

WHAT WORKS FOR WHOM, UNDER WHAT CIRCUMSTANCES, AND WHY, IN INTERVENTIONS TO SUPPORT CHILDREN AND YOUNG PEOPLE DISPLAYING SEXUALLY INAPPROPRIATE AND HARMFUL BEHAVIOUR

Realist Review Protocol

| | |
|-------------------------------|---|
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Summary

Foundations – What Works Centre for Children & Families has commissioned a systematic review of interventions to support children and young people displaying sexually inappropriate and harmful behaviour. This includes interventions delivered directly to children and young people, as well as those involving children and young people alongside their caregivers or wider family members.

There are five interconnected strands to the study: a mapping review and gap map, a systematic review of effectiveness, a realist review, a narrative review, and a synthesis.

This protocol covers the realist review, which will examine how, why, and in what contexts interventions to support children and young people (0–18 years old) who display sexually inappropriate and harmful behaviour and their caregivers/wider family members are effective. Unlike traditional reviews that ask whether interventions work, a realist approach seeks to explain what works, for whom, under what circumstances, and why through context–mechanism–outcome (CMO) analysis.

Eligible interventions include any form of support for children who display sexually inappropriate and harmful behaviour provided across UK statutory, voluntary, community, or private services. Universal services, accessible to all children, are not in scope.

All outcomes are of interest, including sexual recidivism and non-sexual offending/recidivism, mental health and wellbeing (e.g. anxiety, depression, PTSD), pro-social outcomes, positive peer and family relationships, and subjective experiential outcomes. These outcomes are provided as examples rather than a definitive list which will be determined in our mapping exercise with the review team’s advisory groups and Foundations. The review will also cover uptake and engagement with interventions.

Following RAMESES standards, the review will proceed in five stages: 1) developing initial programme theories; 2) systematic searching; 3) study selection and appraisal; 4) data extraction and synthesis; and 5) refinement of programme theories. Evidence will be identified through searches of key databases (e.g. Medline, Embase, CINAHL, PsycINFO, Scopus), citation tracking, and the study team’s professional knowledge alongside recommendations from a professional advisory group and the review team’s lived experience advisory groups. Depending on the volume of published literature identified, grey literature may also be included.

Evidence will be appraised for relevance (to theory development) and rigour (credibility of findings), using the Mixed Methods Appraisal Tool (MMAT). Analysis will use abductive and retroductive reasoning to build and test middle-range theories, producing CMO configurations and a Theory of Change to explain which intervention components work best in particular settings.

The lived experience advisory groups and the professional advisory group will be involved in informing initial programme theories, refining the final theoretical interpretations and considering applicability. The realist review will run over five months, with theory development, searching, screening, and analysis phases carefully staged. Findings will then be synthesised with those from the other two reviews (Systematic and Narrative), to inform the key stakeholder consultation



phase. Outputs will include evidence-informed Theories of Change, practical recommendations for service design, and identification of research gaps. The study will be registered with Campbell Collaboration. The findings of the study will inform a Practice Guide which will be written by Foundations in 2027, and advisory groups will advise on other appropriate means of dissemination.



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Background, rationale, and question formulation

Background

Foundations has commissioned the Universities of Lancashire, Birmingham, and Manchester Metropolitan to undertake a systematic review of interventions for children and young people (aged 0–18) displaying sexually inappropriate and harmful behaviour. This includes interventions delivered directly to children and young people, as well as those involving children and young people alongside their caregivers or wider family members.

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).

Scale and contemporary drivers

Sexual development is a normal and important aspect of growth through childhood, adolescence, and into adulthood. However, a significant minority of children and young people display sexual behaviours that cause concern or harm. 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., 2016). 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). The Children's Commissioner for England (de Souza, 2025) has highlighted the strong relationship between HSB and the core themes of pornography, including gendered coercion, sexual entitlement, aggression, and violence. These reports show how children are exposed to online pornography at alarming rates and increasingly young ages, shaping attitudes, expectations, and peer cultures in ways that distort understanding and normalise harmful behaviours. We also recognize that differences between peer-to-peer harm (sometimes referred to as child-to-child harm), sibling sexual harm/abuse, and technology-assisted harm require the consideration of relationship context alongside nature and type.

These developments underscore the need for a comprehensive, developmentally grounded evidence base to inform proportionate responses across a spectrum of sexual behaviours. Understanding how often these behaviours occur and why they are emerging with increasing



frequency and visibility is essential to designing interventions that are effective and contextually relevant.

