Foundations
What Works Centre for Children & Families

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

Systematic Review Protocol

Delivery organisations	University of Birmingham, University of Central Lancashire, Durham University
Principal investigator(s)	Professor Christine Barter, Dr Fiona Campbell
Protocol author(s)	Fiona Campbell, Christine Barter, Simon Hackett, Rachel Court
Contact details	f.m.campbell@bham.ac.uk
Funder	Foundations – What Works Centre for Children & Families

Contents

Background 3

The intervention 3

How the intervention might work 4

Why this review is important 5

Objectives 6

Methods 6

Criteria for considering studies for this review 7

Search methods for identification of studies 10

Data collection and analysis 11

Acknowledgements 15

Contributions of authors 16

Data Availability Statement 16

Declarations of interest 16

Preliminary timeframe 17

Plans for publication and updating this review 17

References 18

Appendix: Example Search Strategy 21

Background

Harmful sexual behaviour (HSB) in childhood represents one of the most complex and pressing challenges in contemporary child safeguarding and welfare practice. Once considered peripheral to adult sexual offending work, it is now recognised as a mainstream child wellbeing and public health priority (NICE, 2016). Sexual development is a normal aspect of childhood and adolescence, but a significant minority of children and young people display sexual behaviours that cause concern or harm to themselves or others.

The scale and urgency of this issue are underlined by recent data: 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 demonstrate that sexual behaviour between children is not isolated but represents a significant, enduring safeguarding concern requiring proportionate, evidence-based responses.

Multiple social and cultural forces appear to be contributing to the prevalence and visibility of these 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, 2023; 2025) has highlighted the strong relationship between HSB and core themes of pornography, including gendered coercion, sexual entitlement, aggression, and violence, with children exposed to online pornography at alarming rates and increasingly young ages.

Despite conceptual and practice advances over the past two decades, the empirical evidence base for interventions 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. This creates significant challenges for practitioners, commissioners, and policymakers seeking to develop evidence-informed services across the continuum of need.

The intervention

This review will examine a range of interventions designed to address sexually inappropriate and harmful behaviour in children and young people aged 0-18 years. Interventions of interest include:

- Cognitive behavioural therapy (CBT) and cognitive behavioural approaches specifically adapted for children with harmful sexual behaviour
- Multisystemic therapy (MST) and other systemic family-based interventions
- Good Lives Model interventions and other strengths-based approaches
- Trauma-focused interventions – e.g. trauma-focused CBT, Eye Movement Desensitization and Reprocessing (EMDR)
- Psychoeducational programmes for children and families

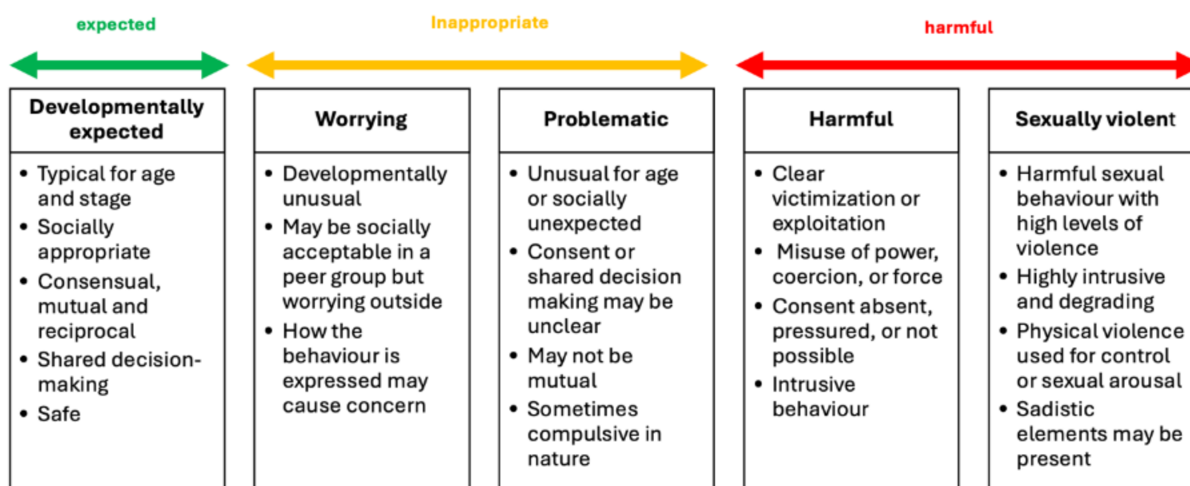
- Behavioural interventions and behaviour modification programmes
- Group-based therapeutic interventions
- Parent and carer support programmes
- Early help interventions for lower-level inappropriate behaviours
- Multimodal or integrated treatment programmes combining multiple approaches

