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Classification criteria for child sexual abuse and exploitation prevention programmes

Perpetration prevention initiatives

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Table of Contents

Acknowledgements **1**

Abstract **2**

List of abbreviations and definitions **3**

Background **4**

1. Scope – Classification criteria **6**
1.1. Terminology 6

2. Experts' panel workshop **7**
2.1. The participants 7
2.2. The aims of the expert workshop 7
2.3. The method 8
2.4. Criteria selection process 9

3. Classification criteria **11**
3.1. Target 11
3.2. Context 13
3.3. Methods 15
3.4. Initiative provider 17
3.5. Funding 19
3.6. Costs 21
3.7. Prevention stages 23
3.8. Evaluation 25
3.9. Accountability 27
3.10. Legislation 29
3.11. Collaboration 31
3.12. Dissemination 33
3.13. Targets' Rights 35
3.14. Accessibility 37

REFERENCES 39

ANNEX 1. ANNEX TO CLASSIFICATION CRITERION PREVENTION STAGES 41

ANNEX 2. ANNEX TO CLASSIFICATION CRITERION PREVENTION STAGES 43

LIST OF TABLES 45

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Abstract

Preventing and fighting child sexual abuse (CSA) and exploitation is a priority for the European Union (EU).

In addition to treating and supporting survivors, and punishing, monitoring, and treating perpetrators, more must be done to prevent such crimes before they (re)occur. EU Directive 2011/93 sets out a number of provisions that require Member States to invest in (1) prevention programmes targeting people who fear they may offend (2) people undergoing criminal proceedings or who are serving a prison sentence for a crimes relating to sexual offences against children, (3) people coming out from prison to avoid any recidivism.

In May 2021, the Joint Research Centre and the Directorate General for Home Affairs and Migration held a joint Thematic Workshop - gathering internationally-recognised experts from the field. The workshop objective was to identify criteria for classifying CSA prevention programmes across the EU within the scope of articles 22 and 24 of EU Directive 2011/93 and focusing on prevention of perpetration as listed above.

This classification will support EU Member States experiencing difficulties in implementing prevention programmes, by providing a source of structured and reliable information. It will also support the dissemination of research-based prevention work in different countries.

List of abbreviations and definitions

- CBT Cognitive Behaviour Therapy
- CHILD Every human being under the age of 18 years, unless the law applicable to the child majority is attained earlier (UNHCR, 1989)
- CSA Child Sexual Abuse
- CSAE Child Sexual Abuse and Exploitation
- CSAM Child Sexual Abuse Material. Refers to photos, videos and other material illegal under EU law (In the CSA Directive it is listed as child pornography)
- CSAAP Correctional Services Accreditation and Advice Panel
- CSE Child Sexual Exploitation
- CRC Convention on the Rights of the Child
- CSOs Civil Society Organisations
- DG Directorate General
- EC European Commission
- EU European Union
- HMPPS HM Prison and Probation Service
- HOME Directorate General for Home Affairs and Migration
- IPV Intimate Partner Violence
- JRC Joint Research Centre
- MAPPA Multi Agency Public Protection Arrangements
- MoJ Ministry of Justice
- NGOs Non-Governmental Organisations
- NPS National Probation Service
- RSOs Registered Sexual Offenders
- SOTP Core Sex Offender Treatment Programmes
- SSRI Selective Serotonin Reuptake Inhibitors
- TAGs Key words used by browsers, translation systems, and search-engines.
- UNHCR Convention on the Rights of the child
- UNICEF United Nations International Children's Emergency Fund
- VCS Victim Contact Scheme

Background

Preventing and fighting child sexual abuse (CSA) and exploitation is a priority for the European Union (EU). On 24 July 2020, the European Commission adopted an EU strategy for a more effective fight against child sexual abuse [1]. This strategy consists of eight concrete actions that set out a multi-stakeholder and comprehensive approach to tackling CSA in all its forms in the offline and online spaces. One action specifically looks at ways to enable EU Member States to better protect children through prevention. In addition to punishing, monitoring, and treating perpetrators, and treating and supporting survivors, more must be done to prevent this crime before it (re)occurs. The EU Directive 2011/93 [2] sets out a number of provisions that require Member States to invest in (1) prevention programmes targeting people who fear they may offend (2) people undergoing criminal proceedings or who are serving a prison sentence for a crimes relating to sexual offences against children, (3) and people coming out from prison to avoid any recidivism.

In order to enhance these efforts, the Commission set up a network on prevention, bringing together relevant practitioners and researchers. This network aims to:

- encourage more research in the field
- support Member States in implementing usable, rigorously evaluated and effective prevention measures targeted both at perpetrator prevention and more broadly to raise awareness of this crime
- support the sharing of knowledge to carers/parents and professionals working with children
- give children the right tools to identify risky situations
- consider the creation of a repository for good practices/tools/programmes
- facilitate the exchange of best practices
- strengthen the EU's capacity to decrease the prevalence of child sexual abuse in the EU and globally.

Within the network, the European Commission is represented by teams in the Cyber & Digital Citizens' Security Unit of the Joint Research Centre, and the Security for the Digital Age unit of the Directorate General for Home Affairs and Migration. In May 2021, the teams arranged a joint Thematic Workshop to support the identification of criteria for classifying prevention programmes regarding prevention of CSA within the scope of articles 22 and 24 of the EU Directive 2001/93 and listed above under (1) (2) (3) (i.e. focusing on prevention of perpetration). These criteria will also contribute to the updating of a previous study on prevention policies published in 2018 (JRC 110244) [3].

The available information about prevention initiatives is limited, unclear and unstructured. In order to raise awareness of existing prevention programmes, it was deemed necessary to firstly, categorise and, secondly, evaluate them. The classification criteria were discussed in the thematic workshop. They should not been seen as exhaustive, final and definitive, but rather as a baseline to prompt discussion and possibly more research. Classification of prevention programmes by criteria will provide insight for EU Member States on initiatives put in place by other entities, and inspire and support the launch of similar efforts that could be adapted to their own national, societal and cultural context.

The workshop held in May 2021 focused on classification criteria only. There is a fine line in advertising, disseminating and promoting programmes before the impacts of the programmes are demonstrated. However, classification and evaluation criteria are interlinked and feed into each other. The classification criteria identified constitute a baseline on which to build evaluation criteria in the future. This technical report can be seen as a reference document for individuals (such as people seeking for help, helpers, practitioners, probation officers, researchers, educators, etc.) and entities (such as Member State Authorities, organisations, NGOs, universities, clinics, research centres, etc.) involved in setting up and running prevention programmes relating to Child Sexual Abuse and Exploitation.