Inappropriate and harmful sexual behaviours: conceptual developments

The term harmful sexual behaviour was first proposed by Hackett in 2004, reframing children's sexual behaviours as a developmental, relational and welfare issue rather than an extension of adult sexual offending. This construct, now embedded in UK policy and international guidance, marked a decisive departure from narrow criminological models and remains the field's foundational framework (e.g. NICE, 2016). Over the past two decades, practitioners and researchers have decisively moved away from viewing children with sexual behaviour problems as miniature adult offenders. Early work (Hackett, Masson, and Phillips, 2006) demonstrated how language such as 'perpetrator' or 'adolescent sexual offender' perpetuated stigma and misunderstanding.

The current framing of HSB focuses on behaviour rather than identity, emphasising children's rights, welfare, and potential for change. This developmental and relational perspective now underpins national and international frameworks, recognising that HSB emerges within children's social, familial, and ecological contexts. The language practitioners and researchers use is never neutral; it shapes professional responses and children's self-understanding. The emergence of a shared conceptual vocabulary has therefore been pivotal in advancing the field.

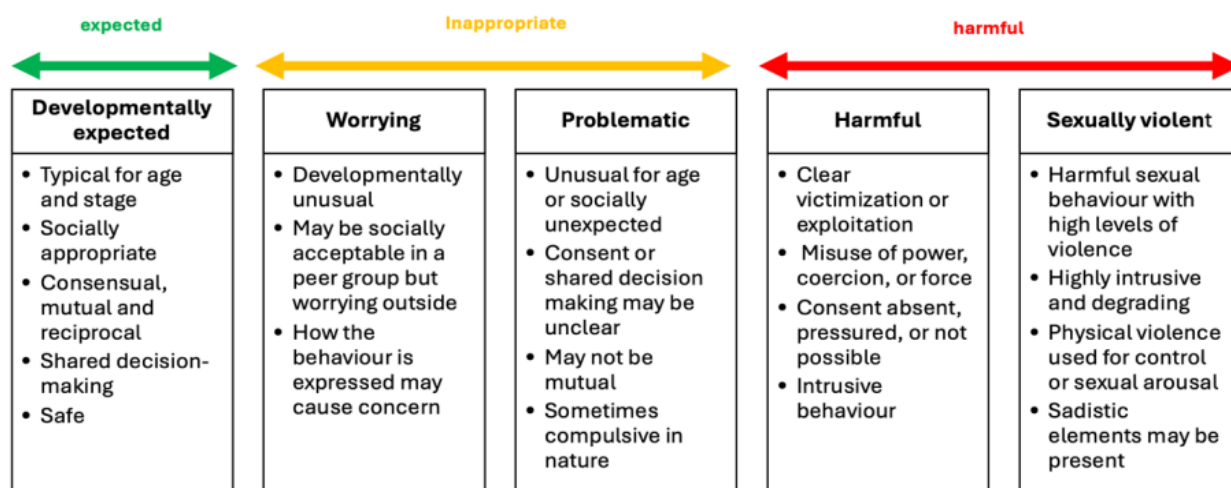
Hackett's original Continuum of sexual behaviours in childhood (2010) positioned these behaviours along a developmental spectrum from those that are expected and healthy to those that are harmful, providing a practical framework for proportionate, contextualised responses. In the present commission, Foundations distinguishes between sexually inappropriate and harmful behaviours, two points along Hackett's original continuum. In the 2024 updated version of the continuum (see Figure 1), this framework has been further refined to identify three distinct but related domains of behaviour, which will guide the current review:

- **Developmentally expected:** sexual behaviours appropriate to a child's age, ability, stage of development, and understanding; typically observed in peers of similar maturity
- **Inappropriate:** 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 for the child or others
- **Harmful:** behaviours that cause harm to the child or others, or may be abusive towards others.

These revised definitions have informed the second iteration of Hackett's continuum model, as shown in Figure 1 below.



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



This refined continuum provides the conceptual foundation for the current review. It enables the synthesis to capture the full range of evidence while maintaining conceptual precision, ensuring findings are mapped proportionately and analytically across the behavioural spectrum, with specific attention to the inappropriate and harmful strands depicted in Figure 1.

