



Developing quality standards for community-based online child sexual exploitation and abuse interventions

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ABSTRACT

Background: Online Child Sexual Exploitation and Abuse (OCSEA) is also an offline problem. OCSEA continues to overwhelm law enforcement, but limited evidence to support effective prevention strategies signals the need for urgent action. Quality standards offer an approach to support measurable community prevention efforts.

Objectives: To understand how police, partner agencies, parents and children address OCSEA. Based on co-produced priorities, develop the first quality standards framework and approach aimed at preventing OCSEA offline, within local communities.

Participants and setting: Researchers engaged with over sixty people in one English Local Authority, including children (6–18 years old), parents, social workers, police, educators, council staff, youth workers, and health professionals.

Methods: The study employed a locality-based mixed-methods design. A rapid appraisal of local policy and practice was conducted through desk research and an analysis of police case files ($N = 185$), in addition to interviews ($n = 18$), focus groups ($n = 11$), and observations ($n = 2$). Co-production workshops created priorities which formed the foundation for quality standards.

Results: A whole system approach empowers communities to take charge of a problem that cannot be addressed in isolation by police or online services. Inconsistent responses and OCSEA committed by children present a significant challenge to practitioners, children and parents. The voice of children and parents needs strengthening. Eleven response priorities and six quality standards were co-produced.

Conclusions: This work presents novel research into the development of quality standards to prevent and address OCSEA. It provides a blueprint for possible transfer and adaptation to other localities both within and beyond the UK.

1. Introduction

Online Child Sexual Exploitation and Abuse (OCSEA) victimisation is a global problem, with one in eight children experiencing non-consensual image offences (12.6 %) and online solicitation (12.5 %) (Childlight, 2024). Therefore, there is an urgent need to

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strengthen ongoing efforts to reduce it. The definition of OCSEA adopted in this paper describes OCSEA as the partly or entirely technology facilitated actual or attempted sexual abuse of a child (anyone under 18), which the child either may not comprehend, cannot or is unable to give consent to, or ‘abuse[s] a position of vulnerability, differential power or trust’, or a combination of these (WeProtect Global Alliance, 2025). Examples of OCSEA may include ‘Perceived First Person Self-generated Child Sexual Abuse’ (PFP SCSA) material (Quayle, 2022), where children take their own pictures or videos, sometimes under duress; the creation, consumption or sharing of Child Sexual Abuse Material (CSAM), such as videos or pictures of abuse, by others; livestreaming child sexual abuse (CSA); or online grooming (convincing) a child to engage in sexual activities. These forms of OCSEA can happen in isolation, in combination, be pre-empted, followed by or happen alongside offline (sexual) abuse of children. OCSEA can also be committed by children themselves. Child Sexual Exploitation (CSE) online and offline involves the abuse of power and trust leading to an exchange between victim and perpetrator often making the sexual abuse seem consensual when it was not, and it is considered a form of CSA (Barnardo’s, 2025).

In addition to the serious consequences exploitation and abuse has on children, such as the continuation of harm because of CSAM shared online (Giles et al., 2023), it is also important to recognise the potential impact on family and friends of both victims and perpetrators of such abuse (Özçalık & Atakoğlu, 2021). In the United States (US) and United Kingdom (UK), law enforcement struggle to deal with the volume of OCSEA reported to them and lack sufficient up to date skills and knowledge to address the risks associated with OCSEA (HMIC, 2015; HMICFRS, 2023a). Nevertheless, many countries have a current political narrative to address OCSEA through restricting social media or significantly controlling children’s online behaviour and access (see HB3 and The Kids Off Social Media Act in US for example). In the UK, the most recent regulatory guidelines and the Online Safety Act 2023 puts an onus on social media companies to address online harms, including OCSEA, and introduce stricter guidelines and controls. Many of these legislative changes have not been based on evidence of what works or what may have been proven to have positive outcomes for children, young people and their families.

Placing the focus on online strategies ignores the offline element of OCSEA. The difference between online facilitated and offline CSA is increasingly blurred (May-Chahal & Kelly, 2020), highlighting the importance for all CSE and Child Criminal Exploitation (CCE) responses to reflect on the role of technology-enabled abuse and exploitation. Yet, evidence suggests that practitioners and services struggle to integrate the online world into their practice in a meaningful way and often feel uncomfortable doing so (Bradbury-Jones et al., 2019; HMICFRS, 2023b; Otterman et al., 2023; Patterson et al., 2022). One reason may be the focus in policy and practice on perpetrators and internet services, rather than victim-survivor experiences and needs. Laws in many countries state that making, possessing and distributing any imagery of someone under eighteen is illegal. Police officers and safeguarding practitioners nonetheless have a significant amount of discretion when responding to OCSEA, especially that related to peer abuse, and PFP SCSA. Considering that the impact of peer or acquaintance perpetrated OCSEA can have a similar impact to that perpetrated by strangers (Finkelhor et al., 2023), there is a need for a better understanding of all forms of OCSEA and how to effectively prevent and address them. The police alone are not able to address these multiple forms of OCSEA (Meggyesfalvi, 2024), highlighting the need for local knowledge, skill, understanding and cooperation, across a wider range of professionals and community members, to find meaningful local solutions.

A prioritisation or focus on offline CSA as separate from OCSEA could limit the scope for early intervention where OCSEA is a precursor to contact offences. This kind of prioritisation can also pull attention away from identifying risk factors common to both, trivialising the connection between them (Chan, 2024). There is a need for updated guidance to begin to address OCSEA at its roots, in communities. Whilst there is a growing literature exploring the extent and impact of OCSEA (Giles et al., 2023; Hamilton-Giachritsis et al., 2020; IICSA, 2022; Joleby et al., 2021; May-Chahal & Kelly, 2020), the recommendations of raising awareness, providing online safety education and listening to victim-survivors only provide limited usefulness, with a lack of focus on the process that will support the integration of such recommendations into local practices. Quality standards can provide such a framework of integration and support communities to start to address this problem locally.