Section 1 provides background information and rationale about prevention efforts of Child Sexual Abuse and exploitation at EU level.

Section 2 and 3 illustrate the work and scope of the Experts' panel behind the development of the presented Classification Criteria.

Section 4 presents each criterion with a brief description. This section includes tables with 'TAGs', namely keywords that play a twofold role. On one hand, they represent significant words to describe the prevention programme by the entity managing the programme itself. On the other hand, when applied to a possible repository/database of programmes, they will enhance search and retrieval either for persons who are seeking help or by anyone who wants to know more about the specific programme/s described.

1. Scope – Classification criteria

The phenomenon of child sexual abuse requires coordinated multi-stakeholder action and cannot be efficiently addressed through law enforcement action alone. Prevention plays an important role in decreasing the prevalence of child sexual abuse by ensuring that children do not become victims in the first place. Further efforts are needed to strengthen capacity on prevention interventions and stimulate their uptake and implementation by EU Member States and more broadly.

There is huge stigma that stops persons who are sexually attracted to children from seeking for help to manage their urges in a constructive and healthy manner. The EU is playing a key role in clarifying the issues around this topic, dispelling taboo and helping to develop good quality and effective support (i.e. focusing on prevention of perpetration).

Raising awareness on existing prevention programmes present worldwide, classifying and evaluating them are important parts of this effort. It would be invaluable to support the development of a database of good practices and promising interventions.

This classification would enable EU Member States experiencing difficulties in implementing prevention programmes at different stages, by providing a source of structured and reliable information. The online availability of knowledge structured by criteria will support the identification of selected programmes that could be more easily replicated and adapted to specific EU Member States' country setups. It will also support the dissemination of research-based prevention work in different cultures and countries.

The EU network on prevention is exploring ways to possibly set up and host a common knowledge repository which practitioners, researchers, persons who fear they might (re)offend, victims and relatives afraid for the (potential) behaviour of their loved ones could consult for more information. This space could also help with decreasing stigma and changing narratives around the topic.

1.1. Terminology

Words matter as they influence our thoughts, attitudes, perceptions and actions.[1] The terminology around Pedophilia and Child Sexual Abuse and Exploitation has been extensively discussed[2] and would deserve a dedicated work to avoid any term misuse. For the purpose of this report, we refer to the terminology provided by the EU Directive on combating child sexual abuse (2011/93/EU). It is enshrined in the national law of the EU Member States and provides clear reference to prevention programmes targeting:

- People who fear they may offend;
- Convicted offenders in prisons;
- Convicted offenders after they leave the prison to fight against recidivism.

To complement vocabulary and related meaning, under the section dedicated to classification criteria "Target", we have expanded those categories with more terms in order to better represent the reality of this heterogeneous and multifaceted group.

[1] https://www.atsa.com/terminology-0

[2] https://ecpat.org/wp-content/uploads/2021/05/Terminology-guidelines-396922-EN-1.pdf

2. Experts' panel workshop

As the in-house scientific service of the Commission, the Joint Research Centre cooperates actively with the scientific community and international partners to enhance scientific knowledge production and facilitate research. In order to identify classification criteria for prevention programmes and discuss their definitions, a JRC and DG HOME team organised a workshop gathering internationally recognised experts from the field. Due to the COVID-19 pandemic restrictions, the workshop took place online and was shorter than an in-person event.

2.1. The participants

Prevention of sexual abuse is a multi-disciplinary challenge as also acknowledged within the public health approach and criminology [4]. Selection of experts was conducted in a way that offers a comprehensive overview of existing prevention strategies to fight and prevent child sexual exploitation in the EU and beyond.

In order to prepare the workshop discussion, the JRC & DG HOME jointly arranged a series of bilateral interviews during 2020-2021 with experts. This enabled interaction, discussion and documentation on the research and work of the experts. The objective of the interviews was twofold:

- Identifying specialists who could be part of the Prevention Network of Relevant and Reputed Practitioners and Researchers, as foreseen by the EU strategy for the prevention of child sexual abuse [1].
- Gathering more detailed and in-depth knowledge on what actions EU Member States have taken to combat and prevent this crime.

Different profiles were considered such as academics, researchers, psychologists, psychiatrics, probation officers, helpers and practitioners operating in the field. The geographical aspect was applied to find experts from all areas of Europe. This helps to capture cultural and national backgrounds alongside the geographical ones.

Primary, secondary, tertiary and quaternary [5] prevention levels were taken into account. Experts involved in preventing CSA before it occurs and others supporting individuals who have sexually offended and avoid recidivism were also included.

Experts belonging to organisations of all types and sizes were considered. We interacted with representatives of United Nations Children's Emergency Fund (Unicef) and SaveTheChildren, widely regarded as the pillars of child prevention organisations. We also worked with clinics, universities and smaller entities such as NGOs operating for a specific customer base and sometimes with innovative and promising methods.

Some of the participants of the workshop were already part of the recently initiated EU Network for Prevention of child sexual abuse. Others were invited to take part and contribute with their own expertise and experience in prevention of CSA.

Together with experts, JRC & DG HOME researchers moderated and managed the workshop sessions.

2.2. The aims of the expert workshop

The general objective of the workshop was to identify classification criteria and tags (key words) in order to organise information about prevention programmes in a clear, accessible and systematic manner. The requirements of the EU Directive on combating child sexual abuse (2011/93) [2] were taken into account, in order to allow EU Member States and other stakeholders to identify the most suitable prevention programmes to be adapted to their own national, societal and cultural context.

More precisely, the aims of the workshop were to:

- Explore and analyse a mapping of CRITERIA FOR CLASSIFICATION of prevention programmes
- Identify possible TAGs to contribute to the classification of prevention programmes. With TAGs, we refer to those KEY WORDS that can be used to refine a search though a database of prevention programmes to enhance accessibility
- Fine tune and validate previously identified CLASSIFICATION CRITERIA and any additional ones identified during the workshop.

2.3. The method

The workshop took place online in two half day sessions on 27 and 31 May 2021. Splitting the event in two separate sessions and days provided time to process the results of the first day and prepare the best possible input for the second day session. The break was also helpful to foster idea generation and mitigate online conference fatigue. Interactive and visual online tools were chosen to stimulate discussions and sharing of opinions and views among participants.

Session 1: criteria

Session 1 started with a welcome, introduction and brief presentation of thirteen criteria identified by JRC & DG HOME staff resulting from the previously interviewed experts.

