CHILDLIGHT
Global Child Safety Institute

2026
INTO THE LIGHT
Index on Global Child Sexual Exploitation and Abuse



HUMAN DIGNITY FOUNDATION

THE UNIVERSITY of EDINBURGH

UNSW SYDNEY

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2026
INTO THE LIGHT
Index on Global Child Sexual Exploitation and Abuse

Supplemental Thematic Analysis Report

Established by

HUMAN DIGNITY FOUNDATION

Hosted by

THE UNIVERSITY of EDINBURGH

UNSW SYDNEY

Foreword



Recognise it. Count it. Prevent it. What we cannot see, we cannot count. What we cannot count, we cannot understand. And what we do not understand, we cannot prevent or respond to effectively. That simple idea sits at the heart of this third **Into the Light Index.**

For too long, child sexual exploitation and abuse (CSEA) has remained hidden - fragmented across systems, underreported and vastly undercounted. Over the past three years, Childlight has sought to change that by illuminating the scale and nature of this global public health emergency and providing the evidence needed to understand where children are most vulnerable, strengthen systems and target action where it is needed most.

Our first global estimates revealed that more than 300 million children are subjected to technology-facilitated sexual exploitation and abuse within a single year. Last year, we shone a brighter light on the experiences of children across South Asia and Western Europe.

This year, our focus turns to North America, Latin America and the Caribbean, and East Asia and the Pacific – bringing more of the global picture into view, while providing new evidence on the scale and nature of CSEA and on the systems intended to protect children.

What this new evidence reveals is deeply troubling. Across all three regions, millions of children experience sexual exploitation and abuse, both offline and through technology. In North America, an estimated 31.6% of females and 16.8% of males experience some form of offline CSEA during childhood. In Latin America and the Caribbean, the estimates are 23% and 17.6%, and in East Asia and the Pacific, 17.2% and 16.4%. Online sexual solicitation is also widespread, while the rapid growth of AI-generated child sexual abuse material demonstrates how quickly the threat continues to evolve.

But perhaps one of the most important findings concerns what we still **cannot see**.

Across the 103 countries, territories and special administrative areas examined, less than a quarter have representative survey data covering both offline and technology-facilitated CSEA. Some children remain particularly hidden from the evidence – including children with disabilities, indigenous children, children in humanitarian settings, migrant children, very young children and those experiencing abuse within their families. **What remains invisible risks remaining unaddressed**.

CSEA must be recognised for what the evidence tells us it is: a preventable global public health emergency. And it must be recognised not simply as a problem for one sector. Law enforcement will always be essential, but no single sector can solve a problem of this scale. Health, education, child protection, justice, technology and communities all have a role.

We must also count it. Countries need robust, comparable data that reveal not simply the cases reaching police, helplines or services, but the underlying prevalence of abuse – including children currently missing from our data.

Better measurement is not an academic exercise. It changes the intelligence picture.

Police and other law enforcement agencies often describe themselves as intelligence-led. But they can only be led by the intelligence picture they have. When most CSEA is never reported to the police, the intelligence picture available to them is necessarily incomplete. Significant gaps remain between the harm that is occurring and the harm that is visible to those responsible for responding to it.

This intelligence gap must first be recognised before it can be addressed.

Childlight's role is to help illuminate what is missing from that picture – bringing together evidence from different sources to provide a better understanding of the scale, nature and distribution of CSEA and associated vulnerabilities.

A more complete intelligence picture enables governments and agencies to identify risk, target resources and assess whether interventions are making children safer. It also creates a better basis for anticipating where and when harm is likely to occur, enabling earlier and more effective response and, where possible, prevention.

The ultimate purpose of better evidence, however, is not better statistics. It is better action.

We must use what we know to prevent harm, respond earlier, and intervene more effectively when abuse occurs. That means investing in what we know works whilst strengthening the evidence where we still need answers. It means starting prevention earlier, because children can encounter both online and offline risks long before adolescence.

Prevention must also reach beyond children themselves. Governments and industry need to address the commercial and technological environments that can enable abuse – using regulation, accountability and safety by design to reduce risk before harm occurs.

When abuse does occur, children need systems capable of recognising it and responding effectively. That is why this year's index goes further by examining system strengthening, beginning with law enforcement capacity and capability to turn data and intelligence into action. The findings reveal significant gaps, from access to vital intelligence and digital forensic capabilities to legislation and the routes through which referrals reach investigators. They also demonstrate that stronger systems can make a tangible difference: within the INHOPE hotline network, reported CSAM takedown times average 1.4 days, compared with up to 41 days outside it.

The message is clear: **we cannot respond effectively to what we cannot see**.

There is nothing inevitable about CSEA. We have the knowledge, evidence and tools to change its trajectory. But doing so requires sustained leadership, investment and collaboration – and systems designed not simply to respond after a child has been harmed, but to identify vulnerability, anticipate risk and intervene earlier.

Our message is therefore both urgent and hopeful.

Recognise it. Count it. Prevent it.

Because when we turn evidence into action, we can strengthen systems, prevent harm, respond sooner and give millions more children the safe childhood they deserve.