The UK National Institute for Health and Care Excellence (NICE, 2024) describes quality standards as “a set of specific, concise statements that act as markers of high-quality, cost-effective patient care across a pathway or clinical area, covering treatment or prevention; it is derived from the best-available evidence and produced collaboratively with the National Health Service (NHS) and social care, along with their partners and service users” (Chaplin, 2010). Quality standards, therefore, are evaluation tools that can reassure communities, and help support services, practitioners and accountability bodies to understand whether their practice adheres to a certain standard that has been developed based on the available evidence-base of good practice (Graf & Stöver, 2019).

Quality standards exist in the social care and health arena for child abuse and neglect, for example (NICE, 2017). Many quality standards are not mandatory or written into legislation but align with government ambitions and policies and provide the tools that will enable evidence-informed practice, increasing consistency and improving outcomes. The application of these standards is therefore reliant on frontline services and practitioners assessing them to be legitimate and relevant (Graf & Stöver, 2019), highlighting the importance of community engagement and co-design.

Quality statements promote activities which are evidence-based, measurable, relevant, ethical, cost effective, feasible and sustainable (Cunningham et al., 2020; Kelly et al., 2023). Standards tend to be aimed at professionals but can also have implications for commissioners, policy makers and strategic managers (Graf & Stöver, 2019). Hence, a quality standards tool needs to be applicable to a range of stakeholders in relation to the problem. Few quality standards span across criminal justice, social care and community to address complex interdisciplinary problems, such as OCSEA, in holistic and possibly more effective ways.

Such standards require extensive translation efforts that need to reflect on local realities and provide educational guidance on implementation (Graf & Stöver, 2019), particularly where they transcend service boundaries. Solutions to this dilemma focus on the provision of education and training, and political will to underpin standards with resources, time for practitioners to implement and

evaluate them, and the sensitivity of standards to reflect the differing needs within communities. Importantly, it may be the way that quality standards are perceived that can make the difference, i.e., are they seen as a problem to overcome or an opportunity for positive change (Schiavo, 2000)?

A detailed understanding of the problem at hand, community-based prevention of OCSEA, is therefore needed to enable the successful development of relevant and useable quality standards. The background from a scoping review provided below, unpacks the existing prevention efforts in relation to OCSEA to situate where quality standards may add benefit to practitioners, communities and most importantly children and young people.

2. Background

A significant proportion of people who commit child sexual abuse online or offline are children and young people (under 18) (Mcneish & Scott, 2023). OCSEA in any of its forms (committed by an adult or child, known or unknown to the victim) can lead to significant negative consequences for children and young people, including depression, anxiety, shame, self-harming and suicide (Finkelhor et al., 2023; Hamilton-Giachritsis et al., 2020; Joleby et al., 2021), and the continuation of harm due to the sharing of CSAM (Giles et al., 2023).

2.1. (Online) child sexual exploitation and abuse ((O)CSEA) prevention

The research on prevention mechanisms for (O)CSEA is burgeoning (Anillo et al., 2023; Patterson et al., 2022; Prikhidko & Kenny, 2021; Quayle et al., 2024). However, the focus tends to be on the perpetrator of such abuse or internet services allowing the abuse to occur. A brief summary of the evidence-base in relation to OCSEA prevention can be divided into the three tiers of prevention work; primary (universal prevention, largely education based), secondary (addressing early instances or specific risks, usually when reported to relevant agencies), and tertiary (preventing further cases, such as work with perpetrators and victims to prevent revictimization, or CSAM detection online). This paper is focussed on what can be done in local communities to prevent and address OCSEA at all three levels.

2.1.1. Primary prevention

OCSEA prevention education has demonstrated an increase in knowledge, protective behaviours, and disclosures (Bright et al., 2022), but a recent systematic review concluded that education and awareness interventions lacked the ability to significantly impact risky online behaviour (Patterson et al., 2022). Reports recommend a move toward ‘tools not rules’, i.e., rather than telling children what to do or not to do, giving them the skills and understanding to assess and respond to different risky situations relevant to their own lives, whilst providing more support for parents and teachers to mitigate discomfort and difficulties in discussing and addressing OCSEA with children (Nott et al., 2024; Patterson et al., 2022).

A systematic review of educational interventions found the significant overlap between online and offline harms highlighting the advantages of integrating internet safety education with general educational topics, for example combining education on sexting and online grooming with wider topics around dating and relationship violence and abuse (Finkelhor et al., 2021). Advantages of this approach include building on what is successful in offline education, which has a stronger evidence-base, linking it to online behaviours which often share similar risk factors, and addressing some of the offline roots of online problems. Indeed, there is a call to make preventative internet safety education programmes part of the national set of subjects and standards used in primary and secondary schools to ensure that everyone receives the relevant knowledge and skills to keep themselves safe at the earliest possible stage (Anillo et al., 2023).

There is a significant challenge in providing preventative education addressing online risks and at the same time supporting children’s agency and engagement with technology and the online world (Patterson et al., 2022). For example, a recent programme in southeast Asia, worked with children and professionals to develop hands-on learning-by-doing games for children to better understand risks and vulnerabilities of online engagement, increasing digital competencies (Reeves et al., 2024). A human rights-based approach was considered important, focusing on children’s rights to “freely express themselves, to seek and receive information, and to use creative platforms of their choosing” (Reeves et al., 2024, p.8). Children therefore need a safe space to explore online risks, choices, resources and make mistakes without consequences. The project identified several challenges, such as developing cultural relevancy, reflecting children’s realities, the disconnect between safeguarding procedures and promoted resources compared to local availability, and ensuring that children’s voices are heard.

Active involvement of parents and carers in the response to OCSEA is important (Mcneish & Scott, 2023). A survey in the US of parents’ attitudes toward, and efforts in discussing, CSEA prevention highlighted that whilst parents generally tried to address this topic with their children, they asked for more support and guidance, in particular about what is developmentally appropriate information and engagement (Prikhidko & Kenny, 2021).