Participants worked in two groups in separate break-out rooms on different criteria, discussing the appropriateness of each criterion for the classification purpose. The session continued in the plenary virtual room, where each group debriefed on the work done, followed by a question and answer session. After a brief wrap-up, the session concluded.

Session 2: tags

Session 2 started with a brief summary of the achievements of session 1. This time the discussion was handled at plenary level. Experts worked on key words (TAGs) that could contribute to the search of prevention programmes within a knowledge platform. In some cases, experts suggested to add further options to the TAGs.

After the two interactive sessions with experts, the JRC & DG HOME teams drafted this technical report which includes the selected CLASSIFICATION CRITERIA and TAGs, and asked experts to review it. This publication is the result of a joint effort among participants in the workshop, EU Prevention Network experts, JRC and DG HOME researchers and staff.

2.4. Criteria selection process

The table below summarises the initial thirteen criteria identified by JRC & DG HOME staff with the support of formerly interviewed experts. These criteria were presented to the participants of the workshop as a starting point for their consideration and further development.

No.	CRITERION	DESCRIPTION
1	TARGET	It identifies to whom the initiative is addressed. It might be either one target only or multiple targets and related persons.
2	CONTEXT	It refers to the environment where the abuse takes place. It can be in offline or, online in its different modalities (e.g. grooming, streaming, etc.) but it could also be related to Child Sexual Abuse Material (CSAM) production, dissemination, trading and usage.
3	METHODOLOGY	It refers to the treatment and program proposed to the target.
4	ORGANISATION	It refers to the nature and main activities of the entity which is offering the program and/or treatment.
5	FUNDING	It refers to the money allocated to the program and/or treatment. It can also include possibilities to access specific funding to set up the programme.
6	BUDGET	It refers the both the costs that would be sustained by the entity proposing/setting up the program and/or treatment and the cost for the target (if any).
7	PREVENTION LEVELS	In the proposed map, we refer to the four concepts of prevention stages as described by McCartan and al. under primary/secondary/tertiary and quaternary prevention.
8	ASSESSMENT	It refers to the evaluation of programs and treatments offered. It comprises of the risk factors assessment to identify which targets are appropriate for the programme. It looks at whether the methods are evidence based, how the organisation evaluates them, if the methods are experimental or well established. It considers the presence of an ethical and/or advisory board. It considers whether intervention manuals/programs are openly available. It verifies if there are any published reports about statistics and results from the organisation's work. It may include considerations on the scalability of the methods proposed.
9	LEGISLATION	It refers to the legal national framework under which the specific programme/intervention is being deployed.
10	COMMUNICATION	It refers to the societal-cultural dimension of child sexual exploitation, including: - how preventive programmes are received by general public. - how media advertise them - which are the communication channels used. - how the government, educational entities and other preventative organisations are supporting these programmes.
11	COLLABORATION	It refers to the collaboration that must be set up with different entities for the programme/intervention to work such as: LEAs, educational entities, Research and Academic institutes, religious institutions, Government, prisons, patient representatives, pedophiles' communities, etc.
12	TARGETS' RIGHTS	It refers to the targets' rights in terms of privacy, anonymity, confidentiality (particularly when supporting individuals to seek and participate in treatment). It also considers informed treatment and care, empathy, etc.
13	LANGUAGE	It refers on the language provided on websites, documents and communications related to the intervention, including ease of access, and use of appropriate terminology.

Table 1. Initial thirteen classification criteria

The criteria listed in the following pages include a number of key considerations and horizontal assumptions that served to guide their development. Consequently, the criteria would function in conjunction with a knowledge repository/database of prevention programmes. Such a database could be developed in the context of the EU network on prevention and would be intended for use primarily by entities (e.g. Civil Society Organisations (CSOs) dealing with child sexual abuse prevention, and government bodies in the EU Member States seeking to further develop prevention programmes to combat child sexual abuse). Such a repository can also be useful for persons who are themselves seeking help, their relatives and practitioners providing therapeutic interventions in this space.

The 14 criteria expanded on in the following section are the culmination of bilateral discussions and the outcomes of the workshop. Each criterion is described in detail, setting out the parameters of information against which prevention programmes should be categorised. This section provides an overview of the type of clear and reliable data required as a baseline to allow users of the database to effectively compare between different prevention programmes and select those which they feel would match their needs. Classification of specific initiatives would provide possible keywords (TAGs) to make searches within the database quicker, more streamlined and effective. They are presented as a suggestion following a thorough exploration of each criterion. The TAGs increase in granularity from left to right of the tabulations presented and could also be considered in different combinations.

3. Classification criteria

3.1. Target

The criterion **TARGET** identifies to whom the initiative is addressed. For the purpose of this exercise, targets have been placed in three broad categories that align well with the provisions on prevention listed in the EU Directive [2] and EU strategy for a more effective fight against child sexual abuse [6]:

- **People who fear they may offend;**
- **Persons undergoing criminal proceedings or after criminal proceedings, including convicted offenders in prisons;**
- **Convicted offenders after they leave the prison to fight against recidivism.**

The three definitions can appear reductive and each of them has been expanded with complementary categories in the table below.

An intervention might address either one target only or multiple targets and persons close to the target/s such as family, relatives, communities, bystanders and others. People sexually attracted to children can ask themselves for support to avoid that any abuse occurs (primary roles). Nonetheless, partners, relatives, communities and in general anyone close to the target (secondary role) should have the possibility to get support for themselves to deal with the situation and at the same time receive assistance to better support the primary target in their help-seeking process.

The definition of TARGET can be more granular, to take into consideration more **options:**

- **Age dimension**. In this classification we refer to the agreed definition of childhood that was adopted by the 1989 Convention on the Rights of the child (UNHCR, 1989). Article 1 of the 1989 Convention on the Rights of the child (CRC) states that a child is understood as *"every human being of age of 18 years, unless the law applicable to the child, majority is attained earlier"(*UNHCR, 1989) [7] .Targets can be adults, adolescent and children.
- **Sex distinction**, namely female, male, non-binary and undefined.
- **Risk of (potential) offending.** Targets can be:
    - People concerned about their sexual thoughts or behaviour about children who have not yet offended
    - People in a state of pre-offending including users of CSAM and online grooming;
    - People who have offended
    - People who fear that they might (re)offend
    - Being in a specific risk category (e.g. children or men living with non-biological children)
- **Diagnosis and other concomitant conditions.** Targets can have other concomitant conditions such as autism, mental disabilities, antisocial/dissociative behaviours, other paraphilia, clinical diagnosis of paedophilia, as defined in official diagnostic manuals (e.g. paraphilic disorders related to sexual attraction to children, other paraphilic disorders, or other diagnosis not related to sexuality and other comorbidities). Adults who themselves were abused as children have a higher risk of becoming offenders.
- **Investigation phase.** Intervention programmes may be targeted specifically at individuals that have committed a sexual offence, and who are at different stages of the investigation, prosecution and/or trial process. Individuals can be investigated, charged, convicted, in probation but also undetected.

