PUBLIC HEALTH AND CHILD SEXUAL EXPLOITATION & ABUSE

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Introduction

Child sexual exploitation and abuse (CSEA) is a global public health emergency, with 12.5% of children (300 million) estimated to be affected around the world by technology-facilitated CSEA. Nearly 1 in every 5 females (18·9%) and 1 in every 7 males (14·8%) experienced contact CSEA in 2023[1]. It is prevalent in every country it is measured, is growing exponentially and requires a coordinated global response to prevent and treat effectively.

Research conducted by Childlight, the global child safety institute hosted by the University of Edinburgh and University of New South Wales, shows this to be more prevalent than many other childhood public health problems, including asthma, the most common chronic disease among children that affects 9%[2] of children worldwide. It is also more prevalent than childhood obesity (8%[3]). For those affected, it has lifelong physical, emotional and mental impact, and the social and economic cost to society is considerable. In 2021 the UK's Home Office estimated the cost of not preventing contact child sexual abuse is at least £10.1 billion[4].

This highlights the urgent need to treat CSEA as a critical public health crisis on a par with other well-recognised childhood health challenges. Children can't wait.

Details

Childlight[5] takes a data-driven, evidence-based approach to understanding the prevalence and nature of child sexual exploitation and abuse. It creates two key data products: the *Into the Light* global index that measures the prevalence of CSEA, and *Searchlight*, a compendium of research around the nature of CSEA. Childlight's data indicates that over 300 million children under the age of 18 have been affected by online child sexual exploitation and abuse in the last 12 months[6]. Because of this scale of abuse, Childlight believes that CSEA is a global public health emergency that demands cross-sector, international, interdisciplinary collaboration, as enshrined in the UN Convention on the Rights of the Child[7] and SDG 16.2.3[8].

Early efforts to respond to child abuse and neglect through legislation were often in response to the public health conditions that children endured. Child abuse was initially recognised in health practice [Kempe, 1962], and the field was also led from sociology from the 1970s [Finkelhor, 1977] and influenced by the growing movement on violence against women. However, the topic of violence against children (VAC) has since been led through a public health framing by the key international organisations working on the issue, as a result of the landmark *World Violence and Health*[9] [WHO, 2002]. In 2007, the U.S. Centers for Disease Control and Prevention

[1] Cagney, Jack et al. (2025). Prevalence of sexual violence against children and age at first exposure: a global analysis by location, age, and sex (1990–2023).
The Lancet, Volume 405, Issue 10492, 1817 - 1836
[2] https://globalasthmareport.org/burden/burden.php?utm_source=chatgpt.com
[3] https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight
[4] https://www.gov.uk/government/publications/the-economic-and-social-cost-of-contact-child-sexual-abuse/the-economic-and-social-cost-of-contact-child-sexual-abuse
[5] https://childlight.org/
[6] https://intothelight.childlight.org/
[7] https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child
[8] https://sdgs.un.org/goals/goal16#targets_and_indicators
[9] https://www.who.int/publications/i/item/9241545615

set up the first Violence Against Children Survey to increase understanding of prevalence and risk factors. Shortly thereafter, the WHO and the CDC produced the first set of blueprints for evidence-based interventions for VAC, which nearly a decade later was turned into the INSPIRE framework (WHO, 2016[10]).

The Situation

Despite these promising initiatives and a push to multi-sectoral, preventative programming [UNICEF, 2012[11]], VAC – and specifically CSEA – lags behind in applying a true global public health model for prevention. Specific challenges include:

- Conflation of a public health approach with a systems approach – delays deeper analysis into various sub-types of violence, reducing our understanding of the epidemiology of CSEA and effective responses.
- Most global public health voices on VAC are focused on improving government responses, but with this sensitive area some official sources may underestimate prevalence and certain types of perpetration [e.g. familial violence[12]].
- Household surveys may not be fit for purpose for measuring all types of CSEA – emerging data (including Childlight's *Searchlight* and ONS Survey research) highlights these approaches may introduce bias through underreporting specifically for some types of CSEA.
- Avoidance of understanding the potential unique epidemiology of technology-facilitated CSEA – fails to recognise key epidemiological differences, complicated by the separation of the system into siloed technology-facilitated CSEA actors and data.
- Starting with "what works" without data on prevalence and drivers – significant guidance for governments on "what works" with little concentrated effort to connect the steps of a public health approach (prevalence, risk/protective factors, interventions, and scaling).
- Not applying all learning from public health to CSEA Issues – resulting in hidden populations and vulnerabilities, commercial determinants creating harm, and poor data quality and reproducibility.

Because of these challenges, the CSEA system is facing a dearth of reliable, comparable data across the public health model. As such, investment does not meet the scale of support required, programming cannot be scaled, prevention capability lags behind that of perpetrators, and children continue to face sexual abuse and exploitation.

The Opportunity

Childlight is filling a gap in the field, by positioning itself as a global public health leader in CSEA data. It believes more granular data on CSEA is needed for frontline practitioners and decision makers to effectively prevent violence from ever happening in the first instance, and to promote real time safeguarding. As an independent research institute voice that can report data without fear or favour, Childlight is also able to lead in data improvement, including challenging the commercial control of data in this space.

However, further support is sought in framing CSEA as a global public health emergency that can be prevented and treated. Despite support for the Childlight *Into the Light* global index and new measurement methods, CSEA is still treated as a law enforcement issue by many governments, and lacks an evidence-based understanding of "what works" for prevention. Growth in approaches to normalising perpetration behaviours, coupled with

[10] https://www.who.int/publications-detail-redirect/inspire-seven-strategies-for-ending-violence-against-children
[11] https://fecongd.org/pdf/crianca/BetterWayProtectChildrenUNICEF2012.pdf
[12] https://childlight.org/understanding-nature-csea-violence-against-children-surveys

increased technology sector funding and data control, further hides the scale of child sexual exploitation and abuse.

What Next?

Childlight continues to develop country-level prevalence estimates across sub-types of CSEA as an epidemiological surveillance system for CSEA, describing epidemiological behaviour, trends and risk factors, as called for by the Seventy-fourth World Health Assembly [WHA 74.17[13]]. It continues to connect the pillars of a proven public health model and industry disruption tactics[14] [e.g. tobacco, alcohol, food, gambling]. Childlight seeks to diversify global public health voices to funding and framing, strengthening partnerships with data organisations to reduce bias from industry funding.

In conclusion, Childlight welcomes support and guidance from those established within the field of public health to promote data driven and evidence-based decisions to prevent child sexual abuse and exploitation. Because children can't wait.

[13] https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R17-en.pdf
[14] https://spectrum.ed.ac.uk