Interventions may be delivered individually, in group formats, or with families and carers. They may be provided in diverse settings including community-based services, residential care, secure or detention facilities, schools, health services, or via telehealth platforms. Interventions vary in intensity, duration, and delivery approach. Comparators may include no treatment, treatment as usual, waitlist controls, or alternative active interventions.

How the intervention might work

The theoretical underpinnings of interventions for children with harmful sexual behaviour draw from multiple frameworks including developmental psychology, social learning theory, attachment theory, trauma theory, and ecological systems theory. Hackett's Continuum of sexual behaviours in childhood (2024) provides the foundational framework, recognising that sexual behaviours exist on a developmental spectrum and emerge within children's social, familial and ecological contexts.

Figure 1. Hackett's continuum of Sexual Behaviours (Hackett et al., 2024)



Interventions are theorised to work through multiple pathways:

- Direct behavioural change through cognitive restructuring, skills development, and behavioural modification
- Development of protective factors including empathy, emotional regulation, problem-solving skills, and victim awareness
- Processing and healing from underlying trauma and adverse experiences

- Strengthening family relationships, attachment security, and parental capacity to manage behaviour
- Modifying environmental contexts and reducing risk factors in the child's ecology
- Building strengths, prosocial identities, and pathways to meaningful life goals.

Different intervention approaches emphasise different mechanisms. Cognitive behavioural approaches focus on identifying and challenging distorted cognitions about sex, relationships, and consent, while developing self-regulation skills. Systemic and family-based approaches target family communication, attachment relationships, and parental management strategies. Trauma-focused interventions address underlying traumatic experiences that may drive sexualised behaviour. Strengths-based approaches like the Good Lives Model (Ward and Brown, 2004) emphasise building prosocial identities and pathways to wellbeing rather than focusing solely on risk and deficit.

Outcomes of interest include immediate behavioural change (reduction in inappropriate or harmful behaviours), medium-term developmental gains (improved emotional regulation, empathy, family functioning, educational engagement), and longer-term prevention of escalation or recidivism. The developmental appropriateness and proportionality of responses is critical: interventions must match the child's developmental stage, the nature and severity of the behaviour, and the contexts in which behaviour occurs.

Why this review is important

Several high-quality systematic reviews have synthesised evidence on interventions for children with harmful sexual behaviour. The NICE guideline review (2016) provided a broad synthesis across intervention types. Campbell and colleagues (2016), Piolanti and colleagues (2022), and Sneddon and colleagues (2020) have conducted focused reviews on specific intervention approaches or populations. However, significant evidence gaps and methodological questions remain.

Since these reviews were conducted, new primary research has been published that has not been incorporated into systematic syntheses. Additionally, the existing reviews have several limitations:

- Limited evidence for younger children, with most studies focusing on adolescents
- Sparse evidence for girls and young women, who remain underrepresented in research
- Limited evidence for specific populations including children with learning disabilities, neurodiversity, and minoritised communities
- Concentration of evidence in justice settings, with limited research on community-based early help interventions for lower-level inappropriate behaviours
- Insufficient attention to the contexts in which interventions are delivered and the factors affecting implementation
- Variable quality of included studies, with many non-randomised designs and small samples.

This updated systematic review is needed to:

- Incorporate new evidence published since existing reviews were carried out

- Apply rigorous methods including comprehensive searching, duplicate screening, risk of bias assessment, and GRADE certainty ratings
- Examine effectiveness across the Continuum of harmful sexual behaviour using Hackett's framework, from inappropriate through to harmful behaviours
- Investigate differential effects for key subgroups including age, gender, and special populations
- Provide transparent evidence synthesis with clear certainty ratings to support evidence-informed decision-making.

