

INTERVENTIONS FOR CHILDREN AND YOUNG PEOPLE DISPLAYING SEXUALLY INAPPROPRIATE AND HARMFUL BEHAVIOUR

Evidence and Gap Map Protocol

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Summary

Foundations – What Works Centre for Children & Families has commissioned a multi-strand programme of evidence synthesis on interventions for children and young people who display sexually inappropriate or harmful behaviour. This protocol outlines the mapping review and evidence and gap map (EGM), which will systematically identify and organise existing research on interventions for children and young people, and for their parents, carers, and wider family networks.

The EGM will provide a comprehensive, visual overview of where evidence exists across practice domains and where gaps remain. It will support subsequent strands of the project, including: 1) a systematic review of effectiveness; 2) a realist review; and 3) a narrative/lived experience synthesis. Together, these will inform practice, policy, and commissioning for services responding to harmful and concerning sexual behaviours in childhood.

The mapping review will draw on extensive searches across eight health, psychology, and social care databases, supplemented by grey literature sources, citation tracking, and expert consultation. Studies will be eligible if they explore, describe, or evaluate any intervention, programme, service, or therapeutic approach delivered to children aged 0–18 displaying sexually inappropriate or harmful behaviours, or to their families or carers. Universal prevention programmes are out of scope. All study designs will be included, from systematic reviews and experimental research to qualitative studies and case descriptions.

The EGM will code interventions across a broad conceptual framework, informed by Hackett's Continuum of sexual behaviours in childhood (see Figure 1), developmental and ecological models, and established therapeutic frameworks such as Attachment, Regulation, and Competency and Assessment–Intervention–Moving on (AIM). Interventions will be classified by type (e.g. trauma-responsive; family-based; cognitive behavioural therapy (CBT); digital/technology-assisted; culturally grounded; restorative approaches). All outcomes of relevance will be captured, including recidivism, mental health, emotional regulation, family functioning, relationships, developmental competencies, lived experiences, implementation processes, and equity related factors.

Using EPPI-Reviewer and EPPI-Mapper, studies will be screened, coded and mapped by two reviewers to ensure accuracy and transparency. The resulting interactive map will allow users to explore evidence by intervention type, outcomes, age, gender, population subgroups, setting, design, cultural context, and position on the continuum of sexual behaviours.

The EGM will identify where robust evidence exists, highlight gaps (including for underserved groups such as girls, neurodiverse children, and minoritised communities), and guide the focus of the subsequent systematic and realist reviews. Findings will support evidence informed practice and help shape future research priorities.



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Background

Harmful sexual behaviour (HSB) in childhood is one of the most complex and sensitive challenges in contemporary safeguarding and child-welfare practice. Once regarded as a peripheral concern within the field of adult sexual offending, it is now recognised as a mainstream child-wellbeing and public-health priority (NICE, 2016).

Recent data underline the scale and urgency of this issue: analysis from 42 police forces across England and Wales shows that just over half (52%) of police-recorded child sexual offences involved children aged 10–17 as alleged perpetrators (VKPP, 2024). Department for Education data (2023) similarly indicate that around 40% of recorded child sexual abuse concerns involve abuse perpetrated by another child. These findings show that sexual behaviour between children is not isolated but a significant, enduring safeguarding concern requiring proportionate, evidence-based responses.

There is growing concern that a range of social and cultural forces are contributing to this rise and shaping the character of children's sexual behaviours. Rapid technological change has dramatically increased children's exposure to online sexualised content and contact (Stanley et al, 2018). The exponential growth of online sexual behaviour in childhood, including the sharing of sexual images, online coercion, and peer-to-peer abuse, has transformed the contexts in which sexual behaviours are learned and expressed (Barter et al, 2017).