2.1.2. Secondary prevention

A review of OCSEA prevention efforts found secondary prevention methods are largely aimed at perpetrators, such as changes to payment methods on websites, and parents, such as blocking or filtering systems (Quayle & Koukopoulos, 2019). Another focus of secondary prevention efforts has been on screening to identify early signs that children may be at risk of OCSEA. A variety of screening tools for CSA are available, mainly in the US, which can be used by different practitioners, for example social workers, educators, health workers or psychologists (Benavente et al., 2024). However, few instruments provide proof of validity (Benavente et al., 2024).

and practitioners report lacking the confidence and knowledge to utilize screening tools (Ackers et al., 2024). Early detection of grooming is a further secondary level prevention strategy for some forms of OCSEA. A growing number of research studies report developing grooming detection tools using large language models (Prosser & Edwards, 2024). Previous limitations, such as using outdated databases to train large language models which may lead to a failure to capture contemporary grooming tactics have reduced, but the lack of multi-lingual specificity, and levels of accuracy in detection continue to be a challenge (Mylonas et al., 2025). With regard to a community approach, it is worth noting that neither individual risk screening tools nor grooming detection tools are currently accessible for parents and children to use themselves.

Of relevance to reducing OCSEA risk, Ringrose and Regehr (2023) question advice and guidance for children and young people which often takes an abstinence approach, i.e. not engaging in any form of sexual communication online, which does not reflect the realities and needs of young people and their relationships. In their review of gendered experiences of image-based sexual abuse in educational settings they note the prominent focus on victim-blaming and sexual shaming practices when trying to address OCSEA, in which the picture and the person producing the picture are criminalised rather than acknowledging issues around consent, harassment, abuse, and/or exploitation associated with the taking, sharing and, distribution of such images.

2.1.3. Tertiary prevention

Tertiary prevention describes the prevention of ongoing harm and trauma after a crime has occurred and can be directed at perpetrators, or it can be direct work with the victims and families to support healing and treatment to reduce negative consequences of abuse and revictimization (Quayle & Koukopoulos, 2019). A review of computer tools to detect CSAM online finds that new deep learning methods are significantly improving detection accuracy, but suffer from racial algorithmic bias, due to problems distinguishing skin colour and software being trained on white Caucasian children, therefore the need for human validation of images persists (Kärkkäinen & Joo, 2021).

Once CSAM is detected and potentially taken down, limited law enforcement resources restrict a comprehensive offline response to identify and support victims of abuse (May-Chahal et al., 2022). Additionally, therapeutic support programs have been slow to develop and the evidence-base in relation to effective victim support programs for OCSEA is lacking (Quayle & Koukopoulos, 2019). Digital health interventions for victims of OCSEA have potential to promote behaviour change and support victims, but existing online safety resources often do not reflect the reality of online dynamics that children face, and professionals can feel ill-equipped to address OCSEA victimisation (Quayle et al., 2024). The support system of the young person, such as family, friends, or trusted adults within the community, can also experience adverse effects from witnessing OCSEA or supporting a victim who has experienced OCSEA. For example, there may be feelings of guilt, shame, or a breakdown of family relationships (Fong et al., 2020; McElvaney et al., 2022). Therefore, it is important to promote OCSEA support systems that include the victim's immediate social environment, which in turn can aid their healing journey (Özçalik & Atakoğlu, 2021).

2.2. Prevailing challenges for research and practice

Current research and practice focus on individual or organisational issues rather than whole system responses. The few available guidance documents to support evidence-based good practice in relation to OCSEA are limited in scope, either focussed on criminal justice processes (e.g. Save the Children Italia, 2012), aimed at practitioners (e.g. Vobbe & Kärger, 2022), or focusing on partnerships between police and schools to address harmful sexual behaviour online in certain settings (e.g. Nott et al., 2024). These are helpful guidelines for individual services, or regarding particular aspects of OCSEA, but do not provide overarching standards for integrated community wide responses.

Gaps within OCSEA prevention work are also evident in relation to neurodiversity and children with additional needs. Notably, there is a paucity of primary prevention work that is tailored to disabled children and their parents, marginalising those who are reported to be at increased risk of OCSEA (Álvarez-Guerrero et al., 2024). Furthermore, children and parents are rarely involved in the design of prevention efforts. Denying agency and not involving young people in decisions about their treatment and support can lead to retreatism and further suffering ('double suffering') (Brown, 2019). This study is the first to present a community approach that can support the implementation of individual guidelines and resources in an integrated and coordinated response to OCSEA and address some of these gaps. A place-based co-design approach can provide the depth of understanding and commitment needed to find community solutions to address and prevent OCSEA. This enables OCSEA to be addressed at a local level, making sure solutions are implementable, securing local buy in and building community capacity alongside the evidence-base more broadly (NSPCC, 2019).

3. Methodology

The study was conducted in a large (between 60,000–175,000 people) seaside town in the North of England, based on established contacts in the area. According to National census data from 2021, this town is one of the most densely populated towns in the UK, with over 94 % of people identifying their ethnic group as White, a lower percentage of 0–14-year-olds than the national average, and it is within the five most income deprived local authorities in England.

The objectives of this study were:

- To identify how the police can best work in partnership with safeguarding practitioners, parents, children, and across communities to respond to and prevent OCSEA.
- To produce an OCSEA quality standards approach that can be applied locally and adapted to other places.

Mixed methods were used to address these objectives consisting of a rapid evidence review; interviews, focus groups and observations; and co-production work to develop quality standards and support their implementation. Each method is explained in detail below. The fieldwork took place between October 2022 and September 2024 in one UK local authority area. Ethical approval was provided by the University of Leeds (Ref No: AREA FREC 2022-0218-124). The researchers also consulted with a local co-production team (a small team within the local council which is focussed on advancing local efforts to co-produce solutions to local problems) and reflected on engagement strategies to ensure the safety and wellbeing of all involved.

