



International guidelines for the prevention of sexual violence: A systematic review and perspective of WHO, UN Women, UNESCO, and UNICEF's publications

Cécile Miele^{a,b,c,*}, Aurélie Maquigneau^{b,d}, Christian C. Joyal^e, Ingrid Bertsch^{b,c,f}, Océane Gangi^{g,h}, Hakim Gonthierⁱ, Cloé Rawlinsonⁱ, Sylvie Vigourt-Oudart^{b,j}, Emeline Symphorien^{b,j}, Ainslie Heasman^k, Elizabeth Letourneau^l, Anne-Hélène Moncany^{b,m}, Mathieu Lacambre^{b,n,o}

^a Service de Psychiatrie Général, CMP B, CHU de Clermont-Ferrand, 58 rue Montalembert, 63000 Clermont-Ferrand, France

^b Fédération Française des Centres Ressources pour les Intervenant·es auprès des Auteurs de Violences Sexuelles (FFCRIAIVS), 7 rue du Colonel Driant, appt 9, 31400 Toulouse, France

^c Laboratoire de Recherche Qualipsy, EE 1901, Université de Tours, 3 rue des Tanneurs, BP 4103, 37041 Tours cedex 1, France

^d CRIR-AVS PACA, AP-HM, Hôpital Sainte-Marguerite, Pavillon 1 au 1er étage, 270 bd Sainte-Marguerite, 13274 Marseille Cedex 09, France

^e Université du Québec à Trois-Rivières, C.P. 500 Trois-Rivières, Québec, Canada

^f UC3P, CHRU de Tours, 7 rue de la Dolve, 37000 Tours, France

^g Faculté de Droit, de Science Politique et de Criminologie, Université de Liège, Bâtiment B31, Quartier Agora, Place des Orateurs 3, 4000 Liège, Belgium

^h Service du SéOS, Unité de Psychopathologie légale, Rue Despars 92, 7500 Tournai, Belgium

ⁱ Association DIS NO, avenue Saint-Paul 2, 1004 Lausanne, Switzerland

^j CRIAIVS Champagne-Ardenne, EPSM de la Marne, 1 chemin de Bouy - BP 70555, 51022 Châlons-en-Champagne, France

^k Centre for Addiction & Mental Health (CAMH), Toronto, Ontario, Canada

^l Moore Center for the Prevention of Child Sexual Abuse, Johns Hopkins Bloomberg School of Public Health, 615 N. Wolfe Street, Baltimore, MD 21205, USA

^m CRIAIVS Midi-Pyrénées, CH Marchant, 7 rue du Colonel Driant, appt 9, 31400 Toulouse, France

ⁿ Filière de psychiatrie légale, CHU de Montpellier, 191 Av. du Doyen Gaston Giraud, 34295 Montpellier, France

^o INSERM Unit 1061, University of Montpellier, Montpellier, France

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ABSTRACT

Background: Sexual violence is a major public health issue worldwide, with a high prevalence and extensive human and financial costs. Implementing prevention programs is complex, requiring not only evidence-based practices and high ethical standards, but also close collaboration with local governments and non-governmental organizations. In order to guide and support all stakeholders necessary to achieve large-scale prevention (e.g., politicians, decision-makers, in-field professionals), it is essential to establish international benchmarks for the prevention of sexual violence.

Objective: The main goal of this collaborative study was to conduct a systematic review of the frameworks adopted by WHO, UN Women, UNESCO, and UNICEF to help prevent sexual violence

* Corresponding author at: Service de Psychiatrie Général, CMP B, CHU de Clermont-Ferrand, 58 rue Montalembert, 63000 Clermont-Ferrand, France.

E-mail addresses: cmiele@chu-clermontferrand.fr (C. Miele), contact@ffcriavs.org (A. Maquigneau), m-lacambre@chu-montpellier.fr (M. Lacambre).

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worldwide, according to the PRISMA methodology. A secondary objective was to highlight the levels of prevention and determinants of health targeted by these organizations.

Results: Overall, 1008 references were identified, of which 50 met the inclusion criteria. All international guidelines were limited to primary or tertiary prevention, and they were not specifically dedicated to sexual violence. In addition, each organization had developed idiosyncratic prevention strategies. Common primary prevention determinants of health were still found across organizations, including education, socio-economic inequalities, and life skills training. Tertiary prevention was poorly developed and polarized between victims and perpetrators. Secondary prevention was never addressed, however, despite the effectiveness of approaches such as help-lines for people sexually attracted to children.

Discussion: Given these results, an international French-speaking consortium of professional teams, all involved in the secondary prevention of sexual violence, was recently formed with a ratified charter presented here.

1. Introduction

Sexual violence, defined as ‘any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work’ (WHO, 2014a, p.2), and including child sexual abuse (CSA) in this study, is associated with significant mental, physiological, and physical sequelae (Arditte Hall et al., 2019). Among adult victims of sexual violence, the most prevalent outcome of sexual violence is post-traumatic stress disorder (PTSD); other common sequelae include other anxiety disorders, depressive disorder, substance use disorders, and borderline personality disorder (idib.). In addition, these consequences may be transgenerational (Hailes et al., 2019), through such phenomena as the contamination of the parent-child relationship by persistent symptoms of PTSD for the victimized parent or the establishment of a disorganized attachment style (Buchheim et al., 2022; McCloskey & Bailey, 2000; Testa et al., 2011). Among children, these consequences of sexual violence on individual health are particularly numerous, often pervasive (Downing et al., 2021; Noll, 2021; Turner et al., 2017), and higher, on average, than those of other adverse childhood experiences such as non-sexual maltreatment (Lewis et al., 2016). Their alarming prevalence must mobilize all our attention: approximately 8–10 % of men and 20–25 % of women worldwide have been victims of sexual abuse before they reached the age of 18 years old (Barth et al., 2013; Pereda et al., 2009; Stoltenborgh et al., 2011). Further, at the societal level, CSA significantly increases the odds of subsequent victimization and (for male victims in particular) of perpetrating sexual offences, including against children, during adolescence and adulthood (Hailes et al., 2019). At the financial level, the average lifetime economic cost due to each case of CSA is estimated at \$282,734, for a total of \$9.3 billion in the U.S. only (Letourneau et al., 2018). Consequently, sexual violence, notably CSA, is a major social problem, and is considered as a public health and prevention issue (McMahon, 2000; Shields & Feder, 2016), especially when it is committed against children (Letourneau et al., 2014).

Collecting research data about the effectiveness of guidelines, prevention, and interventions programs for policies and professionals is essential to guide, structure, and frame actions against sexual violence. To reach relevant strategies in an ecological logic and respect fundamental humanistic ethical principles (Letourneau et al., 2018; Richard et al., 2011; Sallis et al., 2008; Stokols, 1992), these guidelines and practices must meet the following quality criteria: (i) being non-dogmatic and based on evidence (Choi et al., 2005; Hunter, 2009; Lamboy & Smeding, 2022); and (ii) promoting comprehensive and combination prevention based on “the development of “prevention packages” that combine various sets of evidence-based strategies tailored to the needs of different subgroups” (Kurth et al., 2011, p.1) as proven in the HIV field (WHO, 2022). To meet these criteria, which are related to health and protection of human rights, international cooperation seems especially relevant. For instance, international cooperation allows transcending the partisan and essentially dogmatic political orientations of a given jurisprudence. It also allows the uniting of professionals who often feel isolated (if not ostracized) because of their emerging, precursory practices, including those not conforming with their national policies.

Based on this premise, the United Nations (UN) organization was created at the end of the Second World War (October 24th, 1945) following the United Nations Conference on International Organization held in San Francisco, California. It is today the legitimate

Table 1
UN publications aimed at framing fundamental rights.

Text	Year	Object
Charter of the United Nations	1945	Creation of an international regulatory organization to solve economic, social, educational and humanitarian problems.
Universal Declaration of Human Rights	1948	Promotion of universal fundamental human rights.
Convention on the Elimination of All Forms of Discrimination against Women	1979	Promotion of gender equality and protection of women’s rights.
Declaration on the Right to Development	1986	Promotion of the right to development as a universal fundamental human right.
Convention on the Rights of the Child	1989	International treaty with the aim of recognizing and protecting the specific rights of children.
Declaration on the Elimination of Violence Against Women	1993	Reaffirmation of the rights and principles of the Universal Declaration of Human Rights, emphasizing “the urgent need for the application to all women of the rights and principles of equality, security, freedom, integrity and dignity”.
The 4 world conferences on Women	1975–1995	Declaration of gender equality and development of action plans

reference in terms of international cooperation dedicated to “*solving international problems of an economic, social, intellectual or humanitarian nature, by developing and encouraging respect for human rights and fundamental freedoms for all, without distinction as to race, sex, language or religion*” (art. 1 of the UN Charter). The UN is committed to the affirmation, promotion and framing of fundamental rights through a series of texts - declarations, conventions, reviews, guidelines, and world conferences - which form the basis of any collective approach to the fight against interpersonal violence in general and sexual violence in particular (Table 1). It should be noted that all state members are asked to ratify these texts. Although most UN recommendations for security, and beyond for global public health prevention, were acknowledged and adopted in French-speaking countries, this was not the case worldwide, including the United States (<https://indicators.ohchr.org/>). These hesitations lead to serious negative consequences (e.g., the U.S. spends more on health care as a share of the economy — nearly twice as much as the average country of the intergovernmental Organization for Economic Co-operation and Development (OECD) — yet has the lowest life expectancy and highest suicide rates; Tikkanen, 2020).