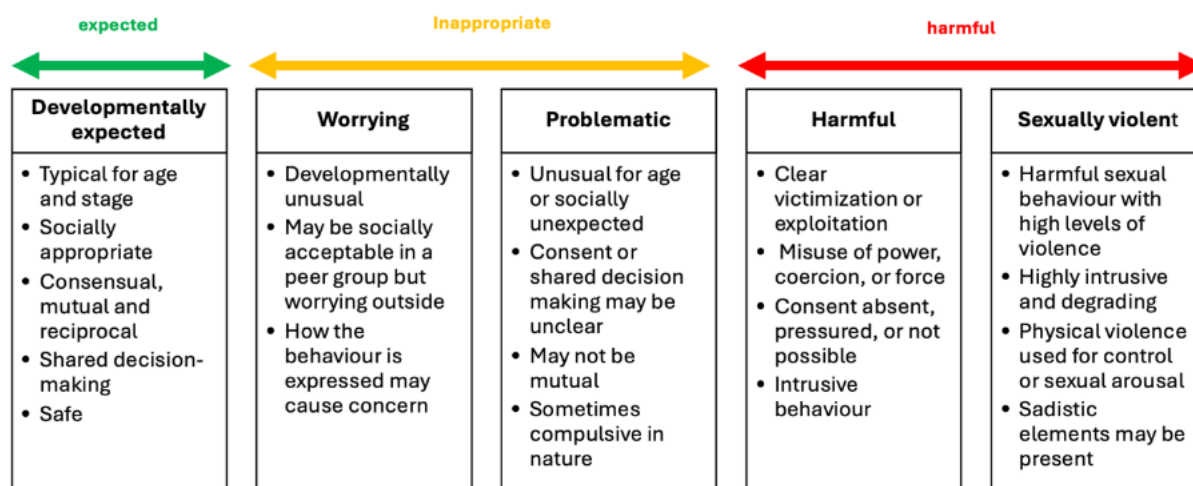
Harmful sexual behaviour in children and young people encompasses many types of behaviour. In this review we will draw upon Hackett's Continuum of sexual behaviours in childhood (Hackett et al, 2024). This continuum provides a developmentally informed, evidence-based framework that distinguishes between:

- **Developmentally expected sexual behaviours:** appropriate to a child's age, ability, stage of development, and understanding
- **Inappropriate sexual behaviours:** behaviours that fall outside the range of typical activity for a child's developmental stage, or expressions of expected behaviours in a way or context that creates problems
- **Harmful sexual behaviours:** behaviours that cause harm to the child or others, or may be abusive towards others.

This framework was developed through extensive consultation with practitioners, policymakers and researchers, and is grounded in developmental psychology, safeguarding practice and child welfare principles. It is now embedded in UK policy and international guidance and provides the field's foundational framework.



Figure 1. Continuum of sexual behaviours in childhood (Hackett et al, 2024)



Given the spectrum of behaviours, and the needs of children at different developmental stages, there is a wide range of types of interventions that might be implemented in practice. The EGM will provide a first stage in building the evidence base by mapping all of the existing evidence for all types of interventions.

This evidence and gap map is needed for several critical reasons:

- To provide a structured, interactive resource for practitioners, policymakers, commissioners, and researchers working with children displaying sexually inappropriate and harmful behaviour
- To identify gaps in available evidence across Hackett's Continuum of sexual behaviours in childhood, from developmentally expected through inappropriate to harmful behaviours
- To identify clusters of evidence suitable for systematic review and areas where existing reviews need updating
- To highlight underserved populations, including girls and young women, children with learning disabilities or neurodiversity, and those from minoritised communities.

The EGM will inform Foundations' strategic priorities and support the development of an evidence-based Practice Guide for practitioners working with children and young people across the spectrum of sexually inappropriate and harmful behaviours. It will also identify priority areas for the subsequent systematic review (work package (WP) 2) and also to identify the literature for the realist review and qualitative synthesis (WP3 and 4).



Figure 2. Plan for Evidence Syntheses to support the development of Foundations practice guidance



Objectives

The primary objective of the evidence and gap map is to identify, map, and synthesise existing evidence on interventions for children and young people (aged 0–18 years) displaying sexually inappropriate and harmful behaviour.

Specific objectives include:

- Provide a comprehensive visual and interactive map of existing evidence on interventions for children and young people displaying sexually inappropriate and harmful behaviour
- Identify where robust evidence exists across the spectrum of behaviours, from sexually inappropriate to harmful
- Identify gaps in the evidence base, particularly for underserved populations and lower-level inappropriate behaviours
- Identify existing systematic reviews and assess where updates are needed or new syntheses should be undertaken
- Support subsequent work packages focused on effectiveness reviews (WP2), realist review (WP3), and narrative review of lived experiences (WP4)
- Inform practice, policy, and commissioning decisions by making rigorous research accessible through an interactive online platform.

The EGM will include systematic reviews, primary quantitative and qualitative research, and case studies, providing a comprehensive resource for understanding the current state of evidence and identifying priority areas for future research and review.