	TAGs				
OPTIONs	**Age**	**Sex**	**Risk behaviour**	**Diagnosis**	**Investigation phase**
(1) People who fear they may offend that may include: All persons who have sexual thoughts about children or are concerned about their behaviour and possible sexual impulses towards them but who have not offended against children or consumed CSAM.	Children Juveniles Adults	Female Male Non-Binary Undefined	Pre-Offending Behaviour	Paedophilia Hebephilia People Who Were Sexually Abused As Children Themselves No Medical Condition	N.A.
(2) Persons undergoing criminal proceedings or after criminal proceedings, including **convicted offenders in prisons** that may include: Person in probation period following conviction for sexual offense against children. Convictions also cover the consumption of CSAM, grooming attempts and child sexual exploitation. People who have participated in organised child sexual offending	Children Juveniles Adults	Female Male Non-Binary Undefined	Pre-Offending Behaviour/Early Offending Grooming, Sexting Behaviour (Consuming Csam) Recurring Risky Behaviour Organised Offending/ Ritualised Behaviour	Paedophilia Hebephilia People Who Were Sexually Abused As Children Themselves No Medical Condition	Investigated Charged Convicted Probation Undetected
(3) Convicted offenders after they leave the prison to fight against recidivism that may include: People who fear they may re-offend People who are at risk of reoffending for different reasons (clinical, experienced CSA, have regular access to children also in the family environment etc...) People who as part of their release are requested to participate in prevention programmes to avoid recidivism.	Children Juveniles Adults	Female Male Non-Binary Undefined	Pre-Offending Behaviour Early Offending Behaviour Consuming CSAM Grooming Sexting	Paedophilia Hebephilia People Who Were Sexually Abused As Children Themselves No Medical Condition	Investigated Charged Convicted Probation
(4) People close to (1);(2); (3)	Children Juveniles Adults	Partners/Friends /Siblings/Family members Professionals	N.A.	N.A	N.A.

Table 2. TAGs related to classification criterion TARGET

3.2. Context

Criterion **CONTEXT** refers to the environment in which the intervention is given such as:

- **In-person.** Provided by private and public organisations, Institutions, School-based, and other organisations (arts, civics, camps, etc.).
- **At distance.** Online via different modalities such as telephone/internet helpline, self-help line, clinician-guided, in the dark web, via forums, communities of help, etc.. At distance prevention programmes can be both synchronous or asynchronous (e.g. if client/therapist use a chat function but respond either in real time during scheduled sessions or as able/asynchronously).
- **Mixed** offline and online.

There is also an increasing interest for interventions coming from the IT industry or law enforcement sector [8] in addition to those aiming at policy change (online and offline campaigns, building partnerships, petitions, funding and publishing research).

	TAGs		
OPTIONs	**In Person**	**At Distance**	**Mixed**
Context in which the intervention is given	Therapeutic (Individual/Group) including psychotherapy School-Based Organisational Community Level Experimental Research Settings	Therapeutic (Individual/Group) including psychotherapy Telephone/Hotline Clinician-Guided Online Intervention Offline/Online Campaign Dark Web Help Website Self-Help Website	Local/Community Level Federal Level National Level Across Different Countries In Partnerships with other Prevention Initiative Providers

Table 3. TAGs related to classification criterion CONTEXT

3.3. Methods

Criterion **METHODS** refers to the tools, treatments, support opportunities and programmes proposed to the targets. The following options have been identified:

- **Pharmacological and medical intervention** (i.e. in the form of Selective Serotonin Reuptake Inhibitors (SSRI), Naltrexone or androgen-deprivation therapy, etc.)
- **Psychological support** (Individual therapy, group therapy, mixed-method with support groups bringing together victims and pedophiles [9], etc.)
- **Helpline and Online Support and guidance** (Helplines, web support, innovative methods on the onion link [10], etc.)
- **Social support** (Circles of Support and Accountability (COSA), Peer-to-Peer support, pedophile communities, probation methods, etc.)

Risk Management and Circles of Support and Accountability (COSA) [11] and recovery model [12] can be considered as a complement to sex offender treatment and reintegration to society. COSA are groups of trained volunteers who support convicted child sex offenders to reintegrate into the community after prison, with the aim of reducing their risk of reoffending. The circle's main function is to reduce the likelihood of reoffending by providing the core member with a temporary surrogate social network, and to help him or her to establish a supportive social network of his own.

- **Peer to peer support**. Not-offending child-attracted communities (i.e. Virtuous Pedophiles [13] community and the ČEPEK Association - Czechoslovak pedophile community[14])
- **Probation methods.** Restitution, community service, and/or rehabilitative services, juvenile detention services, programmes that play a significant role in ensuring victim's safety and preventing reoffending.

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	TAGs
OPTIONs	
Pharmacological and medical intervention	Pharmacological treatment Medical treatment (medicines, medical castration, androgen deprivation therapy, etc.) Psychiatric treatment
Psychological support	Psychological support Placebo therapy (online)
Online support and guidance	Help line/Help web/Self-help web Online Support and guidance/Online Group support Placebo therapy (online) Dark web support
Social support	Community support/Circle of Support and Accountability (COSA) Peer to peer support/Paedophiles' communities/Paedophiles' forums Group of support Implemented research Probation service Bystanders' support

Table 4. TAGs related to classification criterion METHODS

3.4. Initiative provider

This criterion refers to the nature and main activities of the entity, the **INITIATIVE PROVIDER,** which is offering the programme and/or treatment as well as the one that implemented it.

Three options of application have been identified:

- Organisations **that conceive and develop** the initiative
- Organisations **that implement** the initiative
- **Magnitude/ Extent.** Community, federal, national, across countries, etc.

We can distinguish between the following sectors:

- **Public**
- **Private**
- **Community**
- **Custody**

And fields:

- Political
- Research
- Academic
- Medical Care
- In-Prison
- Forensic Psychiatry
- Probation
- Social Assistance
- Etc.

This criterion may also provide indication on the level of experience and expertise in the field that the organisation who designed/is providing the intervention has. This could give further weight to the initiative (i.e. local, national, international, etc.).

Additionally contact details of the developers and/or initiative providers could be included under this criterion to make it easier for prospective users/implementers of the intervention programmes to make contact and get help with development, lessons learnt and good practices where possible.