The review findings will inform practice and policy decisions by providing practitioners, commissioners and policymakers with up-to-date, rigorously synthesised evidence on which interventions are effective, for whom, and in what contexts. This will support the development of an evidence-based **Practice Guide** for responding to children across the Continuum of sexually inappropriate and harmful behaviour and identify priority areas where further primary research is needed.

Objectives

The primary objective of this systematic review is to evaluate the effectiveness of interventions for children and young people (aged 0–18 years) displaying sexually inappropriate and harmful behaviour.

Specific objectives are to:

- Synthesise evidence on the effectiveness of different intervention types in reducing inappropriate or harmful sexual behaviours
- Examine intervention effects on a range of outcomes including behavioural, psychological, social, and family-functioning outcomes
- Investigate whether intervention effects differ by child characteristics (age, gender, developmental abilities), behaviour characteristics (position on Hackett's Continuum), or delivery characteristics (setting, intensity, format)
- Assess the certainty of evidence using GRADE criteria (Guyatt et al., 2011)
- Identify gaps in the evidence base where further research is needed.

Methods

The systematic review will synthesize studies focused on a priority intervention identified in work package 1 (WP1) and in consultation with Foundations and our stakeholder group. The synthesis method (meta-analysis or narrative synthesis) will be determined by the available evidence and our methods will adhere to Campbell methodological guidance (Higgins et al., 2024) and reported in accordance with the PRISMA 2020 guidance (Page et al., 2021).

Figure 2. Evidence synthesis work packages

Criteria for considering studies for this review

Types of studies

We will include the following study designs:

- Randomised controlled trials (RCTs)
- Quasi-experimental studies with a comparison group (non-randomised controlled trials, controlled before-after studies, interrupted time series)
- Prospective and retrospective cohort studies with comparison groups

Studies without comparison groups (single-arm pre-post designs) will be described narratively but not included in meta-analyses due to high risk of bias.

We will only include studies published in English.

Types of participants

Eligible participants are children and young people aged 0–18 years who display sexually inappropriate or harmful behaviour, as defined by Hackett's Continuum of sexual behaviours in childhood (2024). This includes:

- Children displaying developmentally concerning or inappropriate sexual behaviours (middle section of Hackett's Continuum)
- Children engaging in harmful sexual behaviour towards others (upper section of Hackett's Continuum)
- Adolescents adjudicated for sexual offences
- Children involved in peer-to-peer sexual harm, sibling sexual harm, or technology-assisted harmful sexual behaviour.

We will include studies of mixed populations (e.g. some participants with and without harmful sexual behaviour) if data for the eligible subgroup can be extracted separately or if at least 80% of the sample meets eligibility criteria.

We will exclude studies focused solely on:

- Adult populations (over 18 years)
- Children who have experienced sexual abuse but do not display harmful sexual behaviour

- Developmentally expected sexual behaviours (lower section of Hackett's Continuum).

Types of interventions

Eligible interventions include any programme, service, treatment, or therapeutic approach delivered to children and young people displaying sexually inappropriate or harmful behaviour, or to their families and carers, with the aim of reducing such behaviours or their associated harms. This includes:

- Cognitive behavioural therapy (CBT) and cognitive behavioural approaches
- Multisystemic therapy (MST) and other systemic family therapies
- Good Lives Model and other strengths-based approaches
- Trauma-focused interventions (TF-CBT, EMDR, trauma-informed care)
- Psychoeducational programmes
- Behavioural interventions and behaviour modification programmes
- Group-based therapeutic interventions
- Parent/carer support and training programmes
- Early help and prevention interventions
- Multimodal or integrated programmes combining multiple approaches.

Interventions may be delivered individually or in groups, may target children directly or work through families/carers, and may be delivered across diverse settings. We will extract detailed information on intervention components, delivery mode, intensity, duration, and setting.