Methods

Evidence and gap map: definition and purpose

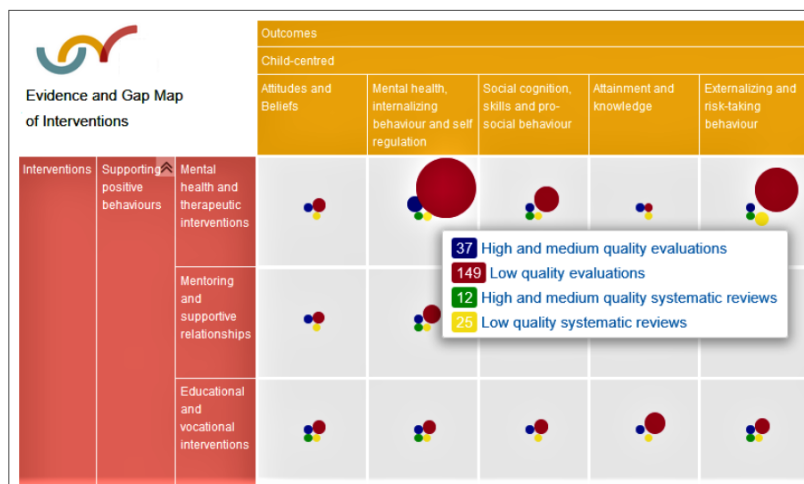
An evidence and gap map (EGM) is a visual representation of the distribution of evidence within a policy or practice domain. EGMs systematically identify, categorise and map existing research to show where evidence exists and where knowledge gaps remain. Unlike traditional systematic



reviews that synthesise evidence to answer a specific question, EGMs provide a bird's eye view of the entire evidence base, enabling users to understand the breadth and depth of research in a field (Snilstveit et al, 2013; White et al, 2020).

EGMs are particularly valuable when the evidence base is large and diverse, when multiple stakeholders need accessible information, and when strategic decisions about future research priorities are needed. They serve multiple functions: guiding users to relevant research, identifying clusters of evidence suitable for synthesis, highlighting gaps where new research is needed, and supporting evidence-informed policy and practice decisions. Their purpose is to provide a big-picture view of the existing evidence and therefore not a single intervention (as in a systematic review of effectiveness) but rather to show an overview of all the interventions. Likewise, we aim to show the whole spectrum of outcomes measured, evaluated, and reported rather than focusing on specific outcomes. An EGM intends to address the question ‘what is there?’ rather than ‘what works?’ as in a systematic review. Below is a picture of an EGM (Figure 3), illustrating the matrix and the interactive elements which enable knowledge users to click on the cells and access more detail on the included studies.

Figure 3. An image of an Evidence and Gap Map¹



¹ See: <https://epi.ioe.ac.uk/cms/default.aspx?tabid=3790>



Eligibility criteria

Studies that meet the following criteria will be included in the EGM.

Population

Eligible populations include children and young people aged 0–18 who display sexually inappropriate or harmful behaviour, as defined by Hackett's Continuum. This includes:

- Children displaying developmentally concerning or inappropriate sexual behaviours
- Children engaging in harmful sexual behaviour towards others
- Adolescents adjudicated for sexual offences
- Children involved in peer-to-peer sexual harm
- Siblings involved in sexual harm within families
- Children engaged in technology-assisted harmful sexual behaviour.

Studies focused on families and carers of children displaying harmful sexual behaviour will also be included.

Types of intervention/problem

Eligible interventions include any programme, service, treatment, or support delivered to children and young people (aged 0–18) who display sexually inappropriate or harmful behaviour, or to their families and carers. This includes but is not limited to:

- Behavioural interventions (behaviour modification, contingency management)
- Cognitive behavioural therapies
- Systemic and family therapies
- Psychoeducational programmes
- Trauma-focused approaches
- Assessment and risk management tools
- Parent/carer support programmes
- Early help interventions
- Service models and commissioning arrangements.

Interventions may be delivered individually, in groups, or with families. They may be delivered in community settings, residential facilities, justice settings, schools, health services, or via telehealth platforms. Intensity, duration and delivery mode will be recorded.

Comparators may include no treatment, treatment as usual, waitlist controls, alternative interventions, or different delivery modes of the same intervention. We will also be including non-comparative studies.

Types of outcome measures

All outcome measures will be eligible and will be grouped into the categories specified as shown below in Table 1 and 2. We will include outcomes that concern the individual child or young person (e.g. emotional regulation, safety, mental health, relationships, and social functioning),



family/caregiver outcomes (e.g. safety planning capacity, conflict, stress), and systems/society level (increased connectedness). We will also include cost-effectiveness outcomes where these are reported and factors that relate to implementation of interventions.