3.1. Rapid evidence review

3.1.1. Desk review

The research team reviewed local safeguarding procedures relating to CCE, CSE, and OCSEA primarily driven by the local specialist child exploitation team. Local responses and recording mechanisms were examined including child exploitation assessments, training materials and safeguarding referrals to better understand local practice, trends and procedures.

3.1.2. Case file analysis

The case file analysis involved in-person data collection at the regional police headquarters of cases recorded within the town under investigation between 01.01.2022 to 31.12.2022. A recent change in the recording systems meant that researchers could focus their police system search on what this regional police force termed Internet Child Exploitation (ICE) cases, which included eight force-identified crime categories (Table 1). This search resulted in 273 offences identified but only 185 cases being relevant to this study where the age of the victim was either recorded by police as blank (unclear) or categorised as 0–17 years old. The cases were extracted to a secure data platform for further analysis (Weirich et al., forthcoming).

3.2. Interviews, focus groups and observations

Semi-structured interviews and focus groups were conducted with practitioners and parents focusing on individual and group assessments of the severity of OCSEA in the area, understandings of current responses, and future needs (Table 2).

Participants were recruited through convenience and snowball sampling with a view to ensure that different geographical areas and populations are represented. Strong local partnerships between statutory and third sector partners supported this. Practitioners were drawn from six different local youth clubs, three primary schools, three secondary schools, two dedicated child exploitation teams, a national parent support service, different departments within the local council (such as community safety, public health, children's services, education), social care, and health. Parents were recruited through schools, local youth clubs and the local co-production team. It was difficult to recruit parents, due to time constraints or parents' concerns about the topic to be discussed. This resulted in a sample that was exclusively mothers. Young people (+16) were recruited from two youth clubs. This was in addition to observing two internet safety workshops provided by a local youth club with children aged 6–13 years old (approximately thirty children). Children and young people were from predominantly white working-class backgrounds and included an even split of males and females.

As the previous literature review highlighted, practitioners and parents can lack confidence when talking about CSA. Hence the research team put safeguards in place to ensure that practitioners, as well as parents and young people, felt as comfortable as possible when talking about this topic. This included spending time at the beginning of the session to build relationships, making clear participants should not share personal experiences if they did not want to, and having time to take a break, debrief, and discuss available support resources. Interviews discussed views on the nature and scope of OCSEA in the local area, knowledge about current responses and their effectiveness, the role of the victim within these responses, and participant ideas about how to improve current responses. Focus groups asked about what participants thought are important factors to consider when responding to OCSEA, what a best practice response would be, and how current responses are assessed against this.

Data were transcribed and analysed utilising NVIVO (14) following Braun and Clarke (2006) framework for thematic analysis because of its flexibility and ability to explore patterns within qualitative data using an iterative multi-step process. The analysis was conducted by two experienced researchers with oversight from the project lead (May-Chahal), following a grounded process of

Table 1

Police Internet Child Exploitation (ICE) cases with victim age recorded as blank or 0–17 years old between Jan–Dec 2022 in one local authority.

ICE crime categorisation	# between Jan–Dec 22
Take or make or distribute indecent photographs or pseudo-photographs of children	100
Engage in sexual communication with a child	38
Possession of an indecent or pseudo-indecent photo of a child	25
Blackmail	12
Meeting a child following sexual grooming	7
Possessing prohibited images of children	3
Disclose private sexual photographs and films with intent to cause distress	0
Threats to disclose private sexual photographs and films with intent to cause distress	0
Total	185

Table 2
Breakdown of Interview and Focus Group participants.

Organisation/participant	Data collection	# of participants
Youth workers from youth clubs	6 Interviews & 1 Focus Group	12
Police	3 Interviews & 1 Focus Group	10
Social Work	3 Interviews & 2 Focus Groups	14
Education	2 Interviews & 2 Focus Groups	8
Parent Support Service	1 Interview	1
Council	3 Interviews	3
Young People (+16)	2 Focus Groups	8
Parents	3 Focus Groups	8

qualitative coding identifying themes as they arose from the data rather than applying a strict coding framework in advance. Each researcher individually coded before harmonising the findings through discussion of emerging codes and developing themes together. Emergent themes identified the ways in which practitioners, parents and young people talked about OCSEA, good practice examples and challenges raised. The resulting themes from Interviews, Focus Groups and Observations are presented in Fig. 1.

3.3. Co-production work

Two co-production elements were included to ensure that local priorities were, as much as possible, co-designed and co-produced with children, young people, practitioners and parents. We recognise that this methodology comes with several challenges and is neither easy nor unproblematic (Flinders et al., 2016), however, its potential in supporting sustainable and innovative approaches to complex problems were considered important for this project.

3.3.1. Children's animation

The research team conducted five age-appropriate workshops with children, led by a local spoken word artist with youth work experience, and supported by an animation company to co-design an animation that reflected children's views. Every decision was made by and with the children, aged between six and sixteen years old, with a mix of boys and girls taking part. The children lived in two different neighbourhoods in the study area with high levels of multiple deprivation. The animated video, co-created with the children, allowed the children's voices to be shared without requiring them to participate in the following co-production day with adults and young people (+16 years old).

3.3.2. Co-production day

A co-production event, with representatives from services ($N = 33$) (police, social work, health, youth work, education), young people (+16 years old) ($N = 6$) and parents ($N = 5$) was held at the local football club. Findings from focus groups, interviews, casefile analysis and children's workshops were first shared, followed by activities designed to encourage engagement between the perspectives of the different participant groups. Activities were directed at answering the following questions:

1. How do you want Online Child Sexual Victimization to be responded to in the area?
2. What should the response focus on or target? What would be most helpful at the moment?
3. What are the most important factors for a response in your opinion?
4. What should a response to the most important factors look like in practice?