Conflating international literature on serious adolescent sexual offending with evidence about lower-level, developmentally expected or inappropriate behaviours would be misguided; evidence from clinical or justice-involved samples of ‘juvenile sex offenders’ cannot be assumed applicable to the growing population of children whose behaviours are inappropriate or problematic but non-offending. Differentiating these populations conceptually and analytically is essential to avoid pathologising children and misdirecting resources. It also ensures that responses remain proportionate, developmentally informed, and ethically sound. Grounding the review in the 2024 Continuum will prevent such conflation, ensuring conceptual coherence, proportionality, and developmental sensitivity.

Despite significant conceptual progress, the empirical evidence base remains uneven. Most studies evaluate interventions for older adolescent males within justice settings, with limited attention to younger children, girls, early help for lower-level inappropriate behaviours, family-centred approaches, or the implementation and acceptability of interventions in practice. By grounding the review in the updated Hackett Continuum (2024), the project will ensure conceptual coherence and prevent conflation of distinct evidence bases. The findings will inform Foundations’ forthcoming Practice Guide, providing commissioners and practitioners with clear, evidence-based recommendations that are proportionate, context-sensitive and developmentally appropriate across the continuum of children’s sexual behaviours.



Study overview

The research questions underpinning the overall study design are:

- **RQ1. What works:** Which interventions are effective in supporting and improving outcomes in children and young people who display inappropriate to harmful sexual behaviour?
- **RQ2. For whom:** What are the different types of interventions, how are they defined, and which models are effective for different populations of children and young people?
- **RQ3. How and why:** What practice elements and intervention components are associated with successful interventions when supporting this population?
- **RQ4. Implementation:** What are the enablers and barriers to successful implementation of interventions when children and young people exhibit harmful sexual behaviour?
- **RQ5. User perspectives and needs:** What are the views of intervention users and practitioners about the acceptability and usefulness of interventions?

The study includes five key work packages which, together, seek to build a comprehensive understanding of the nature and effectiveness of interventions for children and young people who display inappropriate to harmful sexual, contextualised with reference to their self-identified needs and priorities.

The five key work packages (WPs) are:

- WP1.** Rapid mapping review and interactive evidence and gap map.
- WP2.** The systematic review of effectiveness comprises of two interlinked stages. The first stage will be an overview of the existing high quality quantitative systematic reviews (including Campbell et al., 2016; Campbell et al., 2018). The scope of the behaviours included in those reviews will be explored to identify current gaps in synthesized evidence. New evidence that is not included in those reviews will be identified by WP1. The second stage, building on the overview and in consultation with our advisory groups and Foundations, we will undertake updates of existing reviews and where indicated a new systematic review.
- WP3.** A realist review, to more qualitatively explore what interventions work for whom, in what contexts and why: the focus of this protocol.

Recognising variable levels of evidence around different types of intervention, the limited inclusion of lived experience perspectives in some of this evidence, and the breadth and diversity of children's needs, the study will also include:

- WP4.** A narrative review of lived-experience evidence about what children want and need who display inappropriate to harmful sexual behaviour more broadly.
- WP5.** Data synthesis of WP2–4, followed by qualitative consultations to elicit lived experience and practice-based perspectives on the findings and emergent hypotheses about what works, for whom, and why.

The findings of the study will underpin a Practice Guide commissioned by the Department for Education and developed by Foundations, due to be published in 2027.



Rationale

A variety of interventions have been developed for children and young people who display inappropriate to harmful sexual behaviour, but it is unclear how and why individual interventions are effective for some, but not others. Currently, we do not know how or why different interventions work in different settings, for different populations (such as males, females, youth with developmental disabilities and cognitive impairment) and for different types and levels of sexual behaviour (see [Hackett's Continuum](#)). Some therapeutic interventions such as cognitive behavioural therapy (CBT) and multisystemic therapy (MST), appear to have stronger evidential support, but meta-analyses can mask information about who benefitted (or not) and their delivery setting. We also do not know how the effectiveness of different interventions can be influenced by contextual issues such as factors that create disparities in access to services (e.g. racial inequalities, poverty and socioeconomic issues, jurisdictional factors such as the position of children in the criminal justice system, etc.).

There is a need to explore the appropriateness of interventions aimed at supporting children and their caregivers across the continuum of harm and not just at the more 'severe' end. Key challenges in understanding available interventions relate to understanding the setting, nature of the intervention, processes by which the intervention operates, who the service is aimed at, and what the intended outcomes are. As highlighted in a previous qualitative systematic review by McLay et al. (2015), children with learning disabilities who display harmful sexual behaviours and their families face specific facilitators and barriers. Therefore, it is essential we seek to ensure that their views are included wherever possible.

