran et al. 2020). The current evidence base does not adequately capture the experiences of children from ethnic minority groups, children with disabilities, children and young people who identify as LGBTQI+, migrant or refugee youth, children in humanitarian setting and others facing marginalization (Fang et al. 2022, Saran et al. 2020, UNICEF 2020, Zhang et al 2021). The lack of evidence on what works to prevent sexual violence, considering the unique experiences of different populations, suggests an urgent need for research that considers populations that experiences intersecting forms of oppression and marginalization. The call for an intersectionality paradigm in future studies highlights the need for a nuanced and comprehensive understanding of how various forms of oppression intersect and contribute to the prevalence of sexual violence, and to advance improvements in CSV policy and practice that addresses the specific needs of different groups (Arango et al. 2014, Attrash-Najjar and Katz 2023, Matthews and Matthews 2019).

**Research gaps:**

1. **Effectiveness of programs on reducing perpetration.**
2. **Effectiveness of programs (community, population, parenting and other interventions) that measure reduction of CSV as an outcome.**
3. **Limited studies in LMICs and with marginalized, under-researched populations.**
4. **Lack of longitudinal studies.**
Twenty-four studies focused on methods and measurement gaps, inconsistencies in CSV terminologies and definitions, and highlighted the absence of intersectional research and minimal participation of children and survivors in research.

The methodological landscape of CSV research reveals significant gaps affecting the availability and quality of data on CSV. Methodological flaws including heterogeneity in study designs and the lack of representative studies and standardization in assessments, which contribute to varying and unreliable epidemiological estimates and incomparable data across settings (Choudry et al. 2018, Shah 2020, Vyasi et al. 2023). Absence of baseline data and methodological flaws such as lack of randomization contribute inability to ascertain the benefits of interventions (Barth et al. 2013, Cappa and Jijon 2021, Choudry et al. 2018, Fantaye et al. 2022, Selengia et al. 2020). The dominance of self-report measures raises questions about the reliability of findings compared to face-to-face interviews, prompting a deeper exploration of the efficacy of different data collection methods (Stoltenborgh et al. 2015).

The literature underscores the need for rigorous research designs that include more impact evaluation studies, RCTs, with long-term follow-up and uniform outcome measures, assessing specific forms of violence, gendered effects of interventions, and their impact on diverse social groups, particularly in LMICs (Arango et al. 2014, McTavish et al. 2021, Pundir et al. 2020, Tichelaar et al. 2020). The evidence further highlights the need for nation/region-wide, well-designed intersectional studies that employ methodological rigor to identify the nature and extent of CSV, particularly in underrepresented regions and economically disadvantaged populations (Arifiani et al. 2019, Fang et al. 2022 Okunlola et al. 2020, Rahim et al. 2021). Mixed methods of data collection, such as community surveys followed by qualitative interviewing, are deemed necessary to facilitate triangulation, advance understanding of CSV and improve monitoring of trends in the prevalence and incidence of CSV over time (Mitchel et al. 2017, Pundir et al. 2020, UNICEF 2020). Overall, good quality data collection across all domains is emphasized particularly on the importance of using standardized and validated tools to collect representative data on general populations and vulnerable subgroups to understand CSV and achieve national reductions in VAC. (Cerna-Turoff et al. 2021, Ji et al. 2013, Radford, 2018, Scoglio et al. 2021).

CSV language and terminology: The variability and inconsistency and lack of consensus in definitions including conceptualization of age, language, and terminology surrounding CSV emerge as a critical concern that has profound implications for CSV research and interventions (Arifiani, et al. 2019, Ligiero et al. 2019, Scoglio et al. 2021). The variability in language and absence of a clear, operationalized definition of CSV poses challenges for researchers, policymakers, and practitioners and hinders effective research and impacts on prevention efforts, policy responses, legal frameworks, and the establishment of global social norms (Simon et al. 2020). Contradictory legal definitions, especially concerning the age of consent and the categorization of children, contribute to their vulnerability, particularly for girls (Ligiero et al. 2019). The perpetuation of stigma and criminalization through language adds another layer of complexity to addressing CSV (Laird et al. 2022).