Comparators may include:

- No treatment control
- Treatment as usual
- Waitlist control
- Alternative active intervention (head-to-head comparisons)
- Different intensity, duration or delivery mode of the same intervention.

We will exclude studies of:

- Assessment tools or risk assessment instruments (unless embedded within a broader intervention)
- Universal primary prevention programmes for the general population (e.g. school-based sex education)
- Pharmacological interventions as a standalone treatment.

Types of outcome measures

We will extract all reported outcomes and categorise them into primary and secondary outcomes.

Primary outcomes

- Sexual recidivism (reoffending or repetition of harmful sexual behaviours)
- Frequency or severity of inappropriate or harmful sexual behaviours

- Sexual knowledge and attitudes (age-appropriate understanding, healthy vs problematic attitudes).

Secondary outcomes

Psychological and emotional outcomes

- Mental health (depression, anxiety, PTSD symptoms)
- Self-esteem and self-worth
- Emotional regulation
- Victim empathy.

Behavioural outcomes

- General behaviour problems
- Non-sexual offending or antisocial behaviour
- Engagement and attendance in treatment.

Social and relational outcomes

- Family attachment and functioning
- Peer relationships
- Social skills.

Functional outcomes

- Educational outcomes (attendance, attainment, exclusions)
- Employment outcomes
- Placement stability
- Living situation stability
- Physical health and wellbeing.

Adverse effects and unintended outcomes

- Treatment dropout
- Deterioration in functioning
- Stigmatisation or labelling effects
- Family disruption.

Duration of follow-up

We will include studies with any duration of follow-up. Outcomes will be categorised by follow-up timepoint:

- Short-term: 0–6 months post-intervention
- Medium-term: 6–12 months post-intervention
- Long-term: >12 months post-intervention

Where studies report multiple follow-up timepoints, we will extract all available data. For primary synthesis, we will prioritise the longest available follow-up, as sustained behaviour change is of greatest practical importance.

Types of settings

We will include studies conducted in any setting, including:

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

Setting will be coded and examined as a potential moderator of intervention effects.

Search methods for identification of studies

The search will be conducted across multiple databases and grey literature sources to ensure comprehensive coverage of published and unpublished research. The search will be conducted during WP1. The search strategy is provided in detail in the Appendix.

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 for each database will be provided in an appendix to the completed evidence and gap map (EGM) report.

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.

Data collection and analysis

Description of methods used in primary research

We anticipate that included studies will predominantly use RCTs, quasi-experimental designs with comparison groups, and cohort studies. Outcome measurement is likely to involve a mix of validated psychometric instruments, behavioural observations, official records (e.g. reoffending data), and parent/carer reports. Many studies are likely to have relatively small samples and short follow-up periods. We expect considerable heterogeneity in intervention definitions, delivery approaches, and outcome measures.

Selection of studies

The selection of studies will be undertaken in WP1. The EGM will classify all included studies on study design. This systematic review will include those studies that were identified and classified in WP1.

During WP1, two reviewers will independently screen all titles and abstracts against the eligibility criteria. Before full screening, a pilot phase will be conducted on a random sample of 10% of records to ensure consistent application of criteria. Disagreements will be discussed and the criteria refined if needed. Cohen's kappa will be calculated; near perfect agreement ($\kappa \geq 0.81$) is required to proceed.

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. All decisions will be tracked in EPPI-Reviewer. Excluded studies at full-text stage will be documented with reasons, and reported in a PRISMA flow diagram.

Data extraction and management

A standardised data extraction form will be developed in Excel and piloted on five diverse studies. Two reviewers will independently extract data from all included studies. Disagreements will be resolved through discussion.

Extracted data will include:

- Study characteristics: author, year, country, study design, setting, sample size, follow-up duration
- Participant characteristics: age, gender, position on Hackett's Continuum, history of abuse, developmental characteristics, involvement with justice system
- Intervention characteristics: type, theoretical basis, components, delivery mode (individual/group/family), intensity, duration, setting, provider qualifications
- Comparator characteristics
- Outcome data: outcome measures, measurement tools, timepoints, sample sizes, means and standard deviations (or other effect statistics)
- Funding sources and conflicts of interest.