Types of study design

The EGM will include all study designs to provide a comprehensive view of the evidence base:

- Systematic reviews (with or without meta-analysis)
- Randomised controlled trials (RCTs)
- Quasi-experimental studies (QEDs; non-randomised controlled trials, interrupted time series, controlled before-after studies)
- Non-comparative quantitative studies (pre-post designs without control groups)
- Qualitative studies (interviews, focus groups, ethnography, case studies)
- Mixed-methods studies
- Case studies and practice descriptions.

Published grey literature and ongoing studies will all be eligible. Studies will be included regardless of publication status. We will only include studies published in English.

We will not undertake quality assessment of the included studies but will describe the nature of the evidence base and the strengths and limitations of the existing research.

Other eligibility criteria

Types of location and situation

No geographical restrictions will be applied. Studies from all countries and regions will be eligible. Country/region will be coded and available as a filter in the interactive map.

Types of settings

All settings will be eligible, including:

- Community-based services
- Residential care facilities
- Secure or detention facilities
- Schools and educational settings
- Health and mental health services
- Home-based interventions
- Telehealth/online delivery

Search methods and sources

The search will be conducted across multiple databases and grey literature sources to ensure comprehensive coverage of published and unpublished research.



Electronic databases to be searched:

- Medline (Ovid)
- Embase (Ovid)
- CINAHL (EBSCOhost)
- PsycINFO
- Cochrane Library
- Scopus
- Social Science Citation Index (Web of Science)
- Sociology Collection (ProQuest)

Grey literature sources:

- Social Care Online
- Organisational websites (Barnardo's, NSPCC, Lucy Faithfull Foundation, Stop It Now)
- Government and policy repositories
- Trial registers (ClinicalTrials.gov, ISRCTN).

The search strategy will combine terms related to:

- Population: children, adolescents, youth, harmful sexual behaviour, inappropriate sexual behaviour, sexually abusive behaviour
- Intervention: treatment, therapy, intervention, programme, support, assessment.

The full search strategy is available in the Appendix.

Additional searches will include:

- Backward citation searching of all included systematic reviews
- Forward citation searching of key papers
- Consultation with topic experts and stakeholders to identify additional sources.

References will be managed using EndNote and EPPI-Reviewer will be used to support screening and data extraction. Database searches will span 2015–March 2026. Studies published before 2015 and included in the NICE reviews (NICE, 2016; Campbell et al, 2020) will be included in this review.

Framework development

The conceptual framework for this EGM is grounded in ecological and developmental perspectives on child behaviour and wellbeing. Hackett's Continuum of sexual behaviours in childhood (2024) recognises that sexual behaviour emerges within children's social, familial and ecological contexts. The Continuum model acknowledges that:

- Sexual development is a normal aspect of childhood and adolescence
- Sexual behaviours exist on a continuum from expected and healthy through to harmful
- Context, relationships, developmental stage, and intention are critical factors in understanding behaviour



- Children displaying concerning sexual behaviour have rights, welfare needs, and capacity for change
- Responses should be proportionate, developmentally informed, and focused on welfare rather than criminalisation.

The framework recognises multiple pathways through which sexual behaviour concerns may emerge, including: exposure to harmful online content and pornography; experiences of abuse or trauma; family dysfunction; peer influences; developmental vulnerabilities including neurodiversity and learning disabilities; and broader social and cultural factors. Interventions may operate through multiple mechanisms: changing behaviour directly; building protective factors such as empathy and self-regulation; addressing underlying trauma; strengthening family relationships; and modifying environmental contexts.

Expected outcomes vary depending on the child's position on the continuum and may include: reduction in inappropriate or harmful behaviours; development of age-appropriate sexual knowledge and attitudes; improved emotional regulation and empathy; strengthened family functioning; educational engagement and stability; and prevention of escalation or recidivism.

We have also drawn on other theoretical frameworks to inform the design of the EGM matrix. These include the Attachment, Regulation, and Competency (ARC) Framework (Blaustein and Kinniburgh, 2020) designed to support the development of services for children and adolescents who have experienced complex trauma along with their caregiving systems. ARC is organised around three primary domains of intervention:

- **Attachment**, focusing on strengthening the caregiving system surrounding children through enhancing supports, skills and relational resources for adult caregivers.
- **Regulation** incorporates treatment designed to cultivate awareness and skill in identifying, understanding, tolerating and managing internal experience.
- **Competency** addresses key factors associated with resilience in stress-impacted populations.