Paul Stanfield

Chief Executive Officer
Childlight – Global Child Safety Institute

Independent Technical Review Statement



By **Sir Bernard Silverman**,
Chair of the Childlight Index Technical Subcommittee, Emeritus Professor at the Universities of Oxford and Bristol and former Chief Scientific Advisor to the UK Home Office

I am pleased that Childlight has given me the opportunity to review this year's Index. I would make several observations.

The Index has expanded in two important areas this year. First, it incorporates a new indicator area focused on system capabilities, with an initial focus on law enforcement responses to technology-facilitated child sexual exploitation and abuse (TF-CSEA). Second, it extends its geographic coverage to consider what data are available for overseas countries and territories and special administrative regions, recognising the particular complexities of both data availability and child protection systems in these settings. These additions sit alongside the representative survey, frontline administrative and CSAM data sources included in last year's edition. The development of the new indicators and the selection of data sources are described in detail in the study protocol and full technical note, which are reviewed by the Index Technical Subcommittee. Processing code used to produce the final estimates has also been published, while source data are available through the Index Dashboard and Data Archive, allowing the analysis in principle to be reproduced or alternative analyses undertaken.

The statistical accuracy and uncertainty of the estimates have been assessed through the calculation of confidence intervals, which are presented in the written account with narrative caveats where appropriate. The estimates remain conditional on the quality of the underlying data and on the statistical model used to produce them, with caveats included where data outliers may exist and the limitations of comparing between data sources and regions.

To support the new focus on country-level and regional data, an Index Impact and Communications Working Group was established. This group brings together 85 CSEA data experts from civil society, academia, frontline practice and government across nearly all countries represented in East Asia and the Pacific, North America and Latin America and the Caribbean, as well as regional bodies and key actors. These expert groups have met over three times each during the year to help identify data sources, provide feedback on results and help support communications and impact opportunities arising from the findings.

More than 26 individuals have provided a review of this year's index, either with detailed comments on topical areas of expertise or overarching feedback to the full report. A sample audit of the review process by two additional reviewers found that the review process is structured in a transparent manner so that all feedback can be followed from initial remark to final solution. Every part of the process is documented and stored for the future. Overall, the review process for the index is robustly designed, auditable, and an example for others to follow with continuous learning and improvement taken forward from both the reviews and the audit.

The Index continues to operate within a rapidly evolving evidence and data landscape, particularly in relation to TF-CSEA. The availability and maturity of data vary considerably across countries and data sources, with some areas supported by substantial and increasingly complex datasets, while others still rely on relatively nascent evidence. Decisions about how these different forms of data are organised and interpreted are therefore not always straightforward, and reasonable approaches may differ. It is encouraging to see Childlight continuing to work closely with key researchers and data owners in the field to strengthen consistency and transparency in how this evolving evidence base is measured and understood. The Index also appropriately includes emerging data where it can contribute to understanding, while being clear about its limitations and interpreting findings with appropriate caution. Overall, the work continues to be carried out to a high professional standard.



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Acronyms

AI	Artificial intelligence
AI CSAM	Artificial intelligence child sexual abuse material
C3P	Canadian Centre for Child Protection
CHI	Child Helpline International
CI	Confidence interval
CPS	Child protective services
CRC	Child Rescue Coalition
CRC CPS	Child Rescue Coalition Child Protection System
CSAM	Child sexual abuse material
CSAM/IBSA	Child sexual abuse material/image-based sexual abuse
CSEA	Child sexual exploitation and abuse
C-TAP	Childlight Technical Advisory Programme
CYP	Children and young people
EAP	East Asia and the Pacific
ESP	Electronic service provider
ICACCOPS	Internet Crimes Against Children Child Online Protection System
ICSE	International Child Sexual Exploitation
ICVAC	International Classification of Violence Against Children
INTERPOL	The International Criminal Police Organization
ISP	Internet service provider
NCMEC	National Center for Missing & Exploited Children
NGO	Non-governmental organisation
OCT	Overseas country or territory
OOSI	Out of the Shadows Index
SAR	Special administrative region
TF-CSEA	Technology-facilitated child sexual exploitation and abuse
UI	Uncertainty interval
UN	United Nations
UNCRC	United Nations Committee on the Rights of the Child
UNICEF	United Nations Children's Fund
UNODC	United Nations Office on Drugs and Crime
USA	United States of America
WHO	World Health Organization
WCPU	Women's and Children's Protection Units



We hope that whatever your role, you find this Index a powerful tool to catalyse data-driven change –

because children can't wait.





Executive summary

Introduction

The Into the Light Index (ITL Index) is a research initiative through Childlight – Global Child Safety Institute to build a global picture of the estimated prevalence and scale of child sexual exploitation and abuse (CSEA). The index started in 2024 with a focus on technology-facilitated child sexual exploitation and abuse (TF-CSEA) and has since expanded to cover both online and offline forms of sexual abuse. It now includes data that covers countries accounting for approximately 63% of the world's children.