The UN, as promoter of human rights and thus instigator of global public health, has developed a network of several operational bodies whose essence and purpose is international cooperation and the involvement of states in the fight against violence: the United Nations Educational, Scientific and Cultural Organization (UNESCO in 1945), which supports and develops international cooperation in education, science, and culture; the United Nations Children’s Fund (UNICEF in 1946; formerly called the United Nations International Children’s Emergency Fund), which promotes children’s rights, development and access to education and health care for all

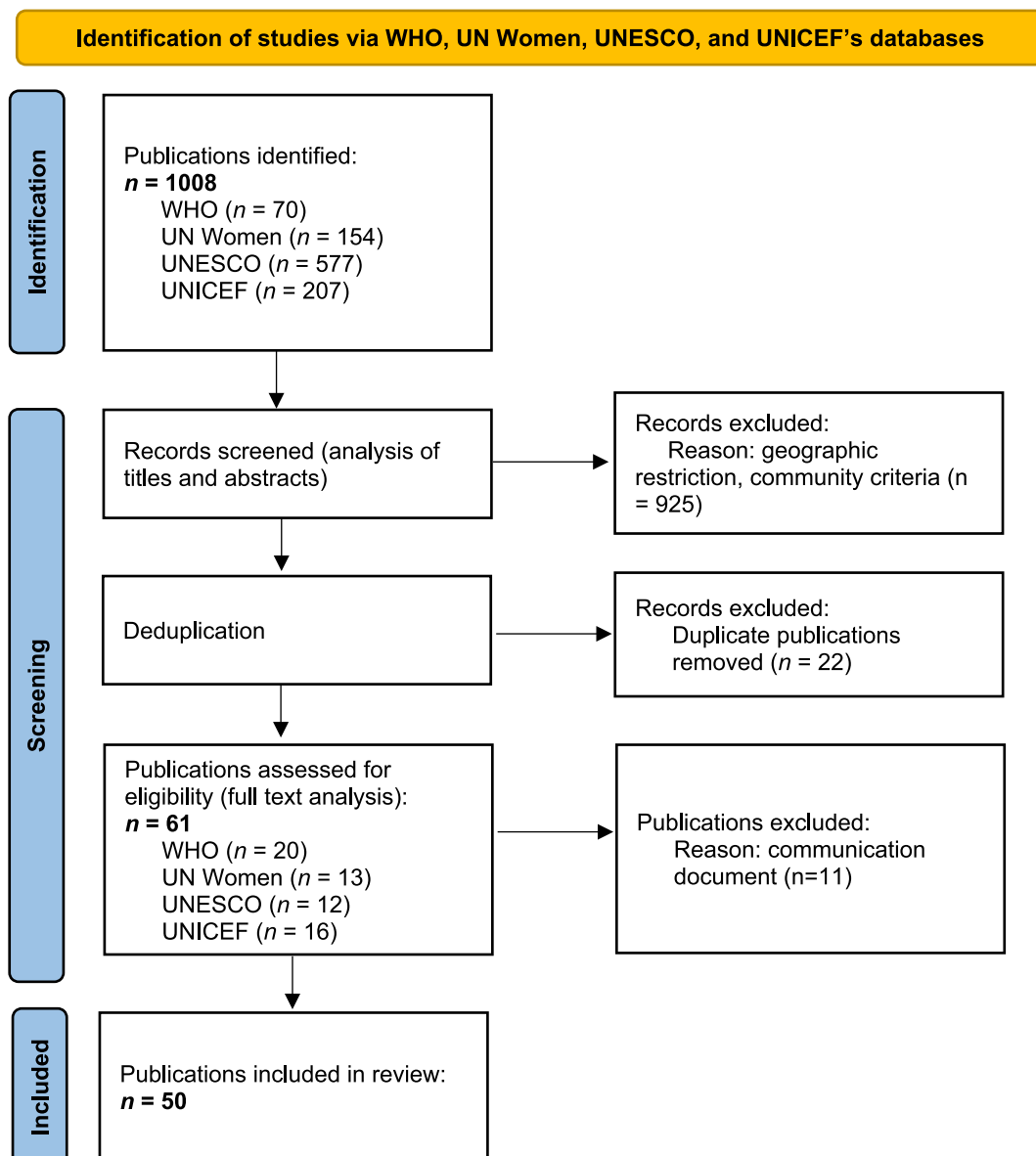


Fig. 1. Flow chart.

Table 2
Summary of results for WHO.

Author/ Developer	Year	Title	Type of document	Main purpose of the document	Level(s) of prevention addressed	Type of sexual violence addressed	Recipients of the document	Nature of the referential elements provided in the field of sexual violence	Signatories
WHO (Krug et al.)	2002	World Report on Violence and Health	Report	Overview of the different forms of violence and prevention strategies	Primary prevention through education, health promotion and support for parenthood. Tertiary prevention through early identification and care of victims and through interventions with perpetrators.	Not specified	Decision-makers, researchers, and health actors	Epidemiological data. Review of risk factors. Recommendations.	No
WHO/ International society for prevention of child abuse and neglect	2006b	Preventing child maltreatment: a guide to taking action and generating evidence	Guide	Prevention of child abuse	Primary prevention within an ecological approach.	Sexual violence committed against children	Decision-makers, researchers, and health actors	Guide for the collection of epidemiological data. Guide to building a prevention strategy. Recommendations.	No
WHO	2007	Preventing injuries and violence: a guide for ministries of health	Guide	Prevention of violence and trauma	Primary prevention through the promotion of gender equality and early identification.	Sexual and intimate partner violence	Ministries of Health	Guide to developing a health plan (i) for the collection of epidemiological data, (ii) for the organization of care. Review of effective prevention strategies.	No
WHO	2010a	Violence prevention: the evidence	Literature review	Prevention of violence	Primary prevention through parenting support, development of psychosocial skills in children, promotion of gender equality, and substance abuse. Tertiary prevention through early identification and care of victims.	Not specified	Decision-makers, researchers, and health actors	Review of effective prevention strategies and programs.	No
WHO /London School of Hygiene and Tropical Medicine	2010b	Preventing intimate partner and sexual violence against women. Taking action and generating evidence	Guide	Prevention of intimate partner violence and sexual violence against women	Primary prevention within the framework of an ecological approach, through the development of psychosocial skills in children, early detection of behavioral problems, support for parenthood, promotion of gender equality, and substance abuse.	Sexual violence against women	Policy makers, designers and planners of prevention programs	Epidemiological data. Review of risk and protective factors. Review of effective prevention strategies. A Guide to Assessing and Planning Prevention Strategies.	No

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Table 2 (continued)

Author/ Developer	Year	Title	Type of document	Main purpose of the document	Level(s) of prevention addressed	Type of sexual violence addressed	Recipients of the document	Nature of the referential elements provided in the field of sexual violence	Signatories
WHO and Pan American Health Association	2012	Understanding and addressing violence against women: sexual violence	Information sheet	Sexual violence	Primary prevention through awareness raising in schools and universities, and support for parenthood.	Sexual violence against women	General public	Key elements of definition. Epidemiological data.	No
WHO	2013a	Responding to intimate partner violence and sexual violence against women: WHO clinical and policy guidelines	Guide	Prevention of intimate partner violence and sexual violence against women	Tertiary prevention through victim care.	Sexual violence against women	Decision-makers, researchers, and health actors	Review of victim management strategies. Recommendations.	No
WHO	2013b	Violence against women: the health sector responds	Guide	Violence against women	Primary prevention within the framework of an ecological approach, via the promotion of equality between girls and boys.	Sexual violence against women	Health actors	Key elements of definition. Epidemiological data. Role of health actors.	No
WHO / UNICEF	2013c	Preventing violence: evaluating outcomes of parenting programmes	Guide	Evidence for parenting programs to prevent violence in low- and middle-income countries	Primary prevention through parenting support.	Sexual violence committed in the context of child abuse	Policy makers, designers and planners of prevention programs	Guide to the evaluation of prevention programs. Review of effective prevention programs.	No
WHO, UNDP, UNDP	2014b	Global status report on violence prevention 2014	Report	Status of Interpersonal Violence and the Implementation of the World Report 2002	Primary prevention through the development of psychosocial skills in children, support for parenthood, substance abuse. Tertiary prevention through early identification and care of victims.	Not specified	Decision-makers, researchers, and health actors	State of the art of public health policies. Recommendations.	No
WHO	2015a	Sexual health, human rights and law	Report	Relationship between human rights, sexual health, and the law	Legal approach promoting the adoption of legislation in accordance with international treaties and human rights.	Any form of sexual violence	States, decision makers	State of play of the gap between international standards and national laws.	No
WHO	2015b	Strengthening the medico-legal response to sexual violence	Guide	Forensic management of sexual violence in conflict zones	Tertiary prevention through optimized care of victims.	Sexual violence in conflict zones	Team coordinators and actors in the forensic field	Key elements of definition. Recommendations for good practice.	No
WHO	2016	Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children	Action Plan for Resolution WHA67.15	The role of the health system in a national multisectoral response to interpersonal violence	Primary prevention within the framework of an ecological approach with reinforced involvement of health systems, based on the fight against inequalities (in access to care, between girls and boys).	Sexual violence committed against women, girls, and children	States	List of measures and follow-up indicators.	Adoption of the resolution by the member states
WHO	2018	WHO recommendations on adolescent sexual and reproductive health and rights	Recommendations	Adolescent sexual and reproductive	Tertiary prevention by facilitating the discussion	Gender-based sexual violence	Policy makers and NGOs	Recommendations.	No