We will only include studies published in English.

We will contact study authors to request missing data, allowing two weeks for response. If data remain unavailable, we will analyse available data and report limitations.

Assessment of risk of bias in included studies

Risk of bias will be assessed using the Cochrane Risk of Bias tool 2.0 (RoB 2) (Sterne et al., 2019) for RCTs, and the ROBINS-I (Sterne et al., 2016) tool for non-randomised studies. Two reviewers will independently assess risk of bias for all included studies.

For RCTs, we will assess:

- Bias arising from the randomisation process
- Bias due to deviations from intended interventions
- Bias due to missing outcome data
- Bias in measurement of the outcome
- Bias in selection of the reported result.

For non-randomised studies (ROBINS-I), we will assess:

- Bias due to confounding
- Bias in selection of participants
- Bias in classification of interventions
- Bias due to deviations from intended interventions
- Bias due to missing data
- Bias in measurement of outcomes
- Bias in selection of the reported result.

Each domain will be rated as low risk, some concerns, or high risk. Overall risk of bias judgements will be assigned according to tool guidance. Risk of bias assessments will be presented in tables and summary graphs.

Measures of treatment effect

For continuous outcomes, we will calculate standardised mean differences (SMD) with 95% confidence intervals. SMDs will be interpreted using Cohen's conventions: 0.2 = small, 0.5 = medium, 0.8 = large effect.

For dichotomous outcomes, we will calculate risk ratios (RR) with 95% confidence intervals.

Where studies report other effect statistics (e.g. odds ratios, correlations), we will convert these to SMD or RR where possible using established conversion formulae.

Unit of analysis issues

Cluster randomised trials: if clustering is not accounted for in the original analysis, we will adjust effect sizes using intracluster correlation coefficients (ICCs) where available, or impute ICCs from similar studies.

Multiple outcome timepoints: we will extract all available timepoints but will conduct primary analyses at the longest follow-up to assess sustained effects.

Multi-arm trials: for studies with multiple intervention arms, we will include each relevant intervention-control comparison. For meta-analysis, we will split the shared control group to avoid double-counting.

Criteria for determination of independent findings

Multiple reports: Where multiple publications report on the same study, we will link these and treat them as a single study, using the most complete data source.

Multiple outcomes: Where studies report multiple measures of the same construct (e.g. multiple measures of recidivism), we will combine these into a single effect size using the approach described by Borenstein and colleagues (2009). This involves averaging effect sizes and adjusting standard errors for correlation between measures.

Dealing with missing data

We will contact study authors to obtain missing outcome data, sample characteristics, or methodological details. If data remain unavailable after two follow-up attempts, we will:

- Conduct intention-to-treat analyses where possible, using available data
- Impute standard deviations (SDs) from other studies in the meta-analysis where means are reported but SDs are missing
- Report the extent of missing data and conduct sensitivity analyses to assess the impact of excluding studies with substantial missing data.

Assessment of heterogeneity

We will assess heterogeneity using:

- Visual inspection of forest plots
- Chi-squared test (Q statistic) with $p < 0.10$ indicating significant heterogeneity

- I^2 statistic, interpreted as: 0–40% might not be important; 30–60% may represent moderate heterogeneity; 50–90% may represent substantial heterogeneity; 75–100% considerable heterogeneity
- Tau^2 to quantify between-study variance.

Where substantial heterogeneity is present, we will explore potential sources through subgroup and meta-regression analyses.

Assessment of reporting biases

We will assess publication bias using:

- Funnel plots (if ≥10 studies available)
- Egger's test for funnel plot asymmetry
- Comparison of published studies with trial registry records to identify selective outcome reporting
- Comparison of outcomes reported in methods vs results sections.

Data synthesis

We will conduct random-effects meta-analyses using the inverse variance method in R (metafor package). Random-effects models are appropriate given anticipated clinical and methodological heterogeneity.

Separate meta-analyses will be conducted for:

- Different intervention types (CBT, MST, Good Lives Model, trauma-focused, etc.)
- Different outcome categories (recidivism, mental health, family functioning, etc.)
- Different follow-up durations (short, medium, long-term).