A realist approach (Pawson and Tilly, 2004) will be used to critically analyse the evidence to understand how **contexts** (conditions in which interventions are introduced and factors affecting populations targeted) and **mechanisms** (the reasoning and reactions of children and young people, caregivers, and professionals in response to the support offered by the interventions) influence **outcomes** (access and unintended and intended impacts of post-abuse interventions). This enables a focus on identifying patterns of causation that are formulated as 'context–mechanism–outcome (CMO) configurations', also known as 'programme theories'. By identifying which components of an intervention are effective under particular conditions, realist reviews provide valuable guidance for researchers, practitioners, service providers and commissioners in tailoring and implementing programs that are more likely to succeed. Theories of Change will be developed that answer 'what works, for whom, in what circumstances, in what respects, and why?'

- **Context** refers to the backdrop conditions that can trigger or modify a mechanism to influence outcomes. These could be structural factors arising from the setting of the intervention, cultural and social norms and beliefs, and individual factors affecting the child or young person.
- **Mechanisms** are underlying causal processes that, when activated within a particular context, produce specific outcomes – they explain both *why* and *how* outcomes arise. Mechanisms are believed to include two elements: the **resources** provided through an intervention (such as the information or support provided by the provider as part of the intervention) and the **reasoning or responses** – cognitive, emotional, or behavioural – of those involved.



- **Outcomes** are the intended or unintended effects that occur from the interaction of context and mechanism. For example, these could be measurable mental health outcomes such as depression, anxiety or post-traumatic stress, changes in self-perception and relationships, or subjective experiential outcomes. Uptake and sustained participation in interventions will also be considered as outcomes in our planned realist review, thereby addressing engagement with interventions.

Our realist review will be guided by the RAMESES standards (Wong et al., 2013) and will follow a five-step process: 1) development of initial hypothesised programme theories; 2) development of search strategy; 3) study selection and appraisal; 4) data extraction, appraisal, and synthesis; 5) programme theory testing and refinement. Screening, selection, and reporting will be guided by the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidance (Page et al., 2022).

Research questions

The main research question guiding this realist review is:

What works, for whom, and in what circumstances, in relation to interventions for children and young people who display inappropriate to harmful sexual behaviour?

Identifying relevant literature

Search strategy and search terms

As outlined, the initial mapping review and evidence and gap map (EGM) will incorporate all study designs, providing a resource for work packages 3 and 4. A comprehensive and systematic search strategy will be developed with an experienced information specialist (Court). A multi-database search will be undertaken across the following key databases: Medline (Ovid), Embase (Ovid), CINAHL (EBSCOhost), PsycINFO (EBSCOhost), SocINDEX (EBSCOhost), Cochrane Library, Scopus, and Social Science Citation Index (Web of Science). A detailed search strategy will be developed which will be adapted for each database to optimise retrieval. References will be managed using a reference manager (EndNote) and EPPI-reviewer will be used to support screening. Duplicates will be removed, and screening decisions recorded in a PRISMA-compliant tracking sheet. Additional hand-searching and backward citation tracking will be conducted for all included systematic reviews. Depending on the volume of included primary studies, repositories for searching grey literature may also be conducted, including Social Care Online. The webpages of relevant organisations such as Barnardo's and NSPCC could also be undertaken. With the support of an information specialist (Court), additional search methods will include forward and backward searches and examination of reference lists from any identified reviews. Findings for the Realist Review will be supplemented by iterative searches, informed by input from a professional advisory group.

We will include articles published in English, and quality appraisal of individual studies will be assessed based on an appraisal of rigour (credibility, plausibility, believability, trustworthiness, and coherence), relevance (research focus but also explanatory potential), and richness (explaining



what works, and whether it can be applied widely) (Dada et al., 2023), and will use the Mixed Methods Appraisal Tool (MMAT).

Terms have been selected to support a comprehensive search, balancing recall and precision. The inclusion of terms that are no longer recommended practice in the UK does not indicate endorsement by the research team. Similarly, exclusion of terms (for example, in relation to demographics) does not represent exclusion of groups or experiences which will be captured under broader search terms and explicitly attended to during data extraction. The study selection criteria are devised to ensure the transferability of findings within the UK context.

Study selection criteria

Inclusion and exclusion criteria mapped against a PIO framework are as follows.