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Table 2 (continued)

Author/ Developer	Year	Title	Type of document	Main purpose of the document	Level(s) of prevention addressed	Type of sexual violence addressed	Recipients of the document	Nature of the referential elements provided in the field of sexual violence	Signatories
WHO with UNICEF and UNESCO	2019a	School-based violence prevention: a practical handbook	Guide	health and rights issues The role of the school and its leverage in preventing violence against/among children	and optimizing the care of victims. Primary prevention through an ecological approach involving parents and the community, through the development of psychosocial skills in children, and the promotion of equality.	committed against adolescent girls Sexual violence committed against children and between young people	Policy makers, school professionals, parents	Review of effective prevention programs.	No
WHO with UN Women	2019b	RESPECT Women: Preventing violence against women	Guide	Strategies to prevent violence against women	Primary prevention through the promotion of gender equality, support for women's emancipation and support for parenthood. Tertiary prevention through addressing early exposure to violence.	Sexual violence against women	Policy makers, designers and planners of prevention programs	Epidemiological data. Review of risk and protective factors. Review of effective prevention programs.	No
WHO	2020	Clinical management of rape and intimate partner violence survivors: developing protocols for use in humanitarian settings	Guide	Care for victims of intimate partner violence	Tertiary prevention by facilitating the discussion and optimizing the care of victims.	Sexual violence against women and children in the context of humanitarian crises	Decision-makers and health actors	Management protocols.	No
WHO with UN Women, UNODC, UNFPA, UN, HRP and UNICEF	2021	Violence against women prevalence estimates, 2018: global, regional and national prevalence estimates for intimate partner violence against women and global and regional prevalence estimates for non-partner sexual violence against women	Report	Violence against women	Primary prevention within the framework of an ecological approach, through the promotion of equality between girls and boys, the fight against the abuse of psychoactive substances. Tertiary prevention through addressing early exposure to violence.	Sexual violence against women	General public	Epidemiological data.	No

Table 3

Summary of results for UN Women.

Author/ Developer	Year	Title	Type of document	Main purpose of the document	Level(s) of prevention addressed	Type of sexual violence addressed	Recipients of the document	Nature of the referential elements provided in the field of sexual violence	Signatories
UN Women	N.D.	Ending violence against women	Report	Fight against violence against women	Primary prevention through child skills development, promotion of public safety, and promotion of gender equality, within an ecological approach involving men, community and society.	Sexual violence against women	States	State of play and epidemiological data. Review of the tools (legislative, institutional...) available to states and their role. Review of effective prevention areas and programs. Recommendations.	No
UN Women	1995	Beijing Declaration and Platform for Action	Declaration and action program	From the 4 ^{ème} World Conference on Women. Fight against violence against women, Equality between women and men	Prevention (level not specified) through the promotion of peace, gender equality, access to education, health, justice for girls and women, the fight against poverty and women's economic dependence, the right to control their sexuality by women, within the framework of a strong commitment by governments and international organizations to adjust structural inequalities, thanks to the contribution of the media, and within the framework of inter-institutional consultation and coordination.	Violence against women and girls	Governments and international organizations	Declaration of commitments. Resolutions. Action program.	Commitment of 189 governments
UN Women	2014	Beijing Declaration and Platform for Action, Beijing +5 Political Declaration and Outcome	Action program	Implementation of the resolutions of the 1995 Beijing Declaration	See Beijing Declaration and Platform for Action 1995.	Sexual violence against women	Governments and international organizations	Assessment of the implementation of the Beijing program.	no
UN Women with WHO	2015a	A framework to underpin action to prevent violence against women	Framework Agreement	Fight against violence against women	Primary prevention within the framework of an ecological approach, via the fight against gender inequalities and discrimination.	Sexual violence against women	States, policy makers, prevention program designers and planners	Theoretical basis for an effective prevention strategy. Review of risk and protective factors. A Guide to Developing a Prevention Strategy.	Theoretical

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Table 3 (continued)

Author/ Developer	Year	Title	Type of document	Main purpose of the document	Level(s) of prevention addressed	Type of sexual violence addressed	Recipients of the document	Nature of the referential elements provided in the field of sexual violence	Signatories
UN Women, UNFPA, WHO, UNDP and UNODC	2015b	Essential services package for women and girls subject to violence	Recommendations	Organization of the care of women	Tertiary prevention through optimized care of victims.	Sexual violence against women	States	Review of effective prevention programs. Presentation of the services essential to the quality of care and their intervention framework. Recommendations.	No
UN Women	2016	10 essentials for Prevention of Violence against women	Information sheet	Fight against violence against women	Primary prevention within the framework of an ecological approach, via the fight against gender inequalities and discrimination.	Sexual violence against women	All public	Key elements of prevention strategies in different settings. Examples of effective programs.	No
UN Women	2020a	Gender equality: Women's rights in review 25 years after Beijing	Report	Promotion of gender equality	Primary prevention through the promotion of gender equality. Tertiary prevention through facilitation of speech and the fight against impunity.	Sexual violence against women	All public	Epidemiological data. Status of progress in gender equality. Remarkable testimonials and examples.	No
UN Women	2020b	Bridging the gap: Sexual exploitation, abuse and harassment (SEAH)	Guide	Fight against sexual exploitation, abuse and harassment (SEAH)	Primary prevention through the fight against gender inequality and discrimination, and the recognition of the continuum of violence. Tertiary prevention through facilitation of speech and the fight against impunity.	Sexual exploitation, abuse and harassment (SEAH)	States, decision- makers, field actors	Elements of definition. Recommendations.	No
UN Women	2020c	Prevention: Violence against women and girls and COVID-19	Guide	Prevention of violence against women in times of crisis COVID	Primary and tertiary prevention through the use of new technologies and targeted financial support.	Domestic sexual violence	States, decision makers, community	Review of risk factors Recommendations.	No
UN Women	2022a	Accelerating efforts to tackle online and technology- facilitated violence against women and girls	Report	Cyber-violence against women	Tertiary prevention through victim support.	Cyber sexual violence against women	States, policy makers, technology providers, community	Description of the phenomenon (epidemiology, form, risk factors, impact). Review of effective prevention devices. Role of member states and the new media sector.	No
UN Women and UNICEF	2022	Mapping the nexus between media	Report	Influence of the media on the construction of representations of	Primary prevention through deconstruction of	Sexual violence against women	States, media	Analysis of the influence of the media on the normalization of	No

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Table 3 (continued)

Author/ Developer	Year	Title	Type of document	Main purpose of the document	Level(s) of prevention addressed	Type of sexual violence addressed	Recipients of the document	Nature of the referential elements provided in the field of sexual violence	Signatories
(Fuentes et al.)		reporting of violence against girls		violence against women	gender stereotypes with the help of the media sector.			violence against women. Recommendations for the media. Recommendations for international organizations. State of the art. Outstanding actions by member states. Recommendations.	
UN Women	2022b	Intensification of efforts to eliminate all forms of violence against women: Report of the Secretary-General	Report	Plan to combat cyber- violence against women	Primary prevention through regulation of the digital space, promotion of gender equality and non- violent relationships. Tertiary prevention through victim support.	Cyber sexual violence against women	Governments, policy makers, technology providers		

children, and UN Women (in 2010), which implements programs, policies, and standards to uphold the human rights of women and girls.

In addition to organizations for international cooperation in security and respect of human rights, an international organization concerned with public health was launched in 1948: the World Health Organization (WHO). As a regulatory and health-promoting body, the WHO was at the forefront of the definition of *prevention*, i.e., “all measures aimed at avoiding or reducing the number and severity of diseases, accidents and handicaps” (WHO, 2005), and its division into three levels: (i) *primary*, corresponding to all actions intended to reduce the incidence of a disease, including the risks of new cases; (ii) *secondary*, corresponding to all actions intended to reduce the prevalence and progression of a disease, and; (iii) *tertiary*, corresponding to all actions intended to reduce the prevalence of chronic disabilities (recurrences) in a population (WHO, 2005). The WHO is also at the forefront of the definition and promotion of *sexual health*, integrating rights including the fact of having consensual sexual relations (WHO, 2006a).

The WHO, UNESCO, UNICEF and UN Women therefore appear to be the natural and legitimate supranational organizations to provide guidelines on the prevention of sexual violence. To our knowledge, however, and despite major interests from professionals involved in the field, no systematic review of publications on the prevention of sexual violence from these four organizations has yet been conducted. The objectives of this collaborative study was (i) list all the supranational publications of WHO, UN Women, UNESCO and UNICEF guiding professional practices in the prevention of sexual violence and their main characteristics and (ii) identify for each organization the levels of prevention (primary, secondary, tertiary) and determinants of health promoted. Finally, we will discuss the areas that these guidelines cover and their blind spots. In addition, a new international francophone charter for the secondary prevention of CSA is introduced as a collective response to identified needs. This charter was signed by a group of professionals involved in the prevention of sexual violence against minors on July 1st 2022 at the French Ministry of Health and Prevention.

2. Method

Our review was conducted using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) methodology (Moher et al., 2009).

2.1. Research strategy

We conducted a survey of the reports and guidelines published by the WHO, UN Women, UNESCO, and UNICEF concerning the prevention of sexual violence, particularly the documentation concerned with sexuality (rights, promotion, education, prevention) and regulation of sexual violence. Each of these organizations has an online database rendering all their resources available.