Where meta-analysis is not appropriate due to excessive heterogeneity or insufficient studies, we will provide narrative synthesis structured by intervention type, population and outcome. Narrative synthesis will follow SWiM (Synthesis Without Meta-analysis) guidelines (Campbell et al., 2020).

Subgroup analysis and investigation of heterogeneity

Where sufficient studies are available (≥10 per subgroup), we will conduct subgroup analyses to explore potential effect modifiers:

- Age: children (0–11 years) vs adolescents (12–17 years)
- Gender: males vs females
- Position on Hackett's Continuum: inappropriate behaviours vs harmful behaviours
- Developmental characteristics: presence vs absence of learning disabilities or neurodevelopmental conditions
- Setting: community vs residential/secure settings
- Delivery format: individual vs group vs family-based
- Intervention intensity: brief (<3 months) vs extended (≥3 months).

Subgroup differences will be tested using the chi-squared test for heterogeneity between subgroups.

Sensitivity analysis

We will conduct sensitivity analyses to assess the robustness of findings:

- Excluding studies at high risk of bias
- Excluding studies with substantial missing data (>20% attrition)
- Excluding outliers identified through visual inspection of forest plots
- Using different meta-analytic models (fixed-effect vs random-effects)

Treatment of qualitative research

We do not plan to include qualitative research in this effectiveness review. Qualitative evidence on intervention mechanisms, implementation and acceptability will be synthesised separately in the concurrent realist review (WP3) and narrative review (WP4) components of the broader project.

Summary of findings and assessment of the certainty of the evidence

We will create Summary of Findings tables for the primary outcomes (sexual recidivism, frequency/severity of harmful behaviours, sexual knowledge and attitudes) and key secondary outcomes (mental health, family functioning). Tables will be created for each main intervention type compared to control conditions.

The certainty of evidence will be assessed using GRADE (Grading of Recommendations Assessment, Development and Evaluation). Two reviewers will independently rate certainty, with disagreements resolved through discussion. Evidence will be rated as high, moderate, low, or very low certainty based on:

- Risk of bias in included studies
- Inconsistency (heterogeneity) of results
- Indirectness of evidence
- Imprecision (wide confidence intervals, small samples)
- Publication bias.

GRADE ratings will inform recommendations about confidence in effect estimates and guide interpretation of findings for practice and policy.

Acknowledgements

This systematic review is commissioned and funded by Foundations. We acknowledge the contribution of our Advisory Group members from Children's Social Care, health services, education, youth justice, voluntary sector organisations, and individuals with lived experience.

Contributions of authors

The review team brings together content expertise in harmful sexual behaviour in childhood (Barter, Hackett), systematic review methodology and quantitative synthesis (Campbell), and information retrieval expertise (Court). This composition ensures both substantive knowledge and rigorous methodological approach.

Anticipated contributions using CRediT taxonomy:

- Conceptualization: Barter, Campbell, Hackett
- Methodology: Campbell, Barter, Court
- Formal analysis: Campbell
- Investigation: Research team (all institutions)
- Data curation: Campbell, research team
- Writing – original draft: Barter, Campbell, Court
- Writing – review and editing: All authors
- Supervision: Barter, Campbell
- Project administration: Barter, Campbell
- Funding acquisition: Barter, Campbell.

Data Availability Statement

All data supporting this systematic review will be openly available. Extracted data, risk of bias assessments, GRADE ratings, and meta-analysis scripts will be provided as supplementary materials. Individual study data will be available in structured format (Excel/CSV). Analysis code in R will be shared via a public repository (e.g., Open Science Framework or GitHub) to ensure transparency and reproducibility.

Declarations of interest

Professor Christine Barter has conducted primary research on harmful sexual behaviour and peer-to-peer abuse. Simon Hackett developed the Continuum of Sexual Behaviours in Childhood framework that forms the conceptual basis for this review. Dr Fiona Campbell has no conflicts of interest. All authors declare that prior work in this field enhances rather than compromises the integrity of this review. The project is funded by Foundations; funders had no role in protocol development beyond specifying the review scope and objectives, and will have no role in study selection, data analysis, or interpretation of findings.