Childlight takes a public health approach to understanding and acting on the data. A public health approach to CSEA seeks to promote the safety and wellbeing of all children, including those who have not experienced or been identified as at risk of CSEA. It strives for maximum benefit for the largest number of children, and their families, by using robust evidence to inform prevention strategies. These include primary prevention, which seeks to stop violence before it occurs; secondary prevention, which provides immediate safeguarding and seeks to prevent the recurrence and impact of abuse; and tertiary prevention, which seeks to address the longer-term consequences of abuse and support recovery. Underpinning a public health approach is the fundamental belief that violence is not inevitable and that coordinated action across multiple levels and sectors can prevent violence before it occurs, as well as reduce its recurrence and associated harms.

A public health approach to CSEA is, by nature, multidisciplinary. It should not be mistaken for an exclusively health-sector approach, although health plays a central role in both prevention and the protection of children. Rather, a public health approach brings together different disciplines and sectors, from justice to social welfare and education, including the financial sector, in recognising that preventing violence is only possible when integral actors work together.

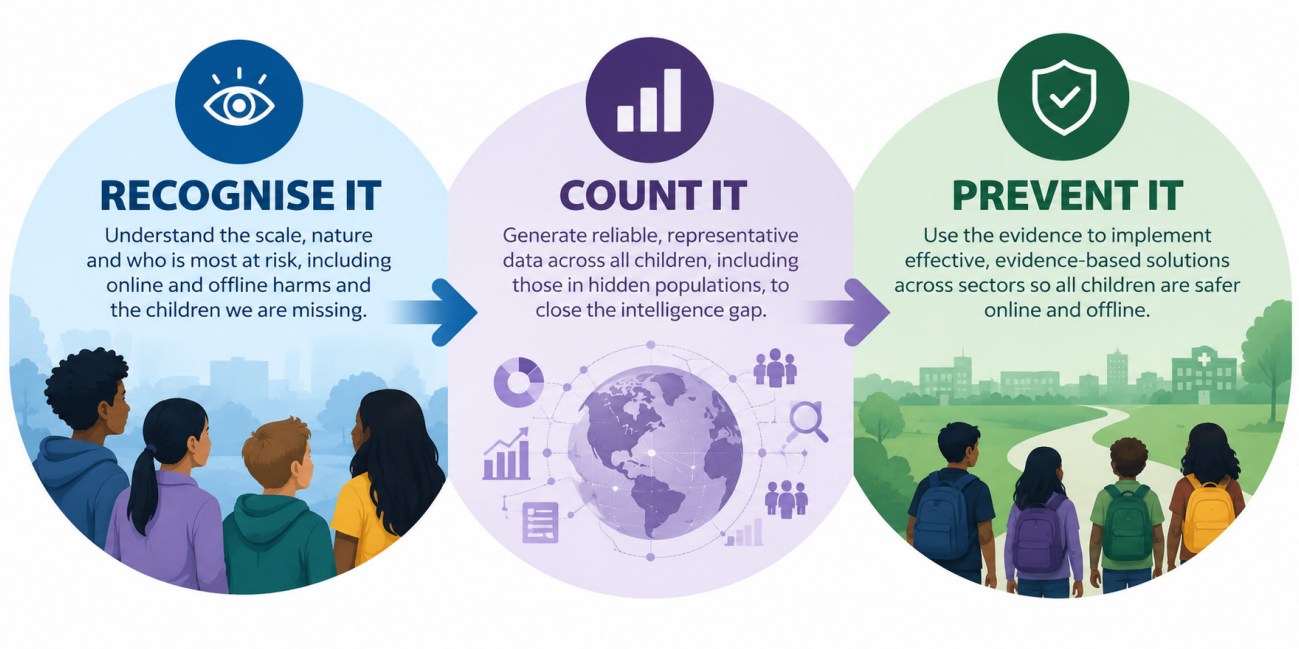
A public health approach includes key evidence-based steps, which Childlight has distilled into three areas: recognise, count and prevent.



What we recognise, we can count.

What we can count, we can prevent.

The Into the Light (ITL) Index helps countries recognise CSEA, count its scale and estimated prevalence and strengthen efforts to prevent and respond to harm.



The Into the Light Index 2026

This edition of the Index focuses on four types of data across countries, Overseas Countries and Territories (OCTs), and Special Administrative Regions (SARs) in North America, Latin America and the Caribbean, and East Asia and the Pacific. Each year, the Index follows a phased regional approach, focusing on different regions to achieve global coverage by 2028. The 2025 Index covered Western Europe and South Asia, while future editions will extend coverage to remaining regions, including sub-Saharan Africa in 2027. The countries are grouped by UNICEF regional classification and OCTs and SARs are grouped within their geographic regions as follows:

1. **East Asia and the Pacific:** 33 countries classified in the UNICEF region (including Australia, Brunei Darussalam, China, Cook Islands, Fiji, Indonesia, Japan, Cambodia, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Democratic People's Republic of Korea, Myanmar, Nauru, Mongolia, New Zealand, Niue, Palau, Philippines, Republic of Korea, Samoa, Papua New Guinea, Singapore, Solomon Islands, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu and Viet Nam) and 13 Overseas Countries, Territories (OCTs) and Special Administrative Regions (SARs) (including American Samoa, Christmas Islands, Cocos Islands, French Polynesia, Guam, New Caledonia, Norfolk Island, Northern Mariana Islands, Pitcairn/Henderson/ Ducie and Oeno Islands, Wallis and Futuna, Taiwan, Macau and Hong Kong.