Table 1. Inclusion and exclusion criteria

| Criteria | Inclusion criteria | Exclusion criteria |
|---------------------|---|--|
| Population | Children and young people aged 0–18 who are known to display inappropriate to harmful sexual behaviour, their parents and carers, and practitioners delivering the interventions. | Children and young people who are not known to have displayed inappropriate to harmful sexual behaviour. Young people aged over 18. |
| Intervention | Interventions designed for children/young people who display inappropriate to harmful sexual behaviour. This includes interventions delivered directly to children and young people, as well as those involving children and young people alongside their caregivers or wider family members. These may be delivered by Early Help services and children’s social care; voluntary and community sector services; education; health services; police and youth justice; and private intervention delivery partners. This will include early help/targeted support (level 2–3) and specialist or statutory services (level 4). | Level 1 universal/primary preventative services. Informal sources of support such as leaflets, generic advice. |



| Criteria | Inclusion criteria | Exclusion criteria |
|----------------------|--|---|
| Outcomes | Any/all types of outcomes related to the provision of interventions for children and young people who display inappropriate to harmful sexual behaviour. | Outcomes unrelated to the provision of interventions for children and young people who display inappropriate to harmful sexual behaviour. |
| Time period | 2015 onwards | Prior to 2015 |
| Setting | High-income countries, to ensure transferability of findings. | Low–middle-income countries. Countries will be classified as high-income or middle-income according to the World Bank Country Income Classification (World Bank 2024). |
| Type of study | Any study design (qualitative, quantitative, mixed-methods) including programme evaluations and process evaluations focussed on interventions. | |
| Language | English language only. | Non-English. |

Study records

Initial Mapping – work package 1 (WP1). Data extraction will be completed manually using a study-specific Excel template. Reviewer 1 will lead this process, with 20% of extracted data independently checked by a second reviewer (2, 3, or 4), with specialist support provided by Reviewer 5 until inter-rater agreement is achieved (Kappa score 0.61–0.80). Any discrepancies will be discussed before proceeding with the remaining screening. Following this, the remaining abstract and title screening will be conducted by a single reviewer using EPPI-Reviewer. Exclusion reasons will be documented and reported for full paper screening. Work package 1 will map and categorise all of the existing evidence, and this step will not need to be replicated in subsequent work packages. Work package 1 will provide a database of the existing evidence, categorised by intervention type, study design, outcomes measured, and settings.

Study and participant characteristics, intervention description (including key components and setting), explicit programme theory, and information relevant to hypothesised or new contexts,



mechanisms and/or positive and negative outcomes of the intervention will be extracted. Where information about specific approaches is unavailable in sufficient detail, we will source additional descriptive articles (where possible) or contact authors. This phase will be directed by Reviewer 5, supported by other members of the review team.

This work will start by clarifying the scope of the review by using existing research and reviews in this area and some exploratory searching to identify existing programme theories to create a theoretically based evaluation framework for the synthesis.

Building on this, our review will begin with the formulation of tentative programme theories. These explanatory hypotheses will outline the anticipated relationships between context, mechanisms and outcomes regarding interventions for children and young people who display inappropriate to harmful sexual behaviour, addressing the following questions: How does it work? Why does it work? For whom does it work? Under what conditions does it work?

These initial programme theories will be developed first within the project team, and then further refined with the lived experience advisory groups (LEAGs; one youth and one with parents) and the professional advisory group (PAG). These initial programme theories will then be iteratively tested against empirical evidence gathered through searches, and new programme theories will be developed if they emerge from the evidence. The advisory groups will be consulted again as part of the process of theory refinement. The final result will be an evidenced set of programme theories, with evidence gaps identified.

Quality appraisal

In this review, all types of evidence from diverse sources (qualitative, quantitative, mixed-methods) can be included if they offer insights into how contexts shape mechanisms and outcomes. In realist reviews, quality appraisal is not about excluding whole studies based solely on rigid hierarchies of evidence. Instead, the focus is on assessing the **relevance** and **rigour** of each individual piece of evidence to be used for theory building and testing (Dada et al., 2023).

- **Relevance** is whether the evidence can inform, refine, or test the developing programme theories
- **Rigour** considers whether the methods used to generate the evidence are credible and trustworthy.

We will do this as follows:

- For assessing **rigour** we will use the MMAT quality appraisal tools pragmatically to assess whether we can trust the way the evidence was generated for the claims being made by a careful review of the methodology, methods, reported findings and its limitations (Dada et al., 2023).
- For assessing **relevance**, we will review the findings to assess does the evidence help to build, refine or test a theory by exploring which context–mechanism–outcome configurations the evidence relates to and its degree of contribution (e.g. an illustrative example or a substantive test of mechanism) (Dada et al., 2023).