Preliminary timeframe

The systematic review will be completed and submitted within 18 months of protocol approval. Key milestones:

Time	Activity
Months 1–2	Execute searches, initial screening
Months 3–4	Full-text screening
Months 5–10	Data extraction and risk of bias assessment
Months 11–14	Meta-analyses and GRADE assessments
Months 15–18	Report writing and stakeholder consultation

Plans for publication and updating this review

The review protocol and review will be published on OSF and with the Campbell Collaboration. The plans for updating the review remain to be confirmed and will be informed by our findings.

REFERENCES

Barter, C., Stanley, N., Wood, M., Lanau, A., Aghtaie, N., Larkins, C., & Øverlien, C. (2017) Young people's online and face-to-face experiences of interpersonal violence and abuse and their subjective impact across five European countries. *Psychology of Violence*, 7 (3), 375–384.

Blaustein, M.E. and Kinniburgh, K.M., (2025) Attachment, regulation, and competency (ARC). In *Evidence-based treatments for trauma-related disorders in children and adolescents*, 373–399. Cham: Springer Nature Switzerland.

Campbell, F., Booth, A., Hackett, S. and Sutton, A. (2020) Young people who display harmful sexual behaviors and their families: A qualitative systematic review of their experiences of professional interventions. *Trauma, Violence, & Abuse*, 21(3), 456–469.

Campbell, F., Tricco, A. C., Munn, Z., Pollock, D., Saran, A., Sutton, A., White H., and Khalil, H. (2023) Mapping reviews, scoping reviews, and evidence and gap maps (EGMs): the same but different – the "Big Picture" review family. *Systematic reviews*, 12(1), 45.

Campbell F., Hackett, S. E., Booth, S., Sutton, A., Hynes, K. (2016) *Harmful Sexual Behaviour among Children and Young People - Guidance*, NICE.

Cumpston M., Li. T., Page, M.J., Chandler, J., Welch, V.A., Higgins, J.P., Thomas, J. (2019) Updated guidance for trusted systematic reviews: a new edition of the Cochrane Handbook for Systematic Reviews of Interventions. *The Cochrane database of systematic reviews*, 2019(10):ED000142.

Department for Education (2023) *Characteristics of children in need, 2022–23*. London, Department for Education.

de Souza, R. (2025) *"Sex is kind of broken now": Children and pornography*. London: Children's Commissioner for England.

Digital Solution Foundry and EPPI Centre (2023), EPPI-Mapper, Version 2.2.4. EPPI Centre, UCL Social Research Institute, University College London

Hackett, S. (2019) *Harmful Sexual Behaviour Framework*. London: NSPCC.

Guyatt, G.H., et al. (2011) GRADE guidelines: a new series of articles in the Journal of Clinical Epidemiology. *Journal of clinical epidemiology*, 64(4), 380–382.

Hackett, S., Darling, A.J., Balfe, M., Masson, H. and Phillips, J. (2024) Life course outcomes and developmental pathways for children and young people with harmful sexual behaviour. *Journal of Sexual Aggression*, 30(2), 145–165.

Higgins, J.P.T., Thomas, J., Chandler, J., Cumpston, M., Li, T., Page, M.J., et al., (eds.) (2024) *Cochrane Handbook for Systematic Reviews of Interventions version 6.5* (updated August 2024). Available at: www.cochrane.org/handbook

King-Hill, S. (2021). Assessing sexual behaviours in children and young people: A realistic evaluation of the Brook Traffic Light Tool. *Child Abuse Review*, *30*(1), 16-31.

Letourneau, E.J., Borduin, C.M. and Schaeffer, C.M. (2009) Multisystemic therapy for youth with problem sexual behaviors. In *Assessment and treatment of sex offenders: A handbook*, 453–472.

Leonard, M. and Hackett, S., (2019) *The AIM3 Model of Assessment: Assessment of Adolescents and Harmful Sexual Behaviour. Workbook*. AIM Project.

National Institute for Health and Care Excellence (NICE) (2016) *Harmful sexual behaviour among children and young people (NG55)*. London: NICE.