The search strategy was adapted to the syntax and the thesaurus of each database. The WHO and UN Women databases are structured in themes and topics. In these cases, the search was based on the following relevant categories: “Violence against women”, “Mental health”, “Sexual health” (WHO), and “Ending violence against women” including the subcategories “Rape/sexual assault”, “Sexual harassment” and “Domestic violence/interpersonal violence” (UN Women). The UNESCO database includes an online thesaurus, in which the following keywords were entered: “sexual abuse”, “sexuality education”, “child welfare”, and “crime prevention”. Finally, the UNICEF search engine prompts keywords, among which “prevention” associated with “sexual abuse” were the most suitable for our purposes.

The query was last updated on January 15, 2023.

2.2. Item selection

Two investigators independently read the titles and abstracts and selected the articles that initially met the inclusion criteria: all publications dealing centrally or peripherally with the prevention of sexual violence, without geographical or community criteria (e.g., football sector), without date restriction, and written in English or French. Articles that met the inclusion criteria were imported manually into Zotero software from the databases, in order to manage the deduplication and subsequently integrate the selected references in the manuscript and edit the bibliography. If there were discrepancies, a discussion between the two investigators helped decide whether to include or exclude the article.

Next, the two authors read the full texts of all remaining articles separately, following the same decision-making process. Articles were selected manually from an Excel file exported from Zotero software. Studies were excluded based on the following criteria: (i) documents edited for public communications (e.g., editorials, summary posters, speech verbatims), (ii) reports limited to a restricted geographical area or population.

We did not reference grade the quality of the evidence based on Grading of Recommendations, Assessment, Development, and Evaluations (GRADE) because it is not appropriate for this type of content, so that no publication has been excluded on this basis.

2.3. Data extraction

For each selected reference, data were extracted in a structured table to include the following: (i) the date of publication, (ii) the sponsoring organization(s), (iii) the title, (iv) the type of document, (v) the main purpose of the document, (vi) both the level(s) of prevention addressed (primary, secondary and tertiary) and the main determinant of health targeted, (vii) the main type of sexual violence (e.g., only rapes, only with physical contact, including harassment, including internet contact) including by target (e.g., women, children), (viii) the main type of content (e.g., recommendations, epidemiological data, program reviews), (ix) targeted

Table 4
Summary of results for UNESCO.

Author/ Developer	Year	Title	Type of document	Main purpose of the document	Level(s) of prevention addressed	Type of sexual violence addressed	Recipients of the document	Nature of the referential elements provided in the field of sexual violence	Signatories
UNESCO / UN Women, WHO, UNICEF,	2011	International technical guidance on sexuality education An evidence-informed approach	Strategy	Sexuality education	Primary prevention of sexual violence through sex education in an ecological approach involving the school as a community resource.	Sexual violence against girls and women	Schools, teachers and students health education professionals	Theoretical foundations of the approach. Description of the program.	No
UNESCO	2011	Cost and cost- effectiveness analysis of school-based sexuality education programmes in six countries: full report	Report	Cost and cost- effectiveness analysis of school-based sex education programs	Primary prevention through sex education.	Sexual violence against girls and women	Decision-makers	Cost and cost- effectiveness analysis. Recommendations.	No
UNESCO	2015a 2021	Comprehensive sexuality education: a global review, 2015 (updated 2021)	Report	Promotion of comprehensive sexuality education	Primary prevention through comprehensive sexuality education (CSE) based on the development of psychosocial skills, in an ecological approach involving parents, school, community.	Sexual violence against girls and women	Policy makers, schools, teachers and others health education professionals	Principles and foundations of the approach.	No
UNESCO with UNICEF, the Bank UNFPA, UNDP, UN Women and the HCR	2015b	Incheon Declaration: Education 2030: Towards Inclusive and Equitable Quality Education and Lifelong Learning for All	Statement	Framework for Action to Ensure Equitable, Inclusive, Quality Education and Lifelong Learning Opportunities	Primary prevention through education, including the promotion of gender equality, and the development of psychosocial skills.	Sexual violence against girls and women	All public	Commitments. Framework for action including objectives, strategic approaches, targets and indicators.	184 member states
UNESCO	2016a	UNESCO strategy on education for health and well-being: contributing to the Sustainable Development Goals	Strategy	Strategy to Promote Sexuality Education and Combat Violence in Schools	Primary prevention through comprehensive sexuality education (CSE), promotion of gender equality, and life skills development.	Gender-based violence and sexual harassment in schools	All public	Strategy for 2030.	No
UNESCO / UN Women	2016b	Global guidance on addressing school- related gender-based violence	Guide	School-based violence prevention programs	Primary prevention through education, including the promotion of gender equality, life skills development, and an emphasis on consent. Tertiary prevention by promoting child protection through optimized reporting protocols.	Gender-based violence and sexual harassment in schools	Policy makers, schools, teachers and others health education professionals	Elements of definition and epidemiology. Practical recommendations. Review of effective programs.	No
UNESCO / UN Women, WHO, UNICEF,	2018	International technical guidance on sexuality education An evidence-informed approach - Revised Edition	Report	Sexuality education through comprehensive sexuality education	Primary prevention through comprehensive sexuality education (CSE) based on the development of life skills and the promotion of gender equality.	Sexual violence against girls and women	Schools, teachers and students health education professionals	Theoretical foundations of the program. Effectiveness data. Description of the program.	No

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Table 4 (continued)

Author/ Developer	Year	Title	Type of document	Main purpose of the document	Level(s) of prevention addressed	Type of sexual violence addressed	Recipients of the document	Nature of the referential elements provided in the field of sexual violence	Signatories
UNESCO with Broadband Commission	2019a	Child online safety: minimizing the risk of violence, abuse, and exploitation online	Report	Cyber-violence against children	Primary prevention through education including digital skills and building a secure cyberspace by involving all stakeholders.	Child sexual abuse on the Internet	Governments, policy makers, technology providers	State of play including precise statistical data. Proposal of a security organization model. Recommendations.	No
UNESCO	2019b	Reporting on violence against women and girls: a handbook for journalists	Guide	Providing sourced data on sexual violence and recommending how victims should be received during media reporting	Primary prevention through the deconstruction of gender stereotypes and the promotion of a non-violent culture with the help of the media sector.	Sexual violence against women and girls	Media, journalists, reporters	Provision of sourced data. Proposal of information processing angle. Recommendations for interviewing victims.	No
UNESCO with UNAIDS, UNFPA, UNICEF, UN Women, WHO	2021	The journey towards comprehensive sexuality education: global status report	Report	Status of implementation of comprehensive sexuality education programs	Primary prevention through comprehensive sexuality education (CSE) based on the development of life skills and the promotion of gender equality.	Sexual violence against women and girls	Policy makers, schools, teachers and students health education professionals	State of the art. Recommendations.	No

Table 5

Summary of results UNICEF.

Author/ Developer	Year	Title	Type of document	Main purpose of the document	Level(s) of prevention addressed	Type of sexual violence addressed	Recipients of the document	Nature of the referential elements provided in the field of sexual violence	Signatories
UNICEF	2014	Hidden in plain sight: A statistical analysis of violence against children	Report	Statistical analysis of child abuse	Primary prevention through the reduction of economic and social inequalities and access to education, promotion of non-violent relationships.	Sexual violence committed against children	Decision-makers, researchers, and field actors	Statistical data.	No
UNICEF (Radford et al.)	2015a	Preventing and Responding to Child Sexual Abuse and Exploitation: Evidence review	Report	Prevention of child abuse	Primary prevention through modification of social norms, situational approaches targeted at contexts of abuse, social and economic empowerment programs including life skills development, education including sexual education, and risk and protection awareness, as part of an ecological approach involving parents, school, community. Tertiary prevention for potential perpetrators is mentioned but not addressed.	Sexual violence committed against children	Decision-makers, researchers, and field actors	Review of the evidence for prevention. Review of risk factors. Review of effective programs.	No
UNICEF (Radford et al.)	2015b	Promising programmes to prevent and respond to child sexual abuse and exploitation	Guide	Prevention of child abuse	Primary prevention based on the theory of change, within the framework of an ecological approach involving boys, through the promotion of gender equality and the development of psycho-social skills. Tertiary prevention through early identification and protection of children who have been victimized through reporting protocols and optimized care.	Sexual violence committed against children	UNICEF staff, human rights and violence prevention organizations, governments, NGOs	Review of risk factor data. Step-by-step guide to change. Description of the stages of change.	No
UNICEF (Greijer et al.)	2016	Terminology guidelines for the protection of children from sexual exploitation and sexual abuse	Guide	Definition and terminology of child sexual abuse	Not specified. A common terminology allows for a more targeted approach to prevention.	Sexual violence committed against children	All public	Review of the international conventions providing definitions. Proposal of a common terminology.	Adopted by the Interagency Working Group
UNICEF	2017	A Familiar Face. Violence in the lives of children and adolescents	Report	Inventory of violence committed against children and adolescents and examples of actions	Primary prevention in several regions of the world through different programs.	Sexual violence committed against children and adolescents	All public	State of the art. Focus on remarkable programs.	No
UNICEF	2017	A Child is a Child. Protecting children on the move from	Report	State of the art of violence against children	Prevention (level unspecified) through child protection, especially in conflict and crisis areas.	Sexual violence committed against children	All public	State of the art. Strategy.	No

(continued on next page)

Table 5 (continued)