It is also informed by the Assessment–Intervention–Moving on (AIM) Framework (Leonard and Hackett 2019) with a focus on restorative and reparative frameworks. The development of the matrix is facilitated by group discussion and consultation with our stakeholder group. We use an excel spreadsheet to support the discussion and planning of the matrix.²

² See: https://bham-my.sharepoint.com/personal/f_m_campbell_bham_ac_uk/_layouts/15/guestaccess.aspx?share=IQCi8uyPbL4YRK_xx8JQ7D7iAeikE8PXOeifq813WUdYg3w&time=z9cM2uyW3kg



Dimensions

The EGM will be structured around two primary dimensions:

Dimension 1: Intervention types

The intervention types are detailed in Table 1.

Table 1. Intervention types

Level 1	Level 2	Description
Ecological level	Individual development interventions	Emotional literacy work, social skills training, self-regulation skill building, psychoeducation on developmentally typical sexual behaviour. Child-focused psychoeducation, healthy sexuality and identity development.
	Contextual interventions	Peer-relational work, school-based support plans, structured routines, supervision systems, environmental safety adjustments.
	Caregiver and professional training	Training and recognising and responding to HSB, supporting normative sexual development, understanding developmental differences between normal, problematic and harmful behaviours.
	System-level interventions	Multi-agency case coordination, integrated support plans spanning safeguarding, education, clinical services.



Level 1	Level 2	Description
Trauma-responsive and attachment-informed interventions	Trauma-specific therapy	ARC-based interventions, trauma-focused CBT, sensory regulation and stabilisation interventions.
	Attachment-based interventions	Dyadic developmental psychotherapy, caregiver-child relational work, safe caregiving routines, attunement building.
	Regulation and coping skills	Affect identification and modulation, grounding and self-regulation techniques, behavioural activation, and resilience skills.
Cognitive-behavioural and skills-based interventions	CBT-based HSB programmes	Traditional CBT, cognitive restructuring, behaviour–thought–emotion linkage work.
	Skills training interventions	Impulse control and executive functioning, problem solving and decision-making, healthy boundaries, consent and sexuality education, online safety and pornography literacy.
	Relapse-prevention interventions (developmentally adapted)	Trigger identification, safety strategies, strength building approaches.
Family and systems-based interventions	Family therapy approaches	Structural family therapy, functional family therapy, systemic practice for HSB, parent–child relationship repair work, family psychoeducation on safety, boundaries, expectations.
	Intensive multisystemic interventions	Multisystemic Therapy for problem sexual behaviour (PSB).
	Parenting and caregiving interventions	Safety planning, boundary setting and supervision skills, trauma and HSB parenting programmes, support groups for caregivers.
Culturally grounded interventions	Cultural safety and identity focused interventions	Integrating cultural identity into programmes and treatment goals, therapist-family cultural matching or co-work, culturally adapted CBT/trauma interventions.
	Community embedded interventions	Family, kin, and community healing networks, community mentoring models, respectful relationship education, culturally contextualised.



Level 1	Level 2	Description
	Indigenous healing approaches	Culturally embedded therapeutic practices, narrative and storytelling work, elders-, kin-, community-led support.
Technology assisted HSB interventions	Digital behaviour interventions	Online safety behaviour management, reducing pornography driven cognitive distortions, digital decision-making skills.
	Technology focused psychoeducation	Healthy online relationships.
Restorative and reparative interventions	Restorative practice approaches	Indirect restorative work (apology letters, impact awareness), facilitated restorative meetings when appropriate and safe, relational repair work in sibling HSB cases.
	Reparative empathy-building	Victim impact understanding, accountability with compassion.
Psychoeducation and prevention focused interventions	Child focused	Consent, boundaries, respectful relationships.
	Caregiver and professional training	Training on recognising and responding to HSB, supporting normative sexual development.



Dimension 2: Outcomes

The outcome headings are detailed in Table 2.

Table 2. Outcomes

Level	Outcome
Child/adolescent	HSB/safety (risk reduction)
	Emotional regulation
	Relationships and social functioning
	Mental health
	Prosocial behaviour/ positive engagement
	Developmental competencies
	Sexual knowledge and attitudes
	Views and experiences of children
	Adverse outcomes
Family	Caregiver capacity
	Family safety planning ability
	Family stress and conflict
	Views and experiences of families and care givers
	Adverse outcomes
Systems and society	Increased connection to culture, community and pro-social networks
	Cultural identity and belonging
	Healing from intergenerational trauma



Level	Outcome
	Cultural safety
	Stakeholder views and attitudes
	Adverse outcomes
Cost-effectiveness	Costs reported
Implementation	Facilitators and barriers

Additional filter dimensions

- Position on Hackett's Continuum (inappropriate vs harmful behaviour)
- Age group (0–5, 6–11, 12–17)
- Gender (male, female, non-binary)
- Population subgroups (learning disabilities, neurodiversity, abuse history, minoritised ethnic communities)
- Setting (community, residential, justice, education, health)
- Country/region
- Study design (systematic review, RCT, quasi-experimental, qualitative, case study)
- Follow-up periods
- Year of publication
- Abuse type
- Equity data (PROGRESS-Plus criteria) (O'Neill et al, 2014).