Groups began as single interest (i.e. parents, teachers, social workers, police etc.). They were then rearranged so that each group contained a variety of perspectives, addressing the same questions again and attempting to reach agreement. From these group discussions, a poll was populated with the 'most important factors' identified for question 4. To confirm shared priorities, items were ranked by each participant. Once ranked, implementation was discussed, and actions were developed to address them. All attendees were briefed in advance about the structure of the day, attendance and the tasks. A room was available for those who felt overwhelmed or uncomfortable during any of the discussions and a member of the team was on hand to support individuals who needed a break or had to leave. Resources were made available for those interested in additional support around OCSEA. A central theme of all research



Fig. 1. Themes from Interviews, Focus Groups and Observations.

activity was to normalise discussion about OCSEA in a way that would feel comfortable for participants and increase their confidence in thinking and talking about it.

3.3.3. Action group(s)

In response to the co-production day, dedicated action groups were established to develop quality standards in collaboration with the research team, one consisting of practitioners including youth workers, children's social care, police, education, and health and another action group with children and young people. Work is ongoing to develop a third action group with parents that can run alongside the other two.

4. Results

Children and parents raised several concerns about the risks, harms and prevention of OCSEA in this local authority. In particular, there was a focus on universal primary prevention efforts, as well as tertiary prevention by regional and local policing teams with a significant gap in pro-active, dedicated and supportive secondary prevention efforts. Themes identified through triangulating the desk review, case file analysis and qualitative interviews, focus groups and observations are presented below, before introducing the co-produced local priorities in addressing OCSEA and quality standard statements.

4.1. Understandings of OCSEA

Local practitioners and parents were very aware that the lives of children today are different. They discussed the inevitability of risky behaviour, owing to the normalisation of sexualised content just by children living part of their lives online. Views from parents about the need for children to use technological devices and the internet, and how they use them, were mixed. It was clear that there was a generational gap of understanding the importance of online access for some parents, and also practitioners, that resulted in differences of opinion as to what effective and reasonable responses to online risks may look like. Some children thought this is due to a lack of understanding of how important the online world is for them. These differences in understandings of the online world between those with the risk of experiencing OCSEA and those who respond to OCSEA has, for many adults, introduced an uneasiness with the subject. This sits in the wider context of talking with children about sex, sexual orientation and related topics, *"It's quite taboo anyway, generally in Britain just talking about healthy sexual relationships and sexual orientation. I don't think people feel comfortable, so parents don't want to have those conversations if they don't have to"* (Social Worker Focus Group).

4.2. Scale of OCSEA

Most participants, who were not CSE service providers, were hesitant to take part in the study, as OCSEA was considered a specialist subject that they did not feel knowledgeable about. Practitioners discussed the significant and growing number of cases of OCSEA within their respective work environments, *"Child abuse in [this town], [...] it happens online all the time, we've had young people be groomed online, we've had young people send pictures to people they didn't know and then it's turned out to be somebody else, so we know it happens. [...] it's hard to keep track of them and to follow them, so we know it's happening but how much we're aware of, I would say I'm not too sure"* (Youth Club Practitioner Interview); *"From the policing point of view, we're getting better and better at [addressing OCSEA] but it seems like we never have enough capacity. Some of it is really flipping serious and you really need a good turnaround but there's so much stuff that's really serious and so much stuff that needs a turnaround"* (Local council Community Safety Officer Interview).

This signified a broader issue around the recording and reporting of OCSEA. Every service that supported children had recording mechanisms in relation to child safeguarding, but thresholds for recording and the ways in which the online aspects of CCE and CSE were (or were not) recorded varied widely. The case file analysis (Table 1) confirmed that within policing systems, there is no clear tag or otherwise to categorise OCSEA. A dip sample ($N = 88$) of the 273 cases that were not part of the 185 officially categorised internet child exploitation (ICE) cases highlighted the presence of online solicitation and grooming in 'non-ICE' cases. These included crime categorisations such as 'child sexual exploitation', 'sending letters etc. with intent to cause distress or anxiety', or 'causing or inciting a child under 13 to engage in sexual activity by an offender under 18 years of age'. Thus, current police categorisation of recorded cases of OCSEA was not always clear. The local dedicated CCE and CSE team were able to provide profiles of victims of OCSEA referred to them, which were lower than the police files would have suggested; $N = 44$ as of July 2024, with the youngest child 12 years old. Considering practitioners and children's reflections on the omnipresence of OCSEA, these numbers did not seem reflective of the volume of OCSEA victimisation in this community.

OCSEA cases where the perpetrator was not known to the child, where the definition of victim and suspect were distinct, and the suspect was identifiable as an adult, had clear reporting and response mechanisms across services. Indeed, the most difficult cases for this community were cases that were not clear cut, such as peer-on-peer OCSEA, PFP SCSA, or borderline communication that could potentially lead to OCSEA. A key issue was the need for clarity on locally agreed thresholds for different levels of intervention.

Parents thought their children would likely come to them if something was wrong. However, once confronted with the current scale of OCSEA and discussing best practice in addressing this problem, questions emerged about these presumptions. Whilst parents thought their children would know how to address OCSEA, this was not always supported by direct discussions about OCSEA with children. Children similarly suggested that they know how to stay safe online by referring to what they were told in school or youth clubs around blocking people and avoiding strangers' friend requests. However, once discussions moved beyond what children know to how they use the internet, talking with and accepting friend requests from strangers or people who are not friends emerged as

common practice, and many children reported being groomed online without reporting it, even where parental safeguards were in place.

4.3. Prevention of OCSEA

There was a consensus amongst practitioners that early intervention would be the preferred response to OCSEA, *“It’s like you need a different triage service almost where actually they get the education. Instead of having police make that decision [...] and deal with that before they even have to. Or even take away the element of reporting it to police or social care. Schools could do that potentially”* (Specialist multi-agency CSE and CCE team Focus Group). The majority of prevention work for OCSEA took place in schools through Relationship, Sex and Health Education (RSHE) classes. Youth clubs had sporadic internet safety workshops, for example when problems were raised with them. Participants from youth clubs and schools talked about the internet safety work that they provide and creative ways in which they try to get children involved and help them to recognise risks. However, there was little evidence of communication between organisations about what children may have already engaged with in different contexts. Additionally, practitioners agreed that children would listen to advice but often not apply it in practice. This presents local adults with a dilemma where they follow local and national practice examples of preventative education work but may fail to reach young people in a way that makes a difference, *“The actual online safety stuff we find a little bit more difficult because they do it in school and quite often the packages and the activities that we get are very similar to their school based ones, so as soon as you do something that they’ve done in a PHSE lesson they’re over it”* (Youth Club Youth Worker Interview).