Information on **relevance** and **rigour** will be recorded on the Excel data extraction data form for transparency purposes.

Summarising the evidence

Data extraction will form part of the analytic process, with coding for contexts, mechanisms, and outcomes being carried out during extraction and coded sections of text being imported to the Excel spreadsheet. Data will be analysed retroductively, combining inductive and deductive reasoning to check the initial programme theories against the evidence and using abductive inference to hypothesise missing links in any programme theories and to generate new programme theories. Synthesis will be based on combining all the evidence for programme theories from across the different methodologies into an integrated explanatory framework that demonstrates what is known about the contexts, mechanisms and outcomes for these interventions.

The evidenced framework will be formatted as theories of change for effectiveness of interventions and for different population and sub-groups of children/young people and parents/carers where possible.

Specifically, our review is underpinned by the Health Inequalities Assessment Tool (Public Health England, 2020; Porroche-Escudero et al., 2021) to ensure our study addresses any health or social inequalities. This toolkit was designed to support an intersectional equity lens in research and consider how lived experiences and policy and practice expertise can help the process. The tool comprises five sections:

- Mapping inequalities relevant to the research topic
- Integrating an intersectional equity lens into research questions
- Designing and conducting research sensitive to inequalities
- Prioritising findings relevant to action on inequalities in reporting and dissemination
- Principles for research that is sensitive to intersectional inequalities.

Key limitations, gaps and areas for further research will be identified.

Registration

The research will be registered with the Campbell Collaboration and listed on the Foundations website. This will be updated with outcomes upon completion ([Campbell Collaboration](#)).



Personnel

| Name | Affiliation | Roles and responsibilities |
|-------------------------|--|---|
| Christine Barter | Professor of Interpersonal Violence Prevention, University of Lancashire | Co-Principal Investigator for the overall study; provide support to all key activities; subject advisor |
| Gill Thomson | Professor in Perinatal Health, University of Lancashire | Oversee all key activities; provide support for junior staff, including support in screening, appraisal, analysis, and reporting |
| Simon Hackett | Professor of Child Abuse and Neglect, Durham University (Consultant) | Subject advisor on sexually harmful behaviour; provide support in screening, appraisal, analysis, and reporting |
| Jenny McLeish | Health Services Researcher Consultant | Provide support to team on realist approaches, including discussions on developing initial programme theories, data extraction, analysis, and reporting |
| Anita Franklin | Professor of Childhood Studies, Manchester Metropolitan University | Subject advisor on children and disability |
| Lucy Hives | Research Associate, University of Lancashire | Screening, additional searches including backward–forward screening and follow-up with authors; appraisal, data extraction, analysis, and reporting |
| Nicola Crossland | Research Fellow, University of Lancashire | Screening, appraisal, data extraction, analysis, and reporting |



Timeline

| Dates | Activity | Staff responsible/ Leading |
|-------------------|--|--|
| Months 1–2 | Discussions with project team to develop initial programme theories | Gill Thomson, Simon Hackett, Christine Barter |
| Month 2 | Database screening | Lucy Hives, Nicola Crossland |
| Months 2–3 | Title/abstract screening | Lucy Hives, Nicola Crossland, Gill Thomson, Christine Barter, Simon Hackett |
| Months 3–4 | Full-text screening (and additional searches) | Lucy Hives, Nicola Crossland, Gill Thomson, Christine Barter, Simon Hackett |
| Months 4–5 | Appraisal and data extraction | Lucy Hives, Nicola Crossland, Gill Thomson, Christine Barter, Simon Hackett, Jenny McLeish |
| Months 5–6 | Analysis and realist review reporting | Lucy Hives, Nicola Crossland, Gill Thomson, Christine Barter, Simon Hackett, Jenny McLeish, Anita Franklin |
| Months 6–9 | Overall synthesis with other work streams (Umbrella and Narrative reviews; stakeholder consultations). Final reporting. | Gill Thomson, Christine Barter, Simon Hackett, Lucy Hives, Nicola Crossland, Anita Franklin |



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APPENDIX: SEARCH TERMS

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 |



| Set# | Searched for | Databases | Results |
|-------------|--|--|----------------|
| 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 |
| 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 |
| 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 |



| Set | Searched for | Results |
|------------|---|----------------|
| 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 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).