O'Neill, J., Tabish, H., Welch, V., Petticrew, M., Pottie, K., Clarke, M., Evans, T., Pardo, J. P., Waters, E. and White, H. (2014) Applying an equity lens to interventions: using PROGRESS ensures consideration of socially stratifying factors to illuminate inequities in health. *Journal of clinical epidemiology*, 67(1), 56–64.

Page, M.J., Moher, D., Bossuyt, P.M., Boutron, I.,. Hoffmann, T.C, Mulrow, C.D., Shamseer, L., Tetzlaff, J.M.,. Akl, E.A, Brennan, S.E., Chou ,R., Glanville, J., Grimshaw, J.M., Hrobjartsson, A., Lalu, M.M., Li, T., Loder, E.W., Mayo-Wilson, E., McDonald, S., McGuinness, L.A., Stewart, L.A., Thomas, J., Tricco, A.C., Welch, V.A., Whiting P. and McKenzie, J.E. (2021) PRISMA 2020 explanation and elaboration: updated guidance and exemplars for reporting systematic reviews. *BMJ*, 372(160). DOI: https://doi.org/10.1136/bmj.n160

Paton, A. and L. Bromfield (2022) *Continuum for understanding harmful sexual behaviours*. Australian Centre for Child Protection, University of South Australia.

Piolanti, A. and Foran, H.M. (2022) Psychological violence in dating relationships among adolescents: A systematic review and meta-analysis of prevention programs. *Preventive medicine*, 159:107053. DOI: 10.1016/j.ypmed.2022.107053

Sneddon, H., Grimshaw, D.G., Livingstone, N. and Macdonald, G. (2020) Cognitive-behavioural therapy (CBT) interventions for young people aged 10 to 18 with harmful sexual behaviour. *Cochrane Database of Systematic Reviews*, 2020(6).

Snilstveit, B., Vojtkova, M., Bhavsar, A. and Gaarder, M. (2013) *Evidence gap maps – a tool for promoting evidence-informed policy and prioritizing future research*. World bank policy research working paper (6725).

Stanley, N., Barter, C., Wood, M., Aghtaie, N., Larkins, C., Lanau A. and Överlien, C. (2018) Pornography, sexual coercion and abuse and sexting in young people's intimate relationships: A European study. *Journal of interpersonal violence*, 33(19), 2919–2944.

Sterne, J.A., Savović, J., Page, M.J., Elbers, R.G., Blencowe, N.S., Boutron, I., Cates, C.J., Cheng, H.Y., Corbett, M.S., Eldridge, S.M. and Emberson, J.R. (2019) RoB 2: a revised tool for assessing risk of bias in randomised trials. *BMJ*, 366. DOI: https://doi.org/10.1136/bmj.l4898

Sterne, J.A., Hernán, M.A., Reeves, B.C., Savović, J., Berkman, N.D., Viswanathan, M., Henry, D., Altman, D.G., Ansari, M.T., Boutron, I. and Carpenter, J.R., (2016). ROBINS-I: a tool for

assessing risk of bias in non-randomised studies of interventions. *BMJ*, 355. DOI: https://doi.org/10.1136/bmj.i4919

Thomas, J., Graziosi, S., Brunton, J., Ghouze, Z., O'Driscoll, P., and Bond, M. and Koryakina, A. (2023) *EPPI-Reviewer: advanced software for systematic reviews, maps and evidence synthesis*. EPPI Centre, UCL Social Research Institute, University College London.

Violence Reduction Knowledge and Practice Programme (VKPP) (2024) *Police-recorded child sexual offences and harmful sexual behaviour: National analysis*. London: National Police Chiefs' Council.

Ward, T. and Brown, M. (2004) The good lives model and conceptual issues in offender rehabilitation. *Psychology, crime & law*, 10(3), 243–57.

White, H., Albers, B., Gaarder, M., Kornør, H., Littell, J. Marshall, Z., Mathew, C., Pigott, T., Snilstveit, B. and Waddington, H. (2020) Guidance for producing a Campbell evidence and gap map. *Campbell systematic reviews*, 16(4), e1125.

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).

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 behavio?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