2. **North America:** two UNICEF countries (Canada and the United States) and one OCT (Saint Pierre and Miquelon).

3. **Latin America and the Caribbean:** 37 UNICEF countries (Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Guyana, Grenada, Guatemala, Honduras, Haiti, Jamaica, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, Venezuela (Bolivarian Republic of) and 17 OCTs (Bermuda, Bonaire, Sint Eustatius and Saba, Bouvet Island, Cayman Islands, Aruba, Curaçao, Islas Malvinas/Falkland Islands*, French Guiana, Guadeloupe, Martinique, Puerto Rico, Saint Barthélemy, Saint Martin, Sint Maarten, U.S. Virgin Islands).

For the first time, this Index edition presents an indicator area dedicated to an in-depth analysis of one aspect of the child protection sector: law enforcement responses and the use of data to support action to safeguard children. The ITL Index 2026 brings together complementary sources of data to understand how many children experience CSEA, what cases and harms come to the attention of frontline and online systems, and how well countries are equipped to prevent and respond to CSEA, beginning with law enforcement as the first system strengthening sector and with plans to expand to other sectors in future editions.

ITL 2026 Objectives

1. Understand the prevalence, scale and nature of CSEA in three global regions: East Asia and the Pacific, Latin America and the Caribbean and North America as part of this iteration of the ITL 2026 Index.

2. Generate new evidence on law enforcement system capabilities for addressing TF-CSEA in the three regions and beyond.

Based on these objectives, the **specific research questions** for the ITL 2026 Index are:

1. What is the prevalence of both offline and TF-CSEA within the general population at country and regional levels where data are sufficient?

2. What does a sample of frontline data across sectors (law enforcement, social welfare, education, health and child helplines) tell us about the scale and nature of CSEA cases coming to light in countries where there is limited available survey data and/or in countries where the frontline data are particularly strong?

3. What do we know about the scale and nature of CSAM in the countries and regions for the ITL 2026 Index?

* The designations employed by this publication do not imply an opinion or recognition on the legal status of any country or territory.



4. What can we learn about strengthening law enforcement capabilities for moving data to action to safeguard children who have experienced TF-CSEA?

5. What does the existing data for the three ITL 2026 regions tell us about where to prioritise prevention and response?

The types of data included in the ITL Index 2026 to answer these questions include:

Victimisation surveys. Childlight systematically identified and reviewed published, representative surveys from around the world that asked people about experiences of CSEA, including both offline and TF-CSEA. These reviews are continually updated as new evidence becomes available. For the 2026 Index, the regional analyses included 645 representative studies of offline forms of CSEA from 47 countries and 76 studies of technology-facilitated CSEA from 21 countries.

Frontline data. Childlight sampled and analysed various types of frontline data (or what are often called 'administrative' data – for example hospital records) from 19 countries across the three regions. These include:

- data recorded by key public sector services on cases of child abuse that comes to their attention. Across the frontline data sample, social services data were available for six countries (Australia, Brazil, Chile, Fiji, Japan and the United Sates of America), health sector data for two countries (Brazil and Philippines), education data for two countries (Japan and Chile), law enforcement data for eight countries (Australia, Brazil, Chile, Fiji, Japan, Mongolia, Timor-Leste and the United States of America) and child helpline data for 19 countries
- data from child helplines reported to Child Helpline International
- interviews held with 10 national child helplines