Data collection and analysis

Screening and study selection

Screening will be conducted in two stages: title and abstract screening, followed by full-text screening.

A pilot screening phase will be conducted in which two reviewers will independently screen 10% of titles and abstracts. Inter-rater agreement will be calculated using Cohen's Kappa and near perfect agreement ($\kappa \geq 0.81$) is required to proceed. If this threshold is not met, additional 10% increments will be screened until near perfect agreement is achieved. Discrepancies will be discussed and the inclusion criteria refined if necessary.

Following the pilot phase, the remaining title and abstract screening will be conducted by a single reviewer using EPPI-Reviewer (Thomas et al, 2023). A random sample of 20% will be double screened throughout the process to monitor consistency.



Full-text screening will be conducted independently by two reviewers. Disagreements will be resolved through discussion, with a third reviewer consulted if consensus cannot be reached. Reasons for exclusion at full-text stage will be documented and reported in a PRISMA flow diagram (Page et al, 2021).

Data extraction and management

A structured data extraction and coding form will be developed in EPPI-Reviewer. The form will be piloted on 10 diverse studies (different study designs, interventions, and populations) and refined based on team discussion.

All included studies will be coded independently by two reviewers. Extracted data will include:

- Study identifiers (author, year, country, publication type)
- Study design
- Population characteristics (age, gender, position on Hackett's Continuum, population subgroups)
- Sample size
- Intervention characteristics (type, delivery mode, setting, duration, intensity)
- Comparator (if applicable)
- Outcomes measured (categorised by outcome type and timeframes for follow-up)
- Equity data (using PROGRESS-Plus criteria) (O'Neill et al, 2014)
- For systematic reviews: number and type of included primary studies, quality appraisal methods

Coding discrepancies will be resolved through discussion. The EPPI-Reviewer platform will track all coding decisions and inter-coder agreement statistics.

Attempts will be made to contact study authors to clarify missing or unclear information, with a two-week response window. Where information remains unavailable, this will be noted as 'not reported'.

Dependency

The unit of analysis for the EGM will be individual studies. Where multiple reports describe the same study (e.g. conference abstracts, journal articles, technical reports), these will be linked and treated as a single study entry. The primary publication will be identified and used as the main reference, with supplementary reports noted.

Methods for mapping

The evidence and gap map will be created using EPPI-Mapper, a web-based tool developed by the EPPI-Centre for creating interactive evidence maps. EPPI-Mapper enables users to visualise the distribution of evidence across intervention types and outcomes, apply filters, and access study details.

The map will display evidence using a matrix structure with intervention types on one axis and outcomes on the other. Each cell in the matrix will show the number of studies addressing that



intervention–outcome combination. Users will be able to click on cells to access lists of relevant studies with full coding details.

The interactive map will be hosted on a website agreed with Foundations and will remain accessible as a living resource. Static visual representations will be included in the published report for users without internet access.

Reporting

Report structure

The final EGM report will include:

- Executive summary
- Plain language summary
- Background and context
- Methods section detailing search strategy, screening and coding processes
- PRISMA flow diagram
- Descriptive statistics on included studies
- Static visual representations of the evidence map
- Narrative synthesis describing patterns in the evidence
- Gap analysis highlighting areas with limited or no evidence
- Implications for practice, policy, and research
- Appendices including full search strategies, coding framework, and study characteristics tables.

Each filter dimension will be clearly defined in the map documentation. Users will be able to select multiple filters simultaneously to identify specific subsets of evidence relevant to their needs.

Interest holder engagement

Stakeholder engagement is central to this EGM. An advisory group has been established comprising representatives from:

- Children's social care sector
- NHS and health services
- Independent sector providers
- Education sector
- Police and youth justice
- Voluntary and community sector organisations
- Young people with lived experience (through appropriate consultation mechanisms)
- Parents and carers.

The advisory group will meet at key stages: 1) to refine the framework and coding structure for the EGM; 2) to review preliminary findings and identify priority areas for deeper synthesis; and 3) to



interpret findings and develop recommendations. Meetings will be held quarterly throughout the project via online platforms to ensure accessibility.