In the observed internet safety workshops, young people and children as young as seven, talked at length about their knowledge of reporting mechanisms, risks online and what to do or not to do based on the education they have received. However, when they talked about what they experience and engage in online, this often contradicted that knowledge. For many children and young people this was due to the inevitability of receiving requests and grooming attempts, and that they did not feel reporting would be ‘worth it’. All parents and practitioners highlighted the particular barriers children with learning disabilities and children who are neurodivergent can face, often in opposition to the above, not recognising risks and not receiving age-, maturity- or ability-appropriate education and safeguarding to prevent OCSEA.

Another significant barrier to reporting was children and young people’s uneasiness about the response that they may receive, and the impact this might have on their wider network if someone were to find out (including family, peers and friends). This was also recognised by local youth club providers who generally shared a significant amount of trust with young people, *“The problem is what’s above [us] is they don’t trust the services above us and how they will deal with that information or whatever the consequence might be because that is out of our control and it’s out of their control. [...] We can’t solve the issue for them, [...] once it’s been told and said the police get involved, the Social Care get involved and it’s back to those people they don’t really trust in dealing with that situation”* (Youth Club Youth Worker Interview).

Children and young people were also concerned about sharing experiences because they may be made responsible for being in a risky situation and may lose access to their phone or devices. This fear can lead to feeling scared about help-seeking and may result in a child continuing to experience abuse, or trying to solve the problem themselves, which may mean that children do not access short- or long-term support to address the harm experienced and future risk, as this young person highlighted, *“I remember it happened to me when I was younger, and he was asking me loads of questions and stuff, and I couldn’t tell my mum because I got really scared. She didn’t know that I had social media either, so I had to pretend that I was my mum on the phone messaging him and just scared him.”* (Young people Focus Group).

4.4. Responses to OCSEA

Children generally had an idea of who they could talk to if they experienced OCSEA, often a trusted adult, a family member or youth worker. However, parents were less clear about where to receive help and support. This was felt even stronger when the case of OCSEA was perceived to not meet the threshold of police intervention, *“I wouldn’t know anywhere else to go. So, if my daughter came up and said, “Oh such-and-such has asked me to do this,” or “Such, I’m doing this,” I’d be like, what do I do? Who do I talk to? Because kids get taught it at school, but they don’t ask parents to go in and say, “Do you know what will happen if they did this?” or “Do you need help with this?””* (Parent Focus Group).

Children and parents were uncertain about police responses and what this might mean for their criminal record if they or their child conversed with someone who groomed them, uploaded their own pictures or videos, or were involved in sharing someone else’s pictures or videos. Indeed, even police officers recognised this difficulty, *“If I knew that by going to police with my daughter, sharing these images online because she’d kind of been persuaded, that there would be a criminal record in the background, as a parent I would make some very conscious decisions about whether I was going to report that or not”* (Police Officer Focus Group); *“I think that the difficulty with the police is that they will only come at it from a crime perspective, not an emotional health and well-being perspective, won’t they?”* (Secondary Schools Educators Focus Group).

Safeguarding procedures and recording mechanisms were present in all organisations we engaged with, but the recording of online specific CCE or CSE was not something that was evaluated, tracked or monitored beyond the small case load of serious and complex cases of OCSEA that came to the attention of the specialist multi-agency CSE and CCE team. When it comes to the initial response to OCSEA, children were clear that there is a need for a trauma-informed and supportive response that respects their privacy. Evidence from young people suggests that responses from educators have not always reflected a supportive environment. In practice this means that many young people are concerned about how invasive some responses may be.

Adults often felt as though they were lagging behind when identifying and applying online safeguards to prevent OCSEA, because

children were perceived to be able to easily circumvent these, “*They are pretty savvy, and they can run us round the block on social media and TikTok and Snapchat and whatever but there’s a lack of, they don’t need to understand this actually, but they don’t understand their own vulnerability within those spaces. But equally, we don’t want them to feel vulnerable in those spaces, so it’s a really tough one*” (Local Youth Organisation Lead Interview). This quote highlights the difficulty in trying to address an identified vulnerability amongst a group of people who might struggle to recognise such vulnerability. It suggests that online solutions (technical interventions) may not be enough to enable effective responses. According to many participants, particularly those from specialist CCE and CSE services, relationships and connections between children and adults are key, to create trust in the solutions presented.

As a consequence, practitioners and parents were worried about the children they may not be able to reach, due to varied parental and guardian support and complex local needs, “*It could be tricky, but to be honest, round here, I don’t think half the parents are bothered. I really don’t. [...] When you’ve seen kids that’s younger than my youngest still out in the streets at nine, 10 o’clock on a nighttime, and you think why aren’t you in your house or anything? Where is your parents at? It’s like I don’t think they’re bothered.*” (Parent Focus Group). Resources within mainstream provision presented a further challenge leading to a shift in responsibility for OCSEA, “*There’s a real big shock when we go from year six to year seven as to what support will be offered because a primary school might have four or five staff for 300 children and a high school might have three staff for 3000 children, so there ain’t no pussyfooting around, there’s no handholding. This has happened out of school, you deal with it*” (Early intervention and Safeguarding practitioner Interview). This shifting of responsibility highlights the need for holistic community responses that are weakened when OCSEA is understood in context specific ways, rather than a community problem that is everybody’s responsibility.