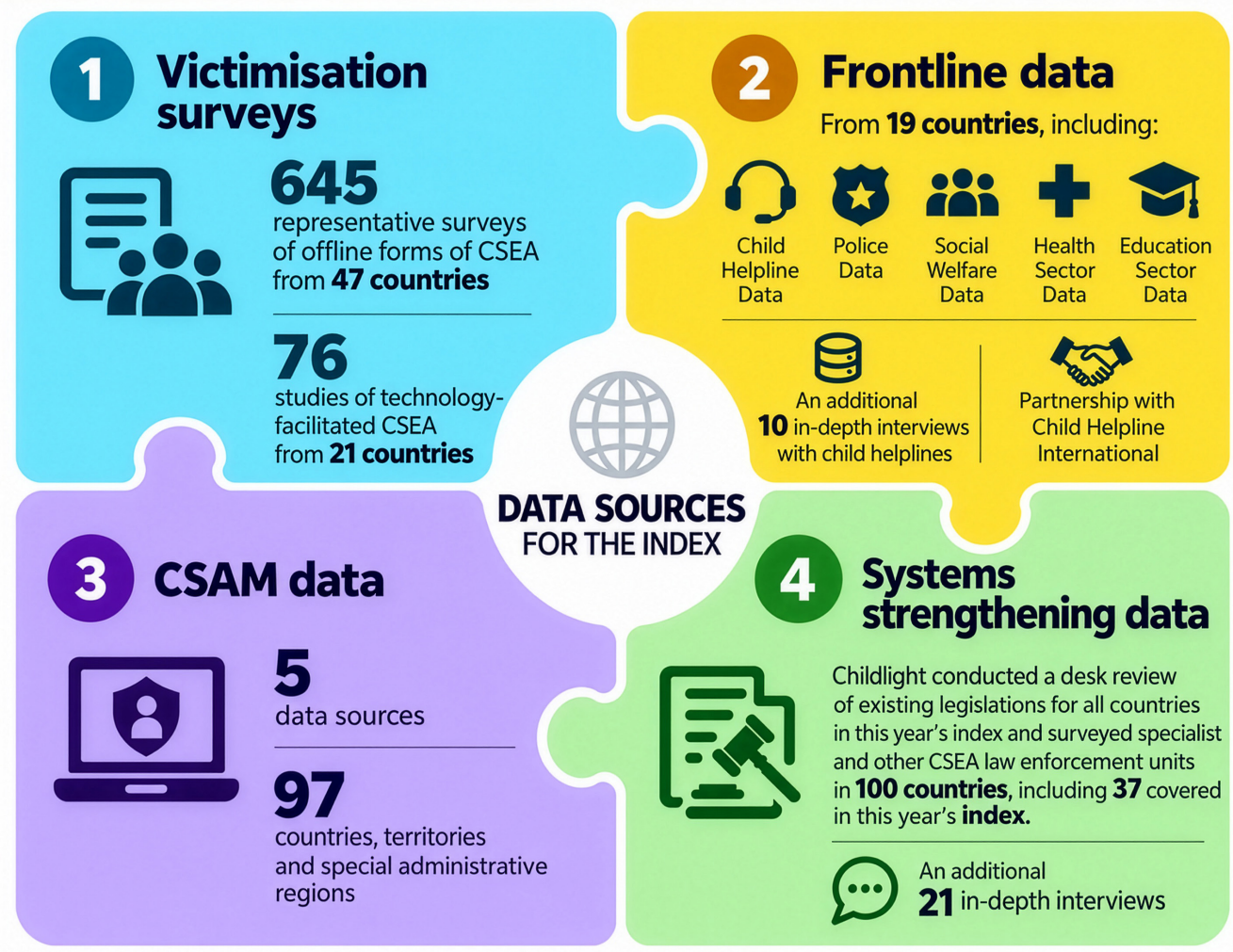
The frontline data findings are drawn both from publicly available data within selected countries and through a data sharing agreement with Child Helpline International that serves as an umbrella organisation for reporting and support for helplines globally (see Technical Note for details).

Child sexual abuse material data. Childlight analysed data from five sources (including INHOPE that represents over 50 global hotlines, Internet Watch Foundation (IWF), National Center for Missing & Exploited Children (NCMEC), THORN, and the Child Rescue Coalition) across 97 countries, territories and special administrative regions to highlight the scale and nature of the images and videos depicting CSEA including AI-generated CSAM. This material is called Child Sexual Abuse Material (CSAM) and it exists in various online environments. Each of these sources shine a light on where and how abusive images and videos appear online, from where they are hosted to where they may be downloaded (or where the offence may be occurring) and how this abusive material may be shared between users. This attribution is based on the available data which cannot provide an indication of if and

when anonymisation services are used to obscure the location of CSAM request or upload. While CSAM data are essentially frontline data, we report them separately due to the nature of the data sources and the type of data that it covers.

System strengthening data. In collaboration with INTERPOL and other partners, Childlight conducted primary research to better understand how data on TF-CSEA moves to action within law enforcement. Childlight conducted a desk review of existing legislation and some data sources for 100 countries and territories included in this year's Index, and surveyed specialist and other CSEA law enforcement units in 37 countries. The surveys examined various factors related to policing capabilities for TF-CSEA, including understanding access to CSAM data sources, training and digital forensic capabilities, and national underpinning legislation. In addition, 21 in-depth interviews were conducted to better understand the national and sub-national policing landscape, with the overarching aim of strengthening law enforcement systems to use data both to protect children in real time and to prevent TF-CSEA by addressing impunity of perpetration.

Together these data sources comprise the Into the Light Index 2026. Shining a light on these multiple data sources supports a better understanding of the global scale and nature of CSEA and how to prevent it.



Key findings

The figures quoted in this summary and report should be interpreted with care. There is substantial variation between regions in data coverage and measurement and survey-based prevalence estimates are also subject to statistical uncertainty. Child Sexual Abuse Material (CSAM) figures and rate calculations reflect material detected or reported within each source's coverage and reporting arrangements. They do not measure national prevalence or provide a reliable basis for ranking countries by underlying levels of abuse. Low or absent recorded figures may reflect limited detection or reporting capacity rather than low levels of harm. Comparisons between regions and between countries should therefore not be interpreted as precise rankings across any of the data sources. Data spanning 2020-2023 variations linked to CSEA may have been influenced by the COVID-19 pandemic where unusual increases in CSEA and TF-CSEA combined with reduced capability from child protective services (Swedo, et. al. 2025 and Renov, et. al. 2022).