Acknowledgements

This evidence and gap map is funded by the Department for Education and commissioned by Foundations. We acknowledge the contribution of our advisory group members representing children's social care, health services, education, youth justice, voluntary sector organisations, and individuals with lived experience.

Contributions of authors

The review team includes expertise in harmful sexual behaviour in childhood (Barter – conceptual and practice expertise; Hackett – continuum framework development), systematic review methodology and evidence synthesis (Campbell – lead methodologist), qualitative research methods, stakeholder engagement, and information retrieval (Court). Team composition ensures both content expertise and methodological rigour required for high-quality evidence and gap mapping.

Specific contributions using CRediT taxonomy will be detailed in the completed report, but anticipated roles include:

- Conceptualization: Barter, Campbell, Hackett
- Methodology: Campbell, Barter
- Information retrieval: Court
- Screening and data extraction: research team members from all four institutions
- Analysis: Campbell, Barter, Hackett
- Writing – original draft: Barter, Campbell, Court
- Writing – review and editing: all authors
- Project administration: Barter, Campbell
- Funding acquisition: Barter, Campbell.

Data Availability Statement

The data supporting this evidence and gap map will be openly available. All included studies, coding data, and the interactive map will be accessible via the Foundations website. The full dataset of included studies with coding will be made available in a machine-readable format (e.g. CSV or Excel) to support future research and secondary analyses. Search strategies, screening decisions, and other methodological materials will be provided as supplementary materials.

Declarations of interest

Professor Christine Barter has conducted primary research on peer-to-peer sexual harm and harmful sexual behaviour in childhood. Dr Fiona Campbell has no known conflicts of interest.



Simon Hackett developed Hackett's Continuum of sexual behaviours in childhood, which forms the conceptual framework for this EGM. All team members declare that these prior contributions enhance rather than bias the current work. The project is funded by Foundations; funders have had no role in protocol development beyond specifying the broad scope and objective.

Plans for updating the EGM

We are exploring the possibility of creating a living EGM and will update our protocol when this has been confirmed.

Timeline

Dates	Activity
Month 1	Confirmation of protocol design of EPPI-Reviewer screening and coding tools
Month 2	Searching and screening
Month 3	Coding included studies
Month 4	Development of EGM and analysis
Months 4–5	Report writing



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APPENDIX: EXAMPLE SEARCH STRATEGY

Sociology Collection (ProQuest)

Targeted search Draft 2

Set#	Searched for	Databases	Results
S1	(TI,AB((child* OR adolescent* OR juvenile* OR young OR youth* OR minor* OR teen* OR boy* OR girl*) NEAR/10 ("sex* offen*" OR "sex* abus*" OR "sex* violen*" OR "sex* aggress*" OR "sex* force*" OR "sex* assault*" OR "sex* coerc*" OR "sex* exploit*" OR "sex* harm*" OR "sexual behavio?r problem*" OR "harmful sexual behavio?r*" OR "problem* sexual behavio?r*" OR molest* OR rape OR rapist* OR incest*)))	Sociology Collection, Sociology Database	24308
S2	(TI,AB((child* OR adolescent* OR juvenile* OR young OR youth* OR minor* OR teen* OR boy* OR girl*) NEAR/10 ("problem* sexual behavio\$r*" OR "unacceptable sexual behavio\$r*" OR "unusual sexual behavio?r*" OR "concerning sexual behavio?r*" OR "worrying sexual behavio?r*" OR "socially unexpected sexual behavio?r*" OR "compulsive sexual behavio?r*" OR "uninvited sexual behavio?r*" OR "exhibitionist sexual behavio?r*" OR "risky sexual behavio?r*")))	Sociology Collection, Sociology Database	882
S3	(TI,AB((child* OR adolescent* OR juvenile* OR young OR youth* OR minor* OR teen* OR boy* OR girl*) NEAR/10 ("public masturbation" OR "public genital stimulation" OR "public self-stimulat*" OR "public disrobing" OR "inappropriate touching")))	Sociology Collection, Sociology Database	7
S4	(TI,AB(((child* OR adolescent* OR juvenile* OR young OR youth* OR minor* OR teen* OR boy* OR girl*) AND (nonconsensual OR "without consent" OR unsolicited OR unwanted)) AND (sexting OR ((sex* OR nud*) NEAR/2 (message* OR image* OR picture* OR photo*))))))	Sociology Collection, Sociology Database	97
S5	(TI,AB(((child* OR adolescent* OR juvenile* OR young OR youth* OR minor* OR teen* OR boy* OR girl*) AND (harm* OR unacceptable OR inappropriate*)) AND ((sexual* NEAR/3 (swear* OR word* OR phrase* OR slang OR jargon)) OR "sexual* explicit")))	Sociology Collection, Sociology Database	28
S6	(TI,AB(((("dating abuse" OR "dating violence" OR "dating aggression") AND (child* OR adolescent* OR juvenile* OR young OR youth* OR minor* OR teen* OR boy* OR girl*)) AND (perpetrat* OR offen*)))	Sociology Collection, Sociology Database	702