	TAGs		
OPTIONs	**Organisation that developed the initiative**	**Organisation that implemented initiative**	**"Magnitude"**
Governmental/ public institution	Political organisation Research and policy institute Medical institution	Political organisation Research and policy institute Medical institution	Political organisation Research and policy institute
Non-governmental organisation	Religious organisation Research institute Academic institution (e.g. University) Medical/treatment institution Non-medical treatment service	Religious organisation Research institute Academic institution (e.g. University) Medical/treatment institution Non-medical treatment service	Religious organisation Research institute
Community	Probation service Social assistance service	Probation service Social assistance service	Local/community level Federal level Across countries
Custody	Social assistance service Custodial in-prison services Forensic Psychiatry	Probation service Social assistance service In-prison services	Federal level National level Regional level

Table 5. TAGs related to classification criterion INITIATIVE PROVIDER

3.5. Funding

Criterion **FUNDING** refers to the money allocated to the program and/or treatment. It can also include information/ instructions on possibilities to access specific funding to set up and run the programme. It could be a useful piece of information to see whether an initiative has received either **long-term** sustainable funding or **short term** one**.** Additionally there are programmes that receive one time funding/donations and others that receive systematic donations.

Funding can be:

- **Public**
- **Private**
- **Mixed (Public & Private)**

Subsidiaries can be part of Public Institutions (national, international, EU), Justice system, Health system, academic and research, philanthropic, open source, etc.

	TAGs	
OPTIONs	**Source**	**Duration of funding**
Public source	Justice System Government ministries University: research/government funding EU/International funding Health and social care Public Health insurance/care Governmental insurance	Short term Long term
Private source	University Research EU/International funding Private donors	Short term Long term One time donation Systematic donations
Mixed (public & private)	justice System University: research/government funding EU/International funding Public-private-partnerships	Short term Long term One time donation Systematic donations

Table 6. TAGs related to classification criterion FUNDING

3.6. Costs

With **COSTS** we refer both to the following **options**:

- the costs that would be sustained by the entity proposing/setting up the program. It should specify the cost to set-up the initiative as well as the running costs and what they include. Providers' costs should include all resources relating to the intervention (building expenses, trained staff, other resources such as computers and other technology needed- especially if the service is offered online, treatment expenses, particularly in case medical treatment is administered etc...).
- and/or treatment and the cost for the target (if any). Cost for the user may be covered by NGOs, health insurances, donors or the clients themselves. Expenses should include primary cost (health, medical, therapy, etc.) for the intervention and secondary costs in particular for in-presence treatment (travel, accommodation, etc.);

Some programmes are offered for free for their entire cycle, others only at the beginning and then it is up to the target to cover the costs. In some countries, health insurances (governmental and/or private) are covering those costs. NGOs and innovative programs are developing their own programmes on donation and/or private funding.

	TAGs	
OPTIONs		
(1) Provider's costs	Fixed costs	Building expenses
	Variable costs	Human resources
	Operational costs	Specialised training
	Maintenance costs	Counselling
	Staff expenses	Hosts for online services/website
	Administrative costs	Research
		Advertisement and communication/media presence
		Infrastructures
		General management
		Other services
(2) User's costs	Fixed costs	Free of charge
	Variable costs	Counselling
	Administrative costs	Therapy
		Medical treatment
		Health insurance expenses/cover
		Travel costs
		Accommodation costs

Table 7. TAGs related to classification criterion COSTS

3.7. Prevention stages

We report the four **PREVENTION STAGES** (primary/secondary/tertiary and quaternary) as described by McCartan and Kemshall (2021) [5].

1. **PRIMARY:** Broad based interventions to prevent sexual victimization taking place, often achieved through raising public awareness on child sexual abuse issues and dispelling common myths about victims and perpetrators (e.g. education campaigns, interventions for people with sexual interests in children but who have not committed any offence).
2. **SECONDARY:** Early detection of sexually abusive behaviour, or potential for sexually abusive behaviour, which enables "at risk" populations to understand their potential risks, triggers, and the potential outcomes of them (e..g, Projects like Dunkelfeld, Lucy Faithfull, Stop it now! Ange Bleu, Preventell, etc.)
3. **TERTIARY:** Responding to perpetration and victimization by Working with people convicted of sexual offences to hold them accountable for their past behaviour, get support and move forward to integrate them back into their communities (e.g., Programs for people that have committed CSA).
4. **QUATERNARY:** Ongoing, supportive interventions that streamline criminal justice responses to reduce risk of sexual offending (e.g., Probation, MAPPA, COSA), which balance punishment and rehabilitation so that over-punitive does not occur and to protect them from harsher managerial regimes as well as suggest interventions which are ethically acceptable.

The reader who would like to further expand reading and understanding of this criterion may consult annex 1 and annex 2 of the present report.

	TAGs	
OPTIONs		
(1) Primary	Board based, society and community level messaging. Awareness raising Advertising campaign Sex education	Stigma dispelling Myths dispelling Consent
(2) Secondary	Individual, targeted, and offence specific messaging. Awareness raising Advertising campaign Sex education	Stigma dispelling Myths dispelling Consent
(3) Tertiary	Treatment and rehabilitation. Reintegration into community	Stigma dispelling Myths dispelling
(4) Quaternary	Supported harm reduction. Community integration. Assist and support.	Stigma dispelling Myths dispelling

Table 8. TAGs related to classification criterion PREVENTION STAGES

3.8. Evaluation

This report does not set out criteria to evaluate prevention initiatives however, if such information is available, it should be included. Currently, very little research exists attesting to the effectiveness of interventions focusing on prevention of perpetration. The criterion on **evaluation** aims to capture this data. Material evaluating the initiative can take many forms including:

- outcomes of scientific research studies carried out on the initiative
- mid-way and end of initiative documentation/reports
- documentation on self-reporting and satisfaction/self-assessment questionnaires filled by participants of the initiatives

The evaluation of the outcomes will play an important role to determine whether an initiative can be considered as a best practice or not and whether it is effective in preventing persons from perpetrating crimes of CSA. The outcomes of evaluation that could be considered, are all improvements in comparison to the starting points depending on the target and on the context. For instance, the reduction on recidivism, the improved psychological impact, the acquisition of new competence (knowledge, attitude and skills) via specific training that helps persons to manage their sexual attraction to children in a healthy manner. The evaluation from also capture effectiveness and efficacy from an economic point of view, including the cost effectiveness of the initiative.