The literature highlights the need for consensus on definitions and recommends that future research employ consistent definitions and measures for past year and lifetime childhood experiences, covering various forms of sexual victimization and exploitation (Debowska et al. 2017, Laird et al. 2022, UNICEF 2020). The calls for consistent definitions and assessment measures covering different types of CSV emphasize the importance of creating a shared understanding across cultures and sectors, using unified trauma-informed definitions and conceptual models (Debowska, et al. 2017, Laird et al. 2022, Mitchel et al. 2017, Scoglio et al. 2021, Tichelaar
et al. 2020). A unified framework is crucial to drive effective policy responses and prevention strategies (Simon et al. 2020). The need for adopting the UN definition of child and adolescent sexual exploitation, ensuring appropriate data disaggregation, improving the collection of epidemiological data, valuing qualitative and mixed methods, and prioritizing research directly engaging exploited youth is emphasized (Mitchel et al. 2017).

**Ethical considerations and participation of children and survivors:** Despite increasing emphasis on adolescents' participation rights, there are concerns about their involvement in research on sensitive topics, such as trauma and violence (Neelakantan et al. 2023). Fear of creating emotional distress is highlighted as a barrier in involving children, adolescents and survivors (Attrash-Najjar and Katz 2023). Findings suggest that children's contact with child protection workers is limited, minimizing opportunities for them to express views regarding their situations (Toros 2021).

Recommendations for research and practice include regularly publishing findings of consultations, assessing caregiver consent requirements, obtaining adolescent views on study documents, and building on existing research differentiated by age, gender, and disability status (Neelakantan et al. 2023). Empirical evaluations are needed to assess the relative utility of participatory approaches in line with CSV prevention objectives (Willmott et al., 2023). In addition to ensuring ethical participation of young people, there is need to recognize associated risks in relation to secondary/vicarious trauma among researchers and develop strategies to minimize researchers' vulnerabilities to the negative impacts of this work. (Bovarnick et al. 2018).

**Promising approaches, possible frameworks, and strategies:** The identification of promising approaches and frameworks, such as the Ending Violence in Childhood report, the INSPIRE package, and the What Works to Prevent Violence against Women and Girls initiative suggests that evidence-based strategies are available to guide interventions and policies (Jewkes et al. 2021, Ligiero et al. 2019, Shawar and Shiffman 2021).

The "Ending Violence in Childhood" report emerges as a significant resource presenting current evidence on the causes and consequences of VAC. The report provides insights into the response prevention of VAC, offering ideas to shape research, prevention efforts, policy responses, legal frameworks, and social norms globally (Pundir et al. 2020). By synthesizing current knowledge, the report serves as a foundational reference for developing evidence-based strategies and interventions to address CSV.

The INSPIRE framework presents a promising development in the field, offering a package of seven evidence-based strategies to prevent VAC. These strategies encompass implementation and enforcement of laws, norms and values, safe environments, parent and caregiver support, income and economic strengthening, response and support services, and education and life skills (Simon, Luetzow, & Conte, 2020). INSPIRE is acknowledged as a noteworthy example with a solid evidence base, providing actionable insights for preventing VAC (Shawar and Shiffman 2021).

Jewkes et al. (2021) analysis of evaluation of 17 evaluations conducted as part of the What works to Prevent VAWG initiative identifies six elements of all successful interventions, namely: a meticulously designed intervention incorporating a strong theory of change (ToC) adapted to the specific local context; tackling various factors contributing to VAWG; providing assistance to survivors; involving both women and men; executing at an ideal intensity level; and having an adequate number of well-selected, trained, and supported staff and volunteers.

**Existing data sets and secondary data analysis:** There are a number of existing data sets that provide opportunities to explore research questions – these include –the Violence Against Children Survey (VACS) data, the UN Multi-country Study on Men and Violence (UNMCS), DHS and Disrupting harm, among others.
There is also potential to include questions on CSV in other surveys – and research is needed on how best to do this.

Research gaps:

1. Build consensus in definitions including conceptualization of age, language, and terminology surrounding CSV
2. Ethical considerations and participation of children and survivors in research.
3. How effective are existing CSV frameworks?
4. Skills and expertise in secondary data analysis.
5. How to ask about CSV ethically and rigorously in existing surveys?
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NPO 230-059