Set#	Searched for	Databases	Results
S7	[S1] OR [S2] OR [S3] OR [S4] OR [S5] OR [S6]	Sociology Collection, Sociology Database	25811
S8	TI,AB((intervention* OR treatment* OR therap* OR approach* OR manage* OR training OR retraining OR model* OR program*))	Sociology Collection, Sociology Database	1558737
S9	TI,AB("restorative justice" OR "relapse prevention" OR desistance OR rehabilit* OR "family group conferencing" OR psychotherap* OR counsel* OR "group work" OR "vicarious sensitization" OR "verbal satiation" OR "behavior modification" OR "behaviour modification" OR conditioning)	Sociology Collection, Sociology Database	121272
S10	[S8] OR [S9]	Sociology Collection, Sociology Database	1596758
S11	[S7] AND [S10]	Sociology Collection, Sociology Database	13375
S12	([S7] AND [S10]) AND pd(20150101-20260226)	Sociology Collection, Sociology Database	4176



Draft 2:

Of the 28 known studies in this collection of databases, the subject search finds 27 (some are older than 2015).

Not found (reason(s)):

Brogi 1998 (no intervention terms)

MEDLINE (Ovid)

Targeted search draft 2

Ovid MEDLINE(R) ALL <1946 to February 26, 2026>

Set	Searched for	Results
1	((child* or adolescent* or juvenile* or young or youth* or minor* or teen* or boy* or girl*) adj10 (sex* offen* or sex* abus* or sex* violen* or sex* aggress* or sex* force* or sex* assault* or sex* coerc* or sex* exploit* or sex* harm* or sexual behavio?r problem* or harmful sexual behavio?r* or problem* sexual behavio?r* or molest* or rape or rapist* or incest*)).ti,ab,kf.	16685
2	((child* or adolescent* or juvenile* or young or youth* or minor* or teen* or boy* or girl*) adj10 (problem* sexual behavio?r* or unacceptable sexual behavio?r* or unusual sexual behavio?r* or concerning sexual behavio?r* or worrying sexual behavio?r* or socially unexpected sexual behavio?r* or compulsive sexual behavio?r* or uninvited sexual behavio?r* or exhibitionist sexual behavio?r* or risky sexual behavio?r*)).ti,ab,kf.	1121
3	((child* or adolescent* or juvenile* or young or youth* or minor* or teen* or boy* or girl*) adj10 (public masturbation or public genital stimulation or public self-stimulat* or public disrobing or inappropriate touching)).ti,ab,kf.	12
4	((child* or adolescent* or juvenile* or young or youth* or minor* or teen* or boy* or girl*) adj10 (nonconsensual or without consent or unsolicited or unwanted)) and (sexting or ((sex* or nud*) adj2 (message* or image* or picture* or photo*))).ti,ab,kf.	34
5	((child* or adolescent* or juvenile* or young or youth* or minor* or teen* or boy* or girl*) and (harm* or unacceptable or inappropriate*) and ((sexual* adj3 (swear* or word* or phrase* or slang or jargon)) or sexual* explicit)).ti,ab,kf.	27



Set	Searched for	Results
6	((dating abuse or dating violence or dating aggression) and (child* or adolescent* or juvenile* or young or youth* or minor* or teen* or boy* or girl*)) and (perpetrat* or offen*).ti,ab,kf.	635
7	1 or 2 or 3 or 4 or 5 or 6	18229
8	(intervention* or treatment* or therap* or approach* or manage* or training or retraining or model* or program*).ti,ab,kf.	15845544
9	therapy.fs.	2354187
10	(restorative justice or relapse prevention or desistance or rehabilit* or family group conferencing or psychotherap* or counsel* or group work or vicarious sensitization or verbal satiation or behavior?r modification or conditioning).ti,ab,kf.	573030
11	8 or 9 or 10	16667315
12	7 and 11	10279
13	limit 12 to yr="2015 -Current"	5607

Of the 14 known studies indexed in MEDLINE, the subject search finds 14 (some are older than 2015).