	TAGs					
OPTIONs	**Conducted by who?**	**Methods and Impact**	**Data Collection**	**Scrutiny/Oversight mechanism**	**Publication of methods**	**Scale**
Intervention/ Programme Media campaign	Internal External	Effect on recidivism Evaluability assessment Assessment of needs Evaluation of process Program monitoring Outcome evaluation Impact evaluation Effect on training Realist approach Economic-related	Surveys Questionnaires Interviews Checklists Feedback Social media analysis Sentiment analysis Behavioural insight	Ethical board Advisory board External contractor	Reports Journals Statistics Executive summaries Testimonials	Replicability Scalability Combinable/ Compatibility Adaptability
Individual Treatment	Internal External	Evidence-base Qualitative method Quantitative method Experimental method Well-established method Validated risk assessment tool Effects on recidivism Psychological impact	Surveys Questionnaires Interviews Checklists Feedback Social media analysis Sentiment analysis Behavioural insight	Ethical board Advisory board External contractor	Reports Journals Statistics Executive summaries Testimonials	Replicability Scalability Combinable/ Compatibility Adaptability

Table 9. TAGs related to classification criterion EVALUATION

3.9. Accountability

The **ACCOUNTABILITY** of the programmes refers to the processes and mechanisms put in place by the initiative provider to appraise the programme at different stages to ensure that the programme remains accountable and it is working towards the goals, it has set out to achieve on the agreed upon plans/proposals. It may comprise of several pieces of information including:

- The plan and methodology that underpins the intervention and clear processes to evaluate the progression of the intervention (whether experimental or well-established)
- Clear information on whether the entity implementing the programme is accountable to a larger organisation
- Presence of an advisory board
- Auditing of financial statements.
- A risk factors assessment to identify individuals' motivations and causes towards child attraction. It is highlighted that there are different profiles among potential offenders: paedophiles, individuals attracted by children, who are committed to avoid having sexual contact with children, online sexual offenders, offenders that have already abused and others. Specific risk assessment tools might be conceived, studied and tested for each of these specific profiles. Risk factors for recidivism from each profile might be considered in order to design effective programmes to prevent child sexual abuse and exploitation.
- Monitoring and documenting the programme is also important to enhance adaptation and replication. It should include evidence of feasibility, utility, acceptance and possibly cost effectiveness. The programme should be monitored in its different phases. From the targets' recruitment strategies, the treatments offered, during the dissemination and media campaigns.

	TAGs					
OPTIONs	**Conducted by who?**	**Methods and Impact**	**Data Collection**	**Scrutiny/ Oversight mechanism**	**Publication of methods**	**Scale**
Intervention/ Programme Media campaign	Internal External	Effect on recidivism Evaluability assessment Assessment of needs Evaluation of process Program monitoring Outcome evaluation Impact evaluation Effect on training Realist approach Economic-related	Surveys Questionnaires Interviews Checklists Feedback Social media analysis Sentiment analysis Behavioural insight	Ethical board Advisory board External contractor	Reports Journals Statistics Executive summaries Testimonials	Replicability Scalability Combinable/ Compatibility Adaptability
Individual Treatment	Internal External	Evidence-base Qualitative method Quantitative method Experimental method Well-established method Validated risk assessment tool Effects on recidivism Psychological impact	Surveys Questionnaires Interviews Checklists Feedback Social media analysis Sentiment analysis Behavioural insight	Ethical board Advisory board External contractor	Reports Journals Statistics Executive summaries Testimonials	Replicability Scalability Combinable/ Compatibility Adaptability

Table 10. TAGs related to classification criterion ACCOUNTABILITY

3.10. Legislation

LEGISLATION has been considered as an essential criterion and it refers in the first instant to the legal national framework under which the specific programme/intervention is being deployed. However, supra- national legislative tools such as the EU Directive on combating CSA and the Council of Europe Convention on protection of children against CSEA can play a crucial role in the establishment of certain prevention actions.

It could also include legislation as specific as age of consent and the legislation giving information one illegal materials in the country (i.e. child sex dolls or text/animated CSAM). According to the current EU regulatory framework, any person who fears they might commit any offence, may have access, where appropriate, to effective intervention programmes or measures designed to evaluate and prevent the risk of such offence being committed.

Nonetheless, Member States are free to implement national provisions relating to combating CSA that go beyond what is established under the EU Directive on combating CSA. Some countries may for example have more stringent laws for reporting past instances of child sexual abuse to competent authorities. This can be a major obstacle for the individuals who have already offended and are seeking help. In many cases, offenders would not seek help for fear of being reported for past offences they may not have been convicted for.

	TAGs	
OPTIONs	**Target Group**	**Impact**
(1) International legal obligations	Age of consent	Criminal proceedings Convicted
(2) EU legal obligations	Age of consent	Voluntary intervention programmes Criminal proceedings Convicted Preventive interventions
(3) National legal obligations	Age of consent	Therapy confidentiality Obligation of reporting Non-approved sex toys in the country e.g. child-like sex dolls Text/animated CSAM

Table 11. TAGs related to classification criterion LEGISLATION

3.11. Collaboration

The criterion **COLLABORATION** refers to the synergies and complementarities that can be established with different entities involved in the prevention of CSA.

Building of a network of initiatives and treatment providers would facilitate the identification of key representatives with most knowledge and competences in the field, together with best practices and lessons learned. Collaboration at national and international level would mitigate overlaps, facilitate more extensive use of existing resources and work towards filling gaps with an agreed standardised framework of supportive programmes.

This criterion refers to the collaboration that is set up between different entities for the programme to work. Among them, law enforcement authorities (LEAs), educational entities, research and academic institutes, religious institutions, government, prisons, patient representatives, paedophiles communities, etc. More strategic and interlinked thinking and support at the prevention levels creates better collaboration and alliances between prevention programmes for victims and those targeting individuals at risk of (re) offending.

	TAGs			
OPTIONs	**Inter-sectoral collaboration**	**Type of Organisation**	**"Magnitude"**	**Duration**
(1) Public organisation **(2) Private organisation**	Public-public Public-private	Government (ministries/…) Law enforcement agencies Educational facilities Hospitals/medical facilities Research and academic institutes Prisons and parole services Religious institutions Patient representatives Insurance representatives	Local/community level Federal level National level Across countries	Singular Recurring but irregular Short-term (>1 year) Long-term (<1 year - …) Indefinite partnership

Table 12. TAGs related to classification criterion COLLABORATION

3.12. Dissemination

DISSEMINATION refers to the actions taken in order to raise awareness about the prevention initiative among (potential) stakeholders. It depends on:

- the target profiles (see criterion 1);
- the audience the message is intended for (people worried about their sexual attraction towards children, offenders, helpers, governments, general public, media, etc.), and,
- the cultural and societal dimension, time and situation (i.e. the policy momentum, media agenda, etc.).