Prevalence estimates of Child Sexual Exploitation and Abuse

The term 'prevalence' is used to mean the frequency of CSEA that occurs within the general population. This can be determined through analysing representative surveys where children or adults have concurrently or retrospectively self-reported their experiences of CSEA during childhood (for example under the age of 18). Using various statistical techniques, data can be analysed to understand CSEA that can be generalised to wider populations at national, regional and global levels, where sufficient data are available. From the Into the Light Index 2024, it is estimated that globally, at least 300 million children will have experienced at least one type of technology-facilitated CSEA within a given 12-month period (Fry et al., 2024). Childlight has also recently published global estimates on offline abuse showing that one in five females and one in six males will have experienced some type of offline CSEA during their childhood (for example under the age of 18) (Fang et al., 2026).

For the Into the Light Index 2026, Childlight has produced prevalence estimates by region and, where possible, by country for various subtypes of CSEA.

Key prevalence findings from our systematic reviews for the Into the Light Index 2026 include:

- **High levels of offline CSEA, including both contact and non-contact forms of CSEA, are prevalent during childhood across all three regions.** Contact CSEA generally refers to where there are physical contact behaviours (rape and sexual assault) and non-contact generally refers to where there are verbal or other behaviours that constitute in-person CSEA as defined by the International Classification of Violence Against Children (ICVAC), such as sexual harassment, sexual threats and exposing one's sexual organs to a child. The estimated prevalence of experiencing any type of offline CSEA during childhood is high across all three regions, with higher prevalence for females in every region

(North America: 31.6% of females and 16.8% of males; Latin America and the Caribbean: 23% of females and 17.6% of males; and East Asia and the Pacific: 17.2% of females and 16.4% of males).

- **Levels of rape and sexual assault of children involving physical sexual contact are highly prevalent during childhood, especially among females in North America.** The estimated prevalence of experiencing contact CSEA during childhood is high in North America (20.8% for females and 10.2% for males), followed by estimates in Latin America and the Caribbean (15.2% for females and 11.4% for males), with lower estimates found in East Asia and the Pacific (9.2% for females and 8.7% for males).

- **Of five TF-CSEA subtypes (Online Sexual Solicitation, Exposure to Unwanted Sexual Content, Child Sexual Abuse Material (CSAM)/Image-based Sexual Abuse (IBSA), Online Sexual Exploitation and Online Sexual Extortion), online sexual solicitation is one of the most frequently reported types of technology-facilitated sexual victimisation across all three regions.** This describes a range of unwanted or pressured sexual interactions that can lead to the exchange of sexual texts, pictures or videos or exposure of intimate body parts. Relatively high prevalence estimates are identified in East Asia and the Pacific, with one in every eight children (11.9%) reporting experiences of online solicitation in the past year. A similar level of exposure to this form of TF-CSEA was reported by 11.4% of children in Latin America and the Caribbean. By comparison, online solicitation was less prevalent in North America, with 7.6% of children reporting experiencing it in the year preceding the data collection.

- **Children also reported experiencing exposure to unwanted sexual content across all three regions, with much higher prevalence reported in surveys from Latin America and the Caribbean.** It has been estimated that 16.2% of children living in the Latin America and Caribbean region reported experiencing exposure to unwanted sexual content in the year preceding the data collection. In contrast, this subtype of TF-CSEA is considerably less frequently reported in East Asia and the Pacific (3.8%, past-year recall). Limited data sources were identified for this subtype in North America and therefore we do not have an estimated prevalence of this subtype in this region.

- **Victimisation through child sexual abuse material or image-based sexual abuse (CSAM/IBSA), as self-reported through surveys, was relatively prevalent during childhood in North America, with the East Asia and Pacific region revealing substantially lower level of exposure to this subtype.** In North America, it is estimated that 15.6% of people experienced at least one form of image-based sexual abuse before the age of 18. In East Asia and the Pacific, the estimated prevalence of this type of TF-CSEA is comparatively low (1.9%) for the lifetime recall.



- **Sex-related differences in experiences of TF-CSEA varied considerably by subtype and their patterns are not uniform across regions.** In terms of magnitude of difference in prevalence estimates by sex, the most pronounced disparities were observed for two subtypes: CSAM/IBSA and online solicitation. For online solicitation, females consistently experienced higher levels of exposure than males across regions, whereas image-based sexual abuse showed either small (East Asia and the Pacific) or more apparent (North America) differences, with males having slightly higher estimated prevalence in East Asia and the Pacific, and substantially more females experiencing image-based abuse in North America. A different pattern also emerged for exposure to unwanted sexual content, with males more likely than females to report experiencing this form of TF-CSEA across all regions.

Scale of CSEA

Childlight uses the term 'scale' to refer to other data that indicate the magnitude of CSEA that does not constitute 'prevalence' data. Rather than estimating the number of people who have experienced CSEA in the general population, scale data provides evidence about other indicators such as volume and relative scale, particularly as it relates to child sexual abuse material (CSAM) or the images and videos of abuse that are circulating or found in various technology environments.