Author/ Developer	Year	Title	Type of document	Main purpose of the document	Level(s) of prevention addressed	Type of sexual violence addressed	Recipients of the document	Nature of the referential elements provided in the field of sexual violence	Signatories
UNICEF with WHO and UNESCO	2020	violence, abuse and exploitation Global status report on preventing violence against children 2020. Are governments taking the necessary steps to end violence against children?	Report	Presentation of the INSPIRE method to prevent child abuse	Primary and tertiary prevention based on the INSPIRE strategy: implementation and reinforcement of the law, promotion of non-violent norms, promotion of safety, involvement of parents, education and development of psychosocial skills, optimization of care and access to help for child victims.	Sexual violence committed against children	Governments, decision-makers, and field actors	State of the art. Presentation of a convincing strategy. Recommendations. Precise data on each region.	No
UNICEF (Radford et al.)	2020	Action to End Child Sexual Abuse and Exploitation: A Review of the Evidence 2020	Report	Prevention of sexual exploitation of children	Primary prevention based on the theory of change, within an ecological approach based on the INSPIRE strategy.	Sexual violence committed against children	Governments and policy makers	State of the art. Theoretical foundations of the prevention strategy. Implementation guide.	No
UNICEF	2021	Ending Online Child Sexual Exploitation and Abuse Lessons Learned and promising practices in low and middle income countries	Report	Combating the sexual exploitation and abuse of children, including technology- facilitated sexual exploitation and abuse.	Comprehensive and integrated prevention based on the WEprotect model, including the possibility of reporting illegal content, early identification and optimized care for victims with case management, development of digital skills in children, strengthening of policy and governance frameworks.	Child Sexual Abuse	Governments, civil society and the private sector	Balance sheet. Recommendations.	No
UNICEF	2022	The violence prevention dividend Why preventing violence against children makes economic sense	Report	Economic aspects of violence prevention	Primary prevention	Sexual violence committed against children	Governments and policy makers	Estimated costs related to violence. Estimating the return on investment in violence prevention. Call to action.	No

readership (e.g., general public, decision-makers, professionals), and (x) cosigners (if any).

Levels of prevention related to violence were based on those defined by the WHO (2005) and transposed to cases of sexual violence by Seto (2018). Accordingly, primary prevention was defined as “all measures taken before the violence occurs by limiting the risk, by eliminating or reducing the probability of occurrence of the dangerous phenomenon” (Seto, 2018, p.285). Secondary prevention was defined as all interventions with “asymptomatic patients”, i.e. “populations without external or behavioral symptoms, at risk of committing violence” (Seto, 2018, p.286), and tertiary prevention as all actions designed to reduce the prevalence of chronic disability or recidivism in a population, including interventions for victims targeting the transgenerational effects of violence, and interventions for perpetrators to prevent recidivism (Seto, 2018).

3. Results

3.1. Identification and selection of publications (Fig. 1)

We identified 1008 references, including 70 from the WHO, 154 from UN Women, 577 from UNESCO, and 207 from UNICEF. A significant number of publications ($n = 925$) were not selected because they did not meet the inclusion criteria, in particular because they included a criterion of geographical and/or community restriction. This number can be explained (i) by the presence of texts produced by the regional offices that make up each organization and work on the populations of delimited geographical areas,

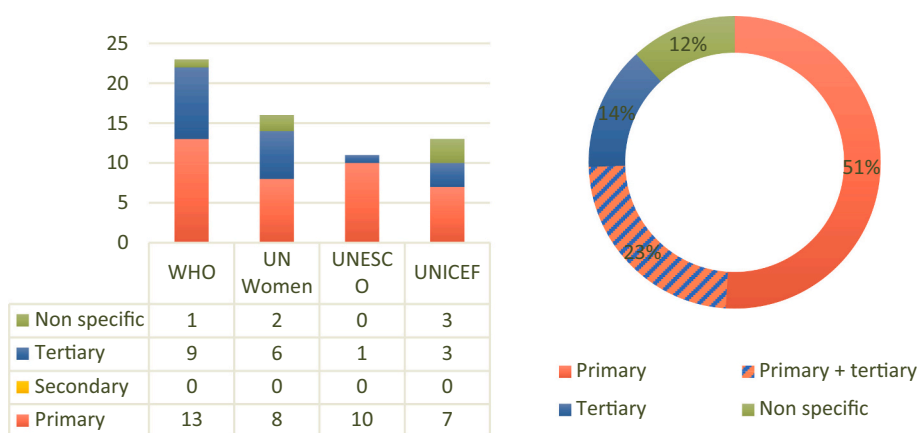


Fig. 2. Number of references by prevention level in each organization, and total proportion of references by prevention level.

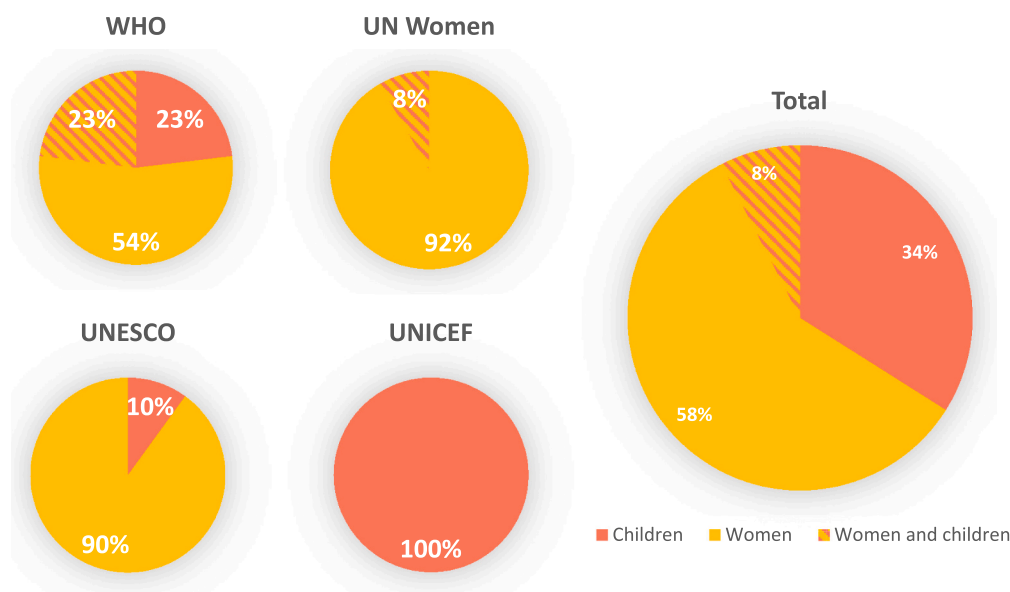


Fig. 3. Proportions of violence victim types targeted by the four organizations.

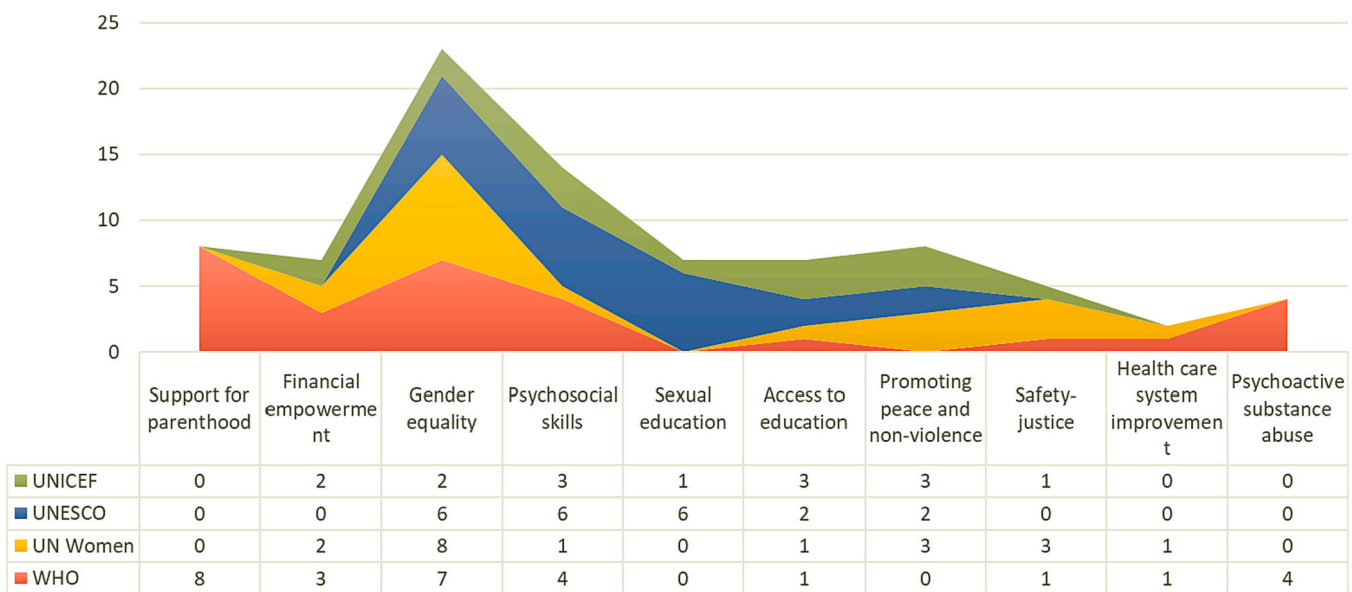


Fig. 4. Distribution of determinants of health broken down by organizations.