This criterion is interlinked with the societal, cultural, governmental way to communicate about prevention of child sexual abuse and exploitation.

When developing media campaigns to effectively disseminate CSAE prevention initiatives (i.e. addressing prevention of perpetration), interested parties may question:

How preventive programmes are received by general public?

How media advertise them, and which are the communication channels used? Is there a need to arrange media sources and discussions iincluding, tv shows and radio plays and maybe using other social media channels?

How are the government, educational entities and other preventative organisations supporting these programmes?

A recent study [7] covering 17 countries suggests that the public and governments have a poor understanding of what prevention of sexual abuse and exploitation is and why it matters. The same study has identified (a) professionals' understanding of the prevention of sexual abuse; (b) public understanding of sexual abuse prevention (c) governmental attitudes towards, and support of, sexual abuse prevention programmes as main domains where there is a need for further investment in awareness raising and communications.

There is an urgent need to clarify and provide understandable explanations that cut through myths and misunderstandings about paedophilia, and child sexual abuse and exploitation[3]. Badly chosen communication styles and content can worst the situation by promoting false information and increase stigma. Child sexual abuse prevention programmes that focus on raising awareness of children, care givers and the general public are generally well advertised. This is usually not the case for programmes that focus on prevention programmes for (potential) offenders . Awareness raising campaigns on the existence of such preventive programmes could help guide offenders, persons who have a sexual interest in children, close family and friends and practitioners to seek help. Targeted publicity addressed at different stakeholders, such as healthcare professionals, the justice system, law enforcement, prisons and parole officers, and citizens, can increase the impact of prevention. This is not an easy task, and media can certainly support the provision of explanations, the deconstruction of myths, the availability of resources and the opportunity to prevent that abuse occurs. In recent years, we have assisted at a growing approach advertising programmes tackling abstinent paedophiles, sex offenders that do not want to re-abuse and CSAM users.[4]

[3] https://www.inspq.qc.ca/en/sexual-assault/understanding/myths-and-facts

[4] https://www.youtube.com/watch?v=babDkGWdeLY__;!!DOxrgLBm!Q09hwaYT4HXIEwJKINcSMitQdoChnrlJcI03dWxiImg6xmEB6KhYIiPstSWlp5GqnromR5VqLw$
https://www.youtube.com/watch?v=89fnOjwLSU&t=6s__;!!DOxrgLBm!Q09hwaYT4HXIEwJKINcSMitQdoChnrlJcI03dWxiImg6xmEB6KhYIiPstSWlp5GqnrpUyP-xWQ$

	TAGs	
OPTIONs	**Means to disseminate/communicate with tag**	**Support (financial, political, practical, …)**
(1) Target group **(2) Professionals working with specific target group** **(3) Educational Facilities** **(4) Wider public**	Brochures Flyers Journal publication Blog post Awareness raising campaign Conferences & stakeholder meetings Clear/Dark Web forums	Government University Public health institution Political institution/party Research institute Religious organisation

Table 13. TAGs related to classification criterion DISSEMINATION

3.13. Targets' Rights

Targets' rights as foreseen in help seeker's culture, legal and societal jurisdiction need to be enshrined in all prevention initiatives targeting them. Also within country rights and across country. Within this criterion, targets' rights are explored in terms of privacy, anonymity, and safety to preserve and assure confidentiality on help seeking and treatment. It also considers informed treatment and care, assurance of empathy, etc.

Privacy, safety and anonymity; How can anonymity be retained? What information is stored, how? Who has access to the information? Is it possible to ask for a copy of all information stored? Will the information be used for research or other kinds of structured evaluation - in which case, is there an approval process by an ethical review board that must be respected, and is it possible to access a copy of the decisions made by the board?

Informed treatment and care. Information about the treatment/ help proposed should be readily accessible including steps to insure the programme against any incidents or damages. Explanations relating to the nature of the treatment including whether it is a well-established and evaluated program or if it is explorative and innovative treatment.

Right to a competent support that relies on investment in a competence framework and specific curriculum for helpers. Emerging results of research into sexual attraction to children show that both experienced and perceived stigma play a significant role in whether child-attracted persons choose to seek treatment. Using grounded theory, Grady and colleagues (2019) found that fear of stigmatization was the most prominent theme for child-attracted persons not seeking treatment, and that such individuals often felt shamed and misunderstood by clinicians. Further, being reported to the authorities solely for expressing a sexual interest in children has been raised as a serious concern when seeking treatment. Investment in a competence framework for helpers is necessary. The development of specific competences to assist people with sexual preference for children is needed as some of the reported programmes are carried out on a voluntary basis without acquired specific and necessary qualifications. Helpers need to professional, and to develop specific skills and to work in multidisciplinary team. (Source: Expert Paper Prison and Probation final). The International Association for the Treatment of Sexual Offenders (IATSO) developed Standards of Care for the Treatment of Adult Sex Offenders[5] defining minimal recommendations and Principles of Standards of Care.

Also, there is very little data on the cooperation of sex offender programmes with victim support services. This kind of cooperation could be further researched. Targets' rights implies some implications and obligations to be accomplished by initiative providers.

[5] https://www.iatso.org/phocadownload/standards%20of%20care.pdf

	TAGs	
OPTIONs	**Stage of conversation/encounter**	**Relevant rights**
Target/s **Practitioners Organisations/ Hotlines/Forums working with targets**	Giving Out General Information Informed Consent Anonymous Correspondence Counselling On The Phone Therapy Online Therapy In Person In-Prison Program Medical Treatment Group Therapy	Data protection Rules on safety and anonymity Informed treatment and care Obligation of confidentiality Liability clause and insurance Rules relating to the training of authorised staff Ethical rules on de-stigmatisation, neutrality and empathy

Table 14. TAGs related to classification criterion TARGETs' RIGHTS

3.14. Accessibility

Criterion **ACCESSIBILITY** refers to several elements of the preventive programme that can be related to:

- the **language** of the resources provided
- the availability of **complementary tools** to the traditional text-based ones
- the **standardisation** of tools provided
- the **cultural responsivity factors**

Many preventive programmes and accompanying resources are often advertised and available only in the national language where the initiative is being run. Entities that wish to replicate them or would like to adopt similar programmes, could encounter difficulties in translating this material.

The availability of complementary or equal tools that replaces text-based resources such as audio and imagery could help people who are visually impaired or illiterate, and those not familiar with the language used in text-based offerings, thus lowering the entry-bar for use of the intervention.