Key scale findings from the Into the Light Index 2026 include:

- **Child sexual abuse material reports are higher in the Americas when calculated as a proportion of population.** The CSAM rate, which incorporates reporting of suspected abuse or abusers as well as hosting of CSAM proportionate to population size, in 2025 was higher in Latin America and the Caribbean with 52.1 CSAM reports per 10,000 population and 51.74 in North America, compared to 31.06 across countries in East Asia and the Pacific.

- **Countries and islands in Central America, the Caribbean and the Pacific Islands have a high relative scale of CSAM availability per population size.** There were significant national variations across countries in CSAM availability. However, certain countries consistently had much higher estimated CSAM rates in 2025 than their regional averages including Panama (245.3), Dominican Republic (157.23) and Tuvalu (152.76). These outliers were explored to understand the unexpected result with some potential explanations offered in this report.



- **CSAM generated using artificial intelligence (AI CSAM) is growing and constitutes some of the most extreme CSEA content, according to Into the Light Index 2026 data sources.** Data from the Internet Watch Foundation (IWF) identify that 65% of the AI-generated CSAM videos they analysed in 2025 from global data were classified as Category A, the most extreme classification in the Sentencing Council Guidelines for the United Kingdom (IWF, 2026). In comparison, criminal assessments of non-AI-generated videos showed that 43% were attributed to Category A severity. Similarly, NCMEC highlights a rise in reports having some connection to AI, reporting 1.5 million in 2025 (NCMEC, 2026). Other uses of AI for additional high-harm behaviours (for example as tools for grooming or to automate payment and access pathways) are of grave concern but data on these phenomena are still scarce.

Frontline data and system strengthening for CSEA

The Into the Light Index 2026 includes various sources of frontline data, providing a snapshot of what is captured across child protection systems in relation to CSEA. For the first time, there is also an indicator area dedicated to an in-depth analysis of one aspect of the child protection sector: law enforcement responses and the use of data to support action to safeguard children. Childlight has started to include system strengthening data in the Into the Light Index with analysis of law enforcement capabilities for responding to TF-CSEA. This sector was chosen for an initial deep dive because law enforcement agencies receive significant data from a variety of sources that rely on specific forensic and other capabilities for analysis and action. Childlight hopes in future iterations of the Into the Light Index to more fully also explore other child protection systems or sectors (such as health, education and social welfare). In addition to the system strengthening data, Childlight collects data in other indicator areas that provide evidence on system response, including metrics such as takedown time for CSAM.

Key findings on system strengthening and responses to CSEA from the Into the Light Index 2026 include:

- **Law enforcement recorded cases have increased over the past decade in most systems in East Asia and the Pacific, Latin America and the Caribbean, whereas they have declined in North America.** Recorded cases of CSEA including all cases that fall under any CSEA-related category in national legislation and official statistics increased over the past decade in most systems in East Asia and the Pacific with some more than doubling (for example, Mongolia), with coverage spanning six countries and 10 datasets. In Latin America and the Caribbean, recorded cases have increased across all six sampled datasets but the depth of reporting within individual datasets remains limited. By contrast, police-recorded cases in the United States have declined over the same period. Note that depending on national legislation and recording practices, online forms of abuse are not always fully included. Please refer to our Technical Note for details on the complex interplay of factors that can influence the number of cases recorded by services.



- **Over half of countries receive U.S.-Based National Center for Missing & Exploited Children (NCMEC) referrals for TF-CSEA indirectly.** These referrals are sent to another organisation first, which could be an in-country embassy or an international law enforcement partner, such as regional or country-based Homeland Security personnel; however, this process can be irregular. This is the case in East Asia and the Pacific (46 countries, overseas countries and territories (OCTs) and special administrative regions (SARs)) where 52.2% were receiving NCMEC referrals indirectly through intermediary agencies, and 15.2% of countries were not receiving NCMEC referrals at all. Similarly, in Latin America and the Caribbean (across 54 countries and OCTs), 45.1% report receiving NCMEC referrals indirectly through intermediary agencies. This often leads to law enforcement in these countries not receiving and reviewing all their reports and having limited visibility and oversight over how reports are triaged, assessed and prioritised by these intermediary organisations.

- **Legislative gaps were most consistently evident in Internet Service Provider (ISP) data retention across all three regions, with additional gaps in online grooming and CSAM-related legislation in East Asia and the Pacific and online grooming legislation in Latin America and the Caribbean.** Among the three legislative areas measured for the ITL 2026 index including CSAM, ISP retention and online grooming legislation, the biggest gaps were found in East Asia and the Pacific. For legislation criminalising the production, possession, distribution and sale of CSAM 80.4% of the 46 countries, OCTs and SARs had this legislation in place compared to all the countries in North America and nearly all the countries and OCTs (98% of 54) in Latin America and the Caribbean. A much bigger legislative gap was found for online grooming with 37% of 46 countries/OCTs/SARs in East Asia and the Pacific lacking clear online grooming legislation, compared to 19.6% (of 54 countries/OCTs) in Latin America and the Caribbean. Both countries and the geographically linked OCT for North America had this type of legislation in place. In East Asia and the Pacific, 43.5% of the 46 countries/OCTs/SARs lacked fixed-period data retention legislation for ISP data related to CSAM. The proportion increased to 54.9% among the 54 countries and OCTs in Latin America and the Caribbean and reached 66.7% among the three countries and OCTs in North America. The absence of such legislative requirements may reduce the availability of digital evidence, limiting opportunities to identify offenders, locate victims and progress investigations.