Well established local multi-agency teams and relationships between some services provided several examples of what works to support the response to OCSEA. This included the establishment of teams that involve police and social care, providing a way in which to approach children and families without utilising a law enforcement heavy response. Throughout the interviews and focus groups, the need for *coordinated* multi-agency responses to OCSEA were clear. During the co-production day this was further established as a central element of good practice. However, despite this specialist service provision, established co-production and children’s voice groups, there was agreement amongst participants that there was a lack of children’s voice in prevention and response efforts to address OCSEA, “*Where’s the young person’s voice? In all of this, where is a young person’s voice? I’m not seeing a young person’s voice in a lot of this*” (Youth Organisations Focus Group).

The co-produced animation created for this project was a first step in listening to children’s voices in the response and prevention of OCSEA (find the video at: <https://vulnerabilitypolicing.org.uk/online-child-sexual-victimisation/>). In it, children talk about the importance of their online lives and the positive aspects of access to devices and the internet. At the same time, children, including those aged seven and younger, were very aware of the risks they can and have faced online. They knew where they could go for support but felt that responses were often not good enough and that they did not feel listened to. Children support the enforcement of age restrictions but emphasised they want to be more involved and guide prevention efforts. They felt as though they know best what they do, how they do it, and why, and therefore might be better placed to connect with other children about OCSEA. For them, central to the effective prevention of OCSEA were honest and supportive spaces at home, school or in youth clubs that helped them to feel as though they can discuss risky, vulnerable or dangerous situations and experiences, without fear of reprisal. They asked for more communication from all parties involved to better understand what happens when OCSEA is reported online or in the community and help to better understand why it is so difficult to make the internet a safe place for children.

4.5. Co-produced priorities

Participants co-developed priorities and ranked them (Table 3). The priorities broadly reflect the themes identified in the scoping review. Most important in this locality were ‘coordinated multi-agency responses’, reflecting on the previously discussed challenges between practitioners, parents and young people emerging from the interviews and focus groups; and the importance of listening to young people and having child-led interventions.

Certain important stakeholders were missing from this co-production process, including local business owners. The area has a number of businesses aimed at children and a significant number of young children who frequent in them. Having their support and buy-in when developing a community response is therefore important. Participants were very clear that if any changes were to happen

Table 3
Locality based co-produced priorities for addressing OCSEA.

Rank	Priority
1	Coordinated multi-agency approach
2	Listening to Young People/Child-led
3	Education and awareness for all
4	Consistency (amongst services and responses)
5	Central hub for communication of information/resources
6	Strategic buy-in (including businesses)
7	Model/Threshold/Graded response (Child-led & consistently used across services)
8	Informal Helpline for young people
9	Transparency of process and communication
10	Longer and more intense support for victim/perpetrator/families
11	Overcome issues of Consent/Informal Information sharing (i.e. online forum)

in the response to OCSEA, a local response would need the strategic buy in from all organisations and services that have contact with children and young people.

The priority for safe, informal spaces for children to report or discuss experiences online that could result in or are OCSEA was brought forward by young people who attended. Other participants could understand the need for such an anonymous and non-judgemental support mechanism. Indeed, parents argued that they themselves would benefit from a forum where they could share concerns without immediately acting on it. However, concerns were voiced about the ability to monitor such fora, especially if online, and acting on concerns that require legal action. This added a level of complexity to anonymous and informal local helplines and forums for which no solutions have yet been identified.

4.6. Developing community OCSEA quality standards

The two action groups in collaboration with the research team, developed the six quality standards below (Table 4), which seek to actively address the challenges identified. This was an iterative process with several simultaneous meetings with children and adult action groups to discuss the ways in which the priorities (Table 3) relate to one another and form certain standards of practice that fit well with local needs and existing structures. It presents the first step in identifying measurable indicators that will help a community to address and prevent OCSEA in the future.

These six quality standards clearly highlight the key themes found in the data: (1) the need for holistic multi-agency approaches; (2) integrating and being led by the voice of local children; (3) consistent and evidence-based messaging about the threat of OCSEA, what works in addressing it and streamlining this across organisations; (4) consistent recording and monitoring based on coordinated responses to cases of OCSEA to build trust in the community; (5) developing more awareness of the impact and threat of OCSEA so that everyone buys into the idea that everyone is responsible for children's safety online and offline; and (6) developing effective support interventions with local communities which reflect the needs of diverse children and families, including children in care, disabled children, minoritised ethnic and cultural identities, gender, sexuality and levels of maturity. Hence, it is important to tailor responses to community needs and incorporate the local context appropriately.

5. Discussion

This is the first study, to our knowledge, that takes a place-based community focused approach to prevent OCSEA. It is one of the few studies which develops best practice from the bottom up, involving young people and parents, and represents an important first step in developing a more consistent, measurable and effective response to OCSEA. The results question the effectiveness of current responses to address and prevent OCSEA, such as the UK Online Safety Act, seeking to make online platforms more responsible to act on reports of CSAM. It also highlights the need for more education and transparency to not only encourage children to report and explain how to do it, both on and offline, but explaining what happens with these reports and why it is important to report each case and type of OCSEA.

Participants agreed that OCSEA is a significant problem in their community, consistent with previous research highlighting that this is a growing problem (Chiddlight, 2024; Giles et al., 2023; Internet Watch Foundation, 2023). What is not covered extensively in the literature, but which presented a significant barrier to good practice in this community, is the lack of accurate agreed and shared recording practices across community-based services. The fact that each service in contact with children used different recording practices, some more or less advanced in flagging or recording online harms, limits understanding of the scale and nature of this problem within the community.

A shared understanding of what constitutes OCSEA, or might constitute it, and how to record it across services is required to support early intervention. Moreover, a more transparent and shared approach to recording OCSEA can help to build trust with parents, children, other community members who think about raising concerns, knowing what will happen next. The ambiguity about what constitutes OCSEA and what does not, leads to a lack of reporting, particularly amongst parents and children, reflecting a limited appreciation of online risk and harm, lack of trust in police on this issue, challenges in ascertaining criminality for less clear cases of OCSEA, and shame and embarrassment associated with OCSEA for children and parents (Skidmore et al., 2022). Our participants

Table 4
Locality based co-produced quality standards.