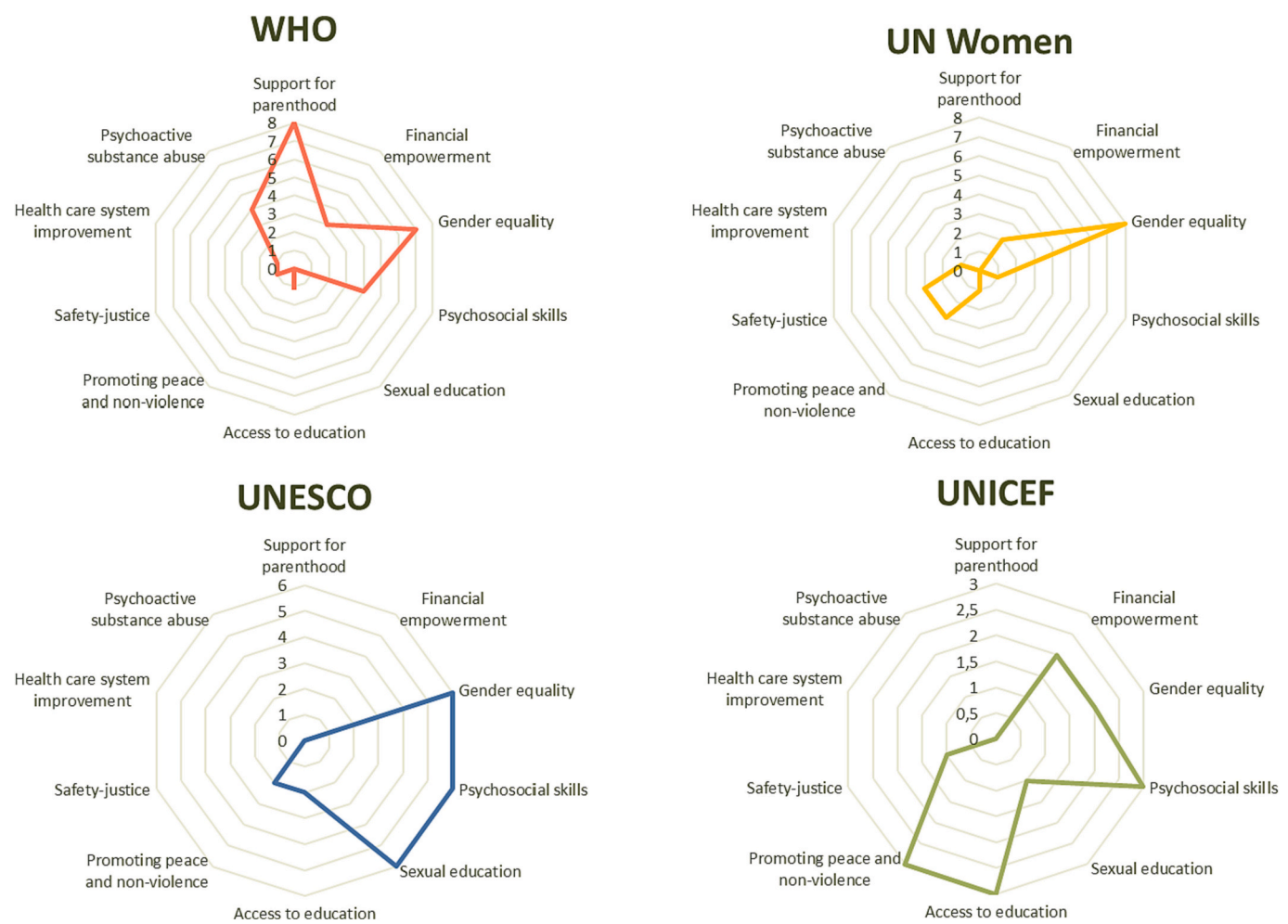


Fig. 5. Caption: Prevention intervention pattern for each organization according to targeted determinants.

corresponding to the continents, and (ii) by potential duplication, particularly with regard to the number of translations, given that deduplication was carried out using Zotero software after this stage. Upon reading abstracts or summaries, we selected 61 references matching our inclusion criteria or required further inspection ($n_s = 20, 13, 12$, and 16 , respectively). Of these, 11 references were excluded during the full text reading process because they were found to not meet the inclusion criteria or to meet at least one exclusion criterion. In the end, 50 references met the inclusion criteria ($n_s = 18, 12, 10, 10$, respectively) (Tables 2–5).

3.2. Main data collected concerning the publications

These references were published over a 27-year period, from the 1995 UN Beijing Declaration and Platform for Action (UN Women, 1995/2015) to the recent UN Women (2022) report on online and technology-facilitated violence against women and girls.

Different document formats were identified. Almost half of the publications were reports ($n = 22$) drawing up theoretical or epidemiological assessments, taking stock of a concept or a phenomenon, and suggesting recommendations. One third of the publications were guides ($n = 16$) promoting the use of theoretical or practical tools. Both reports and guides propose recommendations for decision-makers and field actors, either for in-field interventions or to define a meta-framework for these interventions. Other publications were declarations ($n = 2$), strategies ($n = 2$), programs/plans of action ($n = 2$), recommendations ($n = 2$), and a convention ($n = 1$). These documents aimed at setting-out the guidelines of related organizations and providing an ethical and political roadmap to states, governments and decision-makers, hoping to generate an impact on the structural and societal determinants of violence. Finally, two information sheets met the inclusion criteria, intended to raise awareness among the general public. Only four texts (one per organization) included a formal commitment from the authorities. None of these texts were legally binding.

A majority of publications concerned primary prevention (74 %), a minority concerned the tertiary type (37 %) (some publications cover both levels), and none addressed the secondary type (Fig. 2). Most publications focused mainly on violence (85 %), with a minority focusing on sexual health (13 %) and education guidelines (2 %). Violence typically referred to interpersonal behaviors without further specification, whereas sexual violence (17 %) and cyber-violence (6 %) were the main subjects of a minority of publications.

Identified targets of violence were women (58 %), children (34 %) or both (8 %) (Fig. 3). In line with their respective mission, UN Women devotes most of its efforts and publications on violence committed against women, whereas UNICEF focus exclusively on child victims. Some references are instead based on contexts or environments at risk for violence, such as workplace ($n = 1$), cyberspace ($n =$

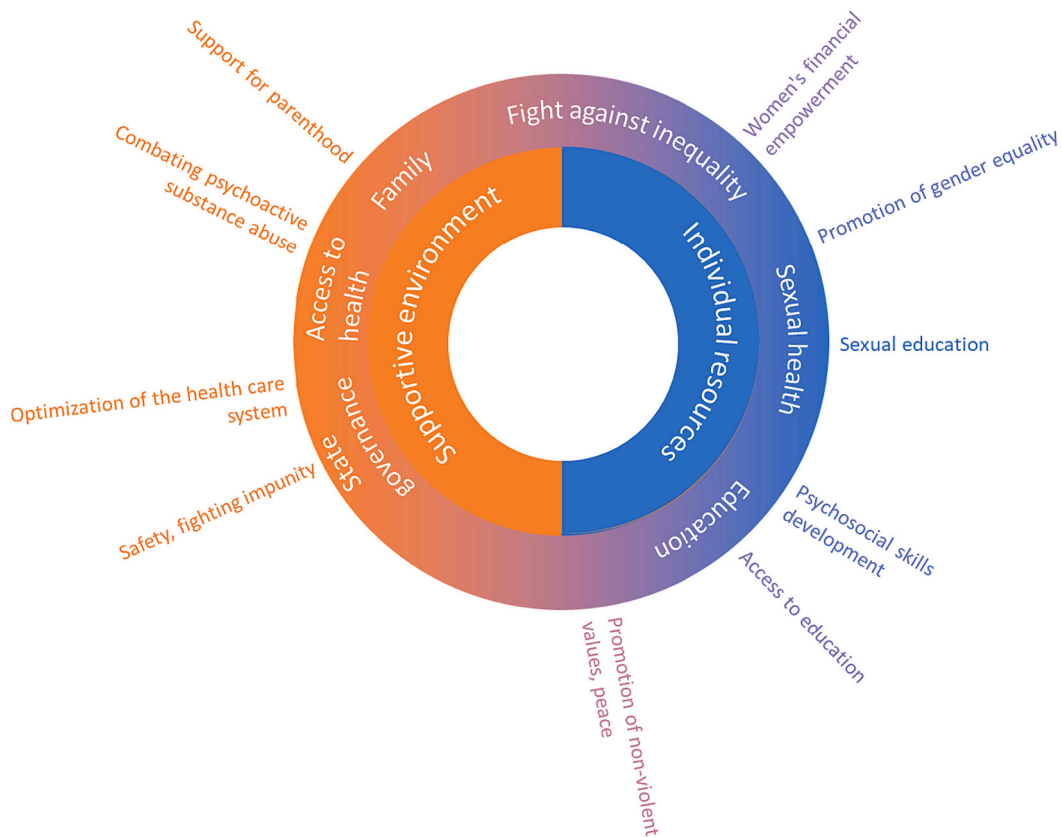


Fig. 6. Violence prevention: Determinants and key Issues. Heuristic diagram.

3), war or crisis ($n = 4$), school ($n = 2$), and family including the intimate partner ($n = 2$). The terms “incest” or “intra-familial/domestic child sexual abuse” are never mentioned in this documentation.