There's a need for standardised tools that could enhance the possible transferability and adaptation to different culture and context.

Interventions must be mindful of the (often varying) cultural backgrounds of the individuals who will be engaging in the service. Cultural factors may come to bear on the outcomes and success (or otherwise) of the approach. This consideration falls under the responsivity principle, but beyond that, it is foundational to respect for dignity that is emphasised in many ethical codes of practice. Communicating cultural responsivity factors will be important in this framework particularly as people look to adopt/adapt initiatives from other geographical and cultural settings. There is a need for more "responsivity", including use of simplified language, that removes technical and/or scientific terms, and jargon that may be difficult to understand by persons without a technical/healthcare background (i.e . illiterate, immigrants, visually impaired people, etc.). This information can provide helpful indications to the type of investments and accommodations required by persons/entities seeking to successfully deploy prevention interventions in their national context.

	TAGs	
OPTIONs	**Potential obstacles**	**Tools offered to overcome potential obstacles**
(1) Communiqués **(2) Documents** **(3) Websites and online platforms** **(4) Awareness Campaigns** **(5) Education Material**	Impairment Written Language Illiteracy Text Understanding Jargon/ Technical Terms/…	Translations Into More Languages Than National One Audio Tools Imagery Instead Of Text Simplified/Easy Language Documents In Braille Language Central Glossary With Words Commonly Used In Prevention

Table 15. TAGs related to classification criterion ACCESSIBILITY

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Annex 1. Annex to classification criterion PREVENTION STAGES

The four stages of prevention can directly map onto the 3 target's categories (1); (2); (3) that we are using in this document, both in terms of sequence progression and in terms of framing activities.

Categories	Prevention stages	Rational	Stage in offending
People who fear they may offend (1)	Primary & Secondary	These are people at risk of committing a sexual offence who can be reached by either general (primary) or specific (secondary) messaging.	Pre offence
		Index or offence arrested for	
Convicted offenders in prisons (2)	Tertiary	These are people, post-conviction, who are incarnated and are undergoing treatment and rehabilitation directly related to their offending behavior (tertiary).	Post offence
Convicted offenders after they leave the prison to fight against recidivism (3)	Tertiary & Quaternary	These are people in the community who maybe under license (i.e., in contact with police and or probation) that are receiving direct support and assistance. This support can be directly related to their offence (tertiary) or more ongoing, social inclusion and harm reduction related (quaternary)	Post intimal offence and, potentially, pre-recidivism.

Table 16. Mapping the targets on the four STAGES of prevention

Annex 2. Annex to classification criterion PREVENTION STAGES

The following table presents the four stages of prevention within a socioecological framework and guide the reader with examples.

	Definition in the four Stages			
Domain	Primary	Secondary	Tertiary	Quaternary
Public Health	Action to prevent disease in people who feel well	Action to detect disease at an early state in people who feel well	Action to reduce symptoms and complications of disease in people	Action taken to protect people from interventions that are likely to cause more harm than good
Criminal Justice	Action to prevent criminogenic &/or risky behaviour in people who are not criminogenic &/or risky	A behaviour at an early stage in people without a criminal conviction	Actions, treatments and/or interventions to reduce [Type here] criminogenic &/or risky behaviour in people with a conviction	Action taken to protect individuals with a criminal conviction from criminal justice interventions that would result in future criminogenic &/or risky behaviour
Sexual Abuse Prevention	Raising public awareness of the reality of sexual abuse and dispelling common myths about victims and preparators. Which enables individuals and communities to be better at identifying sexual abuse, risky behaviours and be better able to support people impacted by sexual abuse. Increased education leads to increased awareness and more proactive behaviour.	Enabling "at risk" populations to understand their potential risks, triggers, and the potential outcomes of them. Meaning that they can seek appropriate support and be empowered to seek help. Individuals and communities better understand risk and therefore are better able to help people manage their own (potential) risk..	Working with people convicted of sexual offences to hold them accountability for their past problematic behaviour, get support and move forward, integrate back into their communities. These interventions move people towards an offense-free lifestyle and encourage desistance. They help people manage their own risk (i.e., treatment programs and interventions).	This would enable people to successfully integrate back into the community by protecting people from collateral consequences or risk management policies and practices. This is done through supportive integration programs that help the person who has sexually abused, aid their re-entry, and support them pro-actively to negative the range of policies and practices that negate their integration. -Quaternary Prevention means protecting clients from issues related to over-medicalisation -In criminal justice terms this relates to over-criminalisation. -Ove-criminalisation and/or overly punitive criminal justice responses can create issues for clients that can worsen their life chances, rehabilitation, and desistance working against their recovery or maintenance. -In criminal justice terms this means effective, streamlined risk management that reduces the likelihood of reoffending, while protecting the public and encouraging desistance. It is important to state that people with a sexual offence are often the subject of more punitive practices and suffer from overcriminalization more that other people convicted of an offence
Examples	For example, Public education campaigns, bystander intervention, Eradicating Child Sexual Abuse, etc.	For example, Project Prevention Dunkelfeld, Stop SO, Safer Living Foundation, Lucy Faithful, Help Wanted! Stop It Now!, The Global Prevention Project, etc	For example, Treatment programs and interventions for people who have committed sexual abuse – Kaizen, Horizon, etc.	For Example, Circles of Support and Accountability (COSA), Multi Agency work (MAPPA)

Table 17. Socioecological framework – PREVENTION STAGES

List of tables

Table 1. Initial thirteen classification criteria 9
Table 2. TAGs related to classification criterion TARGET 12
Table 3. TAGs related to classification criterion CONTEXT 14
Table 4. TAGs related to classification criterion METHODS 16
Table 5. TAGs related to classification criterion INITIATIVE PROVIDER 18
Table 6. TAGs related to classification criterion FUNDING 20
Table 7. TAGs related to classification criterion COSTS 22
Table 8. TAGs related to classification criterion PREVENTION STAGES 24
Table 9. TAGs related to classification criterion EVALUATION 26
Table 10. TAGs related to classification criterion ACCOUNTABILITY 28
Table 11. TAGs related to classification criterion LEGISLATION 30
Table 12. TAGs related to classification criterion COLLABORATION 32
Table 13. TAGs related to classification criterion DISSEMINATION 34
Table 14. TAGs related to classification criterion TARGETs' RIGHTS 36
Table 15. TAGs related to classification criterion ACCESSIBILITY 38
Table 16. Mapping the targets on the four STAGES of prevention 41
Table 17. Socioecological framework – PREVENTION STAGES 43

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