Quality Statement 1	Prioritising multi-agency responses	<i>The response to OCSEA is based on a multi-agency cross community approach, with a shared goal and vision. There is agreement about thresholds for different service interventions. It includes social work, police, youth services, education, health, businesses, children and young people, and parents.</i>
Quality Statement 2	Children and young people led responses	<i>Children and young people are sought out, listened to, and encouraged to be involved in the response to, and prevention of, OCSEA.</i>
Quality Statement 3	Consistent and evidence-based messaging	<i>Organisations engaging with parents and children and young people provide consistent information, shared across services, based on the available evidence.</i>
Quality Statement 4	Consistent recording and monitoring systems	<i>All cases of OCSEA are recorded and monitored consistently across organisations, with clear information sharing structures to measure the scope and nature of the problem locally.</i>
Quality Statement 5	Public awareness about impact and responses	<i>The whole community (including services and businesses) are aware of the nature and impact of OCSEA and the evidence-based response mechanisms available to them.</i>
Quality Statement 6	Support Interventions	<i>Children and young people and their families have access to trauma-informed, co-designed support interventions that reflect on gender, sexuality, culture, race, ability and maturity</i>

supported these findings by discussing the precarious role for police in many of these cases, where blame could be put on the child. Previous research has identified challenges for police when investigating PFP SCSEA (Meggyesfalvi, 2024), which supports the need for shared understandings of healthy and unhealthy online behaviour for children to ensure that police can intervene and prosecute when required, but hand over to other services where educational or otherwise support interventions are needed and know it will be followed up. The triage system proposed by the specialist multi-agency CCE and CSE team under the 'Prevention of OCSEA' result section would help with the practical challenge for secondary prevention of setting thresholds for early intervention; at what point does a behaviour become actionable as OCSEA? This is a key question for teachers, for example, managing PFP SCSEA in the classroom, or tech platforms tasked with early detection and removal. Thus, secondary level prevention requires further research and action.

Consistent with research on children's perceptions of online risks (Zhao et al., 2019), children broadly understood what they should or should not do online but could not always articulate and comprehend the risks associated with not doing something until they experienced it. Nevertheless, restrictive approaches to online safety education and intervention rarely have the desired impact and knowledge acquisition might be more effective in supporting children and young people stay safe online (Zhao et al., 2019). Indeed, children who participated in this study go so far as to say that they should be actively involved and deliver part of online safety education to better connect with children and young people.

5.1. What we learned from this approach

Through the project and the co-production work, organisations and individuals feel more aware of the risks and impact of OCSEA and have prioritised discussions about how to address it in multi-agency meetings. Another important learning is that children want to be involved and can talk about difficult topics with trusted adults in a safe and supportive (and playful) environment.

Nevertheless, the research team identified some limitations of this study. Firstly, a more representative sample of participants which includes fathers, children in care homes, and private businesses for example would have enabled a more holistic understanding of the different challenges faced when trying to address or prevent OCSEA. Whilst efforts were made to include these populations and some fathers for example agreed to participate, due to timescales and availability this did not come to fruition. However, the local multi-agency safeguarding partnership, which has integrated the quality standards into their action plan, is well connected locally with parent groups (including fathers), local businesses, and local care home representatives. Therefore, there is promise that although not extensively involved in the co-production of the standards, these populations will play an important part in their implementation, adjusting them as appropriate to reflect their needs. Secondly, there was a specific effort made to include children with lived experience of OCSEA and associated service engagement, and children with different abilities, these numbers were small and future work should try and expand this further. Based on our experience, earlier outreach to relevant exploitation services locally to discuss safe and supportive ways in which to engage with and include children with lived experience in the development and execution of the project would have been beneficial.

It takes time, relationships and extensive communication across stakeholders to identify the resources, training and support required to translate standards into practice (Graf & Stöver, 2019). The challenge of siloed responses and separate budgets, recording mechanisms, and feelings of responsibility for the problem, continues to haunt the implementation of these OCSEA standards. Nevertheless, with the identification of champions at the right level within the relevant organisations there is strong support for this approach. Once realistic measurable indicators and responsible services and individuals are agreed, this could significantly advance local responses to OCSEA and may not only address OCSEA but also offline CSEA and CCE, by providing supportive, consistent and holistic ways of working.

6. Conclusion

"I think there's quite a lot that we can do about [OCSEA] but I would like to see it as being not just seen as a police problem and not just seen as a teacher problem but it's more of a public health approach to helping kids deal with the environment that they're growing up in" (Regional Online Child Abuse Police Practitioner Interview). Findings from this study confirm that there is a need for good practice guidance (such as quality standards) to address and prevent OCSEA. Reflected in the quote above, it is critical to recognise this form of violence as a public health concern. As such, it needs a co-produced, coordinated, community wide, whole system response. Practitioners, parents and children can struggle with meaningful discussion of OCSEA which leads to missed opportunities for prevention.

This project proposes one method to enable these much-needed discussions, and to identify priorities and a set of quality standards that can help local communities to develop consistent and holistic strategies to address OCSEA. It is not the solution to the problem of OCSEA. Work with tech companies, policy makers and perpetrators of OCSEA continues to be paramount to further reduce the risk of harm to children. However, the framework and approach developed here provides local communities with a blueprint that can empower local offline responses to online problems with potential for positive impacts for offline forms of child abuse and exploitation. More research is required to test and evaluate the applicability and impact of this methodology and OCSEA quality standards nationally and internationally.

CRedit authorship contribution statement

Larissa Engelmann: Writing – original draft, Methodology. **Christine A. Weirich:** Writing – review & editing, Methodology. **Corinne May-Chahal:** Writing – review & editing, Conceptualization.

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Data availability

Some data cannot be made available as it is not ours to share (police case files) whereas some of the anonymised qualitative data could be made available upon request.

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