Finally, concerning the priority area of primary prevention, we noted significant repetition of the following targeted determinants of health (in descending order of occurrence): (i) promoting gender equality ($n = 23$), (ii) individual life skills training ($n = 14$) including interpersonal communication, negotiation skills, empathy, cooperation, advocacy skills, problem-solving skills, critical thinking, stress management, emotion management, and skills for increasing personal confidence, (iii) promoting non-violent values such as promoting equitable relations, supporting a committed civic stance on the part of the media, helping the media to determine the most relevant and ethical channels of investigation and information ($n = 8$), (iv) improving access to both general education ($n = 7$) and (v) sexual education ($n = 7$), (vi) increasing parenthood support ($n = 8$), (vii) enhancing women’s financial empowerment ($n = 7$), (viii) strengthening governance of security and justice systems ($n = 5$), (ix) combating substance abuse ($n = 4$), and (x) improving the health system ($n = 2$) (Fig. 4). Promoting gender equality between men and women (and, more recently, including another and a broader conceptualization of genders) and life skills training represented prioritized targets for the prevention of violence in general and sexual violence in particular. Parenthood support was mainly stressed by the WHO, whereas sexual education was almost exclusively prioritized by UNESCO, perhaps reflecting different missions or goals across organizations.

3.3. Determinants targeted in each organization’s prevention patterns

The prevention patterns we are going to describe for each organization are essentially based on the analysis of determinants in the field of primary prevention. Indeed, primary prevention was more detailed by the four organizations, which is why our results are more substantial in this area. Furthermore, although tertiary prevention is addressed in approximately one third of the publications, the targeted determinants and modalities of tertiary prevention interventions remain poorly developed, as we shall see below by analyzing the determinants proposed by the organizations. In addition, secondary prevention (its absence) will be the subject of part of our discussion.

In line with its ecological approach to prevention, the WHO favors interventions targeting both individual competences (e.g., through education) and environmental improvement (e.g., with systemic or familial interventions; stopping availability of psychoactive substances to children). For instance, life skills training (LST) through education emerged as a cross-cutting recommendation for health problems involving preventable risk behaviors such as substance abuse, interpersonal violence and risky sexual behaviors (Catalano et al., 2012; Stockings et al., 2016). As a vehicle for knowing how to be (together), LST contributes to the general well-being and the development of healthy, equitable relationships, including between genders.

UNESCO’s programs are more focused on education and sexual health, including the reduction of gender inequalities (Fig. 5). Indeed, UNESCO organizes most of its effort around a common agenda, “Education 2030”, which stems from the Incheon (Korea) Declaration (UNESCO, 2015b, 2016a, 2016b), published in collaboration with UNICEF and the UN. “Education 2030” stresses, for instance, the importance of educational actions explicitly aimed at gender equity. Within this global movement for universal education access, UNESCO proposes that Comprehensive Sexuality Education (CSE) should be considered as a main tool to prevent sexual and gender-based violence (UNESCO, 2011, 2015a, 2015b, UN Women, 2016). Defined as an “age-appropriate, culturally relevant approach to teaching about sexuality and relationships by providing scientifically accurate, realistic, non-judgmental information” (UNESCO, 2018, p.9), CSE significantly and positively impacts sexual health and safer sexual practices (UNESCO, 2011). In addition, CSE should help prevent sexual violence in primary prevention programs (Schneider & Hirsch, 2020). Its guiding principles were developed in collaboration with the UN, UNICEF, and the WHO (UNESCO, 2018), based on the definition of sexual health as “...a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.” (WHO, 2006a, 2006b, p.10).

UNICEF’s intervention pattern is resolutely positioned on the fight against inequalities and also on education (Fig. 5). With their campaign #ENDviolence (www.unicef.org/end-violence), UNICEF is aimed at preventing violence against children and is invariably focused on the school field, targeting education drivers such as LST, access to education to advance equality between boys and girls, and the promotion of non-violent values. Since 2020, UNICEF developed and promoted the INSPIRE approach to guide the development of prevention projects (<https://www.unicef.org/documents/inspire-seven-strategies-ending-violence-against-children>), in close collaboration with the Global Partnership to End Violence Against Children, Together for Girls and the WePROTECT Global Alliance. More recently, UNICEF Youth Council (France) launched the #Monconsentement campaign (translation: #Myconsent) (<https://www.unicef.fr/article/monconsentement-une-campagne-concue-par-le-conseil-unicef-des-jeunes/>), demonstrating its commitment to advocate for children’s rights to access quality school-based sexuality education and the convergence of UNICEF, UNESCO, and WHO work on this issue.

Finally, UN Women is drawing a pattern of interventions targeting gender inequalities, but also issues of state governance in terms of security, which constitutes its singular focus vis-à-vis the other three organizations (Fig. 5). The Beijing Declaration and its update (UN Women, 1995/2015), which constitute the backbone of the UN Women’s platform for action, enjoin governments to strengthen their legal resources for the protection of the rights of women and girls, and to guarantee victim’s access to legal services. Subsequent UN Women’s publications included cultural and ideological constituents aiming at improving representations of gender roles through general awareness campaigns (e.g., their #HeForShe movement; <https://www.heforshe.org/en>), education, interpersonal training, social services, and community programs (UN Women, 2015a). Privileged targets of intervention include familial, marital and school environments because they commonly sustain gender inequity (UN Women, 2016).

With regards to tertiary prevention, the recommendations are addressed (i) to the health field, but also (ii) to the justice field, and (iii) society. First, all four organizations promote similar approaches, based on early identification and optimization of care for the victims which includes referral to care as soon as possible after exposure to violence as well as improvement of the care itself. Second, the importance of providing safety to the victims is also cited by UN Women, which points to the problem of impunity for people who offend without fear of consequence (UN Women, 2020b). Finally, UN Women highlights the need to allow and support the voice of victims, which involves society as a whole (UN Women, 2020a, 2020b).

Tertiary prevention theoretically also includes interventions for people who have already offended. However, the importance and usefulness of risk assessments and of interventions aimed at preventing recidivism is addressed in only three references: two of them, published by WHO (Krug et al., 2002) and UNICEF (Radford et al., 2015a), simply cite recidivism prevention without elaboration; while the third reference, also published by UNICEF (Radford et al., 2015b) adopts a repressive perspective by referring only to punishment and coercion. This is in line with the demand to fight impunity for the benefit of victims but does not provide any answer as to the evolution of the perpetrator's behavior or how to prevent re-offending.

4. Discussion

4.1. Contributions of the identified publications

All publications reviewed here - reflecting the own identity of each organization - constitute a solid, coherent, and convergent basis for building primary prevention of violence, at different levels: governmental actors, decision-makers, field practitioners, and the general public. Several documents have been published in recent years by all organizations, particularly with regard to emerging issues related to the crisis context (COVID in particular) (UN Women, 2020a, 2020b, 2020c), but also in relation to the use of (and access to) digital media (Fuentes et al., 2022; UNESCO, 2019). The involvement of mainstream media in the promotion of peaceful values and equality has also been recommended by each organization.

Violence prevention strategies suggested by the four organizations reflect major social issues beyond the sole question of violence: fighting inequalities, enhancing sexual health, accessing education, soliciting governmental involvement, promoting health, and securing familial environments (Fig. 6). Interpersonal violence appears to represent an extreme expression of systemic and structural imbalance or deficiencies, leading to unequal inter-personal relationships (in general, but even more so in the sexual domain), which are not reduced by possible safety moderators such as proximate (e.g., family) or distal (government) environmental factors. The development of life skills, via education (especially sexual education), appears to represent an excellent transversal driver for the construction of tomorrow's (sexual) citizens. In this conceptualization, the citizen of tomorrow is a free individual, equipped with effective emotional, cognitive, and relational tools allowing them to make respectful choices for themselves and for others.

Besides identification target determinants for violence prevention programs (which would guide policies and professional practices in a coherent and convergent manner), this review of international organization guidelines also identified solid financial arguments to adopt a preventive approach. For instance, UNESCO (2011) and UNICEF (2022) thoroughly analyzed and confirmed the highly valuable cost-benefit ratios of CSE programs.

In addition, this review reaffirms the role of health actors and health systems as a whole in the battle against interpersonal violence including sexual violence (WHO, 2016). In this respect, the work of UN Women in conjunction with the United Nations Fund for Population Activities (UNFPA), WHO, the United Nations Development Programme (UNDP) and the United Nations Office on Drugs and Crime (UNODC) (UN Women, 2015a, 2015b) identify that health services play a central role in the prevention of violence, and point out the need for coordinated action. The WHO argues for the reinforcement of health professionals training, as well as the development of forensic services specialized in the care of both victims and perpetrators of violence (Krug et al., 2002). This last essential report therefore evokes the importance of thinking about interventions with perpetrators, without, however, developing the modalities.

Finally, it's worth noting that all the papers meet and/or promote the quality criteria set out above, i.e. (i) being non-dogmatic and evidence-based, and (ii) combined, meaning multi-approach in order to adapt to the specificities of different populations. Indeed, we were able to identify several indicators of scientific soundness in the drafting of reports and declarations: use of proven consensus methods (UN Women, 1995, 2015b, 2020b; UNESCO, 2011, 2015b; UNICEF, 2015b) use of rigorous and explicit research methodologies (WHO, 2014b, 2015, 2021; Fuentes et al., 2022; UNESCO, 2011; UNICEF, 2014; Radford et al., 2015a), presentation of results of device evaluation (UN Women, 2016; UNESCO, 2015a, 2015b, 2016a, 2016b, 2018, 2021; UNICEF, 2020), systematic bibliographical referencing in support of scientific work. We have also identified in guide-type texts the systematic promotion of system evaluation as an essential step in the deployment of prevention (Radford et al., 2020; WHO, 2006a, 2006b, 2010a, 2019, 2019b), with methodological guidance (list of indicators, choice of data sources) (UNESCO, 2015b; WHO, 2007, 2010b, 2013b), or the provision of fact-checking (UNESCO, 2019) and review of evidence (Krug et al., 2002; WHO, 2010b, 2013a; Radford et al., 2015a). With regard to the criterion of diversity of approaches, we have also noted and detailed above the diversity of determinants, target populations, examples of programs and target environments, even if some fields, which we will develop further, are not yet covered.

4.2. Limitations of the identified publications

A few blind spots did emerge from this arsenal of valuable benchmarks. First, benchmarks reviewed here target populations statistically more at risk of violence, namely women and children. They also target sexism as a major systemic risk factor. However, this uniform view of sexual violence tends to overlook violence committed by women, and/or in the context of same-gender relationships,

and/or committed against boys and men, which risk being underestimated and kept taboo. Moreover, intra-familial or domestic CSA is hardly ever mentioned in these texts. It can sometimes be understood within the more general framework of domestic violence or CSA. However, this deprives professionals and governments of guidelines to support specific intervention strategies targeting relevant determinants that take into account its uniqueness, such as family structure and dynamics, transgenerational “contamination”, secrets and taboos, less reprobate attitudes towards domestic abusers in society (Fischer & McDonald, 1998; Hartley & Bartels, 2022; Seto et al., 2015). Secondly, and relatedly, sexual violence is rarely treated as a main topic in guidelines, although it should undoubtedly be specifically documented, as it does not blend in with other forms of interpersonal violence. Finally, primary prevention largely dominates the development of the guidelines listed. As for tertiary prevention, the most obvious hypothesis is that it constitutes another corpus of texts devoted to the question of care for victims and perpetrators of violence. In addition to the determinants described above, tertiary prevention is, by definition, a matter of treatment for victims and perpetrators of violence. However, standards of care do not fall within the remit of UN Women, UNESCO and UNICEF, but are developed by WHO in another body of texts: clinical manuals, such as “Health care for women subjected to intimate partner violence or sexual violence” (WHO, 2014). Clinical manuals are also, and more generally, developed by researchers and clinicians through their publications. Secondary prevention, on the other hand, remains largely absent from these publications, even though its conceptual relevance is not disputed. Indeed, structured telephone support (counseling) has already proved its worth in healthcare for the overall reduction of non-specific risk factors (Gold et al., 2000) or, for example, to help motivated smokers quit (Stead et al., 2006). This type of support goes beyond individuals ready to change, to include all people in distress or crisis, such as adolescents in suicidal crisis (King et al., 2003). However, in the field of CSA, the development of secondary prevention is clearly hampered. Studies on social representations of offenders provide interesting reflections on this subject. Whatever the populations surveyed, negative representations of people with sex offences are generally observed (Olver & Barlow, 2010; Thakker, 2012; Wiersma & Siedschlaw, 2016), as well as a desire for very heavy sentences (Brown, 1999; Wiersma & Siedschlaw, 2016), a feeling of fear when in contact with them (Thakker, 2012), and attitudes of social exclusion (Brown, 1999). Stereotypes of people sexually attracted to children are also particularly pejorative (Sanghara & Wilson, 2006; Seto, 2008). Only representations held by specialized professionals working with these populations seem to be evolving, with acquired knowledge replacing representations (Conley et al., 2011; Johnson et al., 2007). Echoing these representations and recalling that the purpose of the 4 organizations is to protect (potential) victims, we understand the difficulty of thinking of secondary prevention schemes that would involve the care of people sexually attracted to children.

Yet, this level of prevention should be expanded to effectively complement strategies to combat sexual violence. In particular, CSA, which is a major health issue, could benefit from a mobilization on secondary prevention in the first place, as we already have feedback on the effectiveness of interventions, especially helplines for people sexually attracted to children. (Bailey et al., 2022; Beier et al., 2015; Van Horn et al., 2015). However, while approximately 50 to 60 % of abuse is committed by people who are attracted to children (Seto, 2018), implementation of such projects is rarely supported by the states, which may fear a negative reaction from the population whose representations we have detailed above and, as a result, do not fully play their role of support and protection. The elaboration of guidelines, which suggest a framework for secondary prevention of sexual violence, including the promotion of societal support for these approaches, seems all the more fundamental. The aim would be to develop a rigorous scientific, ethical, and legal framework, which would protect professionals, users, and society as a whole. Such a reference framework would also have an educational value by making it possible to reaffirm the stakes of such a system: to prevent acts of sexual violence from being committed. Especially in distressing situations, obtaining rapid and reliable information, guidance or help for people sexually attracted to children or who are concerned about their risk of online or offline offending is a major issue. That is why CSA specialized teams from four countries have joined forces in an international consortium to set up an integrated, tailored remote assistance service, as part of a stepped care process as part of health behavior change (Bridle et al., 2005; Lippke & Ziegelmann, 2008; Prochaska & Velicer, 1997).

4.3. Creation of a charter to support secondary prevention of child sexual abuse

Against that background, an international French-speaking consortium for the prevention of sexual violence was created in 2022, gathering teams involved in hotlines and websites aiming at helping people in the community who are sexually attracted to minors (“Stop it now!” and “SéOS” in Belgium, “Dis No” in Switzerland, “Ça suffit” in Quebec, and “STOP” in France). The consortium first established a charter guiding their professional practices with essential ethical considerations (https://www.ffcriavs.org/media/filer_public/d8/7e/d87ee342-0300-4917-b422-2f6c39c6d9ee/dp_1er_juillet.pdf) (SuppInfo 1). The International Hotline Charter for people who are sexually attracted to children or who fear they may commit harm to children includes a preamble that contextualizes the issues at stake and clarifies its purpose. The aim is not to support illegal acts or reinforce problematic behavior, but to provide useful information and resources to people in need, with the aim of preventing offending. It is structured around eight major principles: 1. The suffering person is at the center of our concerns; 2. The listening offered is neutral, non-judgmental, and not a commercial activity; 3. The information offered is reliable and up-to-date; 4. Confidentiality of data is guaranteed and users are informed about the conditions for processing their information; 5. Child safety is a priority and in case of an imminent risk of a crime against minors, we are committed to take the necessary measures to guarantee the safety of those threatened according to the legal system of each state; 6. Workers are trained and supported in their activities; 7. The helpline system is monitored and evaluated to support its development; 8. The signatories of the Charter undertake to support and disseminate these principles in order to encourage secondary prevention in other countries. This charter was signed by all members of the consortium on July 1st 2022 at the French Ministry of Health and Prevention during a study day symbolically opened by the State Secretariat for Child Protection.

Such a charter could play a major role in developing and supporting this effective intervention modality in states where health and security policies stigmatize professional practices aimed at people who have offended and remain undetected and people at risk of

offending. This can be achieved in three main ways. First, by addressing common fundamental confusions: at risk is not the same as having engaged in an act of abuse, and professional confidentiality does not imply complicity, which means that the purpose of professional confidentiality is not to exempt offenders from their legal responsibilities, but to create the necessary conditions for them to speak out, which is a prerequisite for care. Second, by stressing that prevention is an opportunity to reduce the number of perpetrators of sexual violence and, therefore, the number of victims of sexual violence. Finally, by insisting that this resource should be managed by people who have been trained and are supported (continued professional development, one-to-one supervision, debriefing and peer support) (Pirkis et al., 2016; Willems et al., 2021).

4.4. Limitations

This work has several limitations. Firstly, it should be noted that our review focused on the publications of the four organizations that appear to be the most legitimate to provide guidelines at the supranational level, so it does not highlight the work that may have been carried out by other organizations or teams that could be of interest to our subject. Secondly, from a methodological point of view, on the one hand, the technical characteristics of the databases meant that several steps had to be carried out manually, which meant that it was not possible to deduplicate the excluded texts in order to account for their exact volume. On the other hand, the nature of the publications is not conducive to an analysis of their quality according to the PRISMA guidelines, so our work could not account for this aspect to rank the publications. Finally, our work reflects the unequal attention given to the different levels of prevention, which is why primary prevention dominates our results and tertiary prevention, in particular, occupies a smaller place. This tertiary prevention, which is essentially implemented through the care of victims and perpetrators of sexual violence, is developed in clinical manuals, which can constitute another body of texts.

5. Conclusion

This systematic review of the frameworks adopted by WHO, UN Women, UNESCO, and UNICEF to prevent sexual violence worldwide highlights some non-specific primary and tertiary prevention. The common determinants of health targeted by primary prevention actions currently belong to the social field (access to education, reducing socio-economic inequalities and life skills training) whereas tertiary prevention focused rather on justice guidelines and to a lesser extent some recommendations addressed to the health field and at a societal level. Secondary prevention of sexual violence is largely absent, even though simple, effective interventions are possible and are already implemented throughout the globe for the prevention of online or offline sexual offending against children (CSA), which is an absolute priority in view of their numerous and pervasive consequences on health and, more generally, in view of the moral duty to protect children.

Intensifying prevention is a social, political and institutional process involving numerous contributors, interest groups and organizations. To move forward, it is necessary to create innovative partnerships and alliances based on a solid frame of reference and to take into account several needs: (i) the need for recommendations specific to sexual violence, (ii) the need to take into account the singular nature of the contexts concerned (notably intra-familial), (iii) the need to adopt a concerted, cross-disciplinary, cross-professional, cross-institutional approach, (iv) the need to provide a framework and intervention targets for all levels of prevention, particularly the secondary level. As such, the Charter presented in this work aims to meet these identified needs and could serve as a basis to be enriched and developed in conjunction with other international teams and non-governmental organizations to respond to this public health emergency.

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Data availability

Data will be made available on request.

Appendix A. Supplementary data

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