- **CSAM hotlines make a difference to the time reported for taking down CSAM content.** The CSAM hotline model, represented in the Into the Light Index 2026 through the INHOPE hotline network representing 11 countries across the three regions, proactively searches for CSAM but also takes community and victim reports and liaises with frontline actors including law enforcement and technology companies to remove that content from being available online. The response times for CSAM take-down are 1.4 days within the INHOPE hotline network, compared to up to 41 days outside of it, underscoring the value of the CSAM hotline model.



Coverage and gaps of CSEA data

One strength of the Into the Light Index is that it systematically and comprehensively analyses existing data on CSEA across the globe. This provides tremendous insights into the state of the field and areas for data improvement.

Key findings on data coverage and gaps for CSEA emerging from the ITL Index 2026 include:

- **Certain populations of children remain hidden in CSEA data (for example populations that may be underrepresented in data sources).** This includes, but is not limited to, children living with disabilities, indigenous children, children in humanitarian settings, LGBTQI+ youth, migrant children, children in the early years (under the age of five) as well as children experiencing intrafamilial abuse. Critical ethical and methodological challenges exist in measuring CSEA among these populations and more work in this area is required.

- **Limited data on CSEA exists for many overseas countries and territories (OCTs) and special administrative regions (SARs).** The Into the Light Index 2026 includes data from OCTs and SARs for the first time, analysing CSEA data that are available for these jurisdictions. Most data available from OCTs and SARs are CSAM data as many of these jurisdictions lack survey or publicly available frontline data on CSEA.

- **Very few countries, SARs and OCTs separately measure and disaggregate both technology-facilitated and offline CSEA estimated prevalence.** Only 21% of countries, SARs and OCTs (22 out of 103) across the three regions had both representative offline and technology-facilitated (TF-CSEA) survey data. This includes 12 countries and SARs in East Asia and the Pacific, eight in Latin America and the Caribbean and two in North America. Much fewer studies capturing TF-CSEA exist across all the regions. The highest number of countries, OCTs and SARs capturing both technology-facilitated and offline CSEA prevalence data were from the East Asia and Pacific region, whereas the highest country coverage by region was found in North America.

- **CSAM data have the best coverage, with some type of CSAM data available for every country in this year's Into the Light index.** Across the four types of data included in ITL Index 2026, CSAM data have universal coverage across countries, highlighting the importance of this data source – especially when there is a lack of other national level data on CSEA. Importantly, CSAM data are only a fraction of all CSEA data and hence should not be generalised to represent all CSEA.



- **Frontline cases recorded by law enforcement capture only a fraction of actual prevalence estimates and are influenced by a range of factors.** Factors influencing this may include reporting practices, system maturity, policy changes, help-seeking and recording thresholds, lack of confidence in the prosecution and justice systems, impunity, fear of criminal groups or the perpetrators, and not knowing where to file a report or what to do, in addition to any changes in the underlying occurrence of CSEA. In some settings too, reports are filed in other sectors, such as healthcare, rather than with law enforcement. However, trends are not uniform across countries; some systems show declining or plateauing patterns. These trends require careful monitoring and interpretation.

Regional snapshots

Every year of the Into the Light Index focuses on different geographic regions. This allows the Index to delve deep into the data and work with data experts. This year, the Index focuses on three regions: East Asia and the Pacific, North America and Latin America and the Caribbean. This covers 72 countries within the UNICEF classification. Additionally, for the first time, Childlight has examined CSEA data from special administrative areas (SARs) and overseas countries and territories (OCTs). These jurisdictions are grouped within their geographic regions, with signposts to any countries with which they are linked. The Into the Light Index covers an additional 31 areas in this way, with coverage of 103 countries, SARs and OCTs. Importantly, in the Into the Light Index 2026 there is at least one data source represented from each country, across these three regions.

The East Asia and Pacific region

The Into the Light Index 2026 includes data for 33 countries, according to the UNICEF classification in the East Asia and Pacific region, and an additional 13 OCTs and SARs in the region, for a total of 46 countries, SARs and OCTs. This coverage accounts for approximately 22% of the world's children (UNICEF, 2025).

Key findings on CSEA from the East Asia and Pacific region include:

- **The East Asia and Pacific region has the highest estimated prevalence for online sexual solicitation of children and the biggest gaps in legislation to address this type of harm, out of the three regions.** Additional efforts are needed to address these unwanted and/or pressured sexual interactions that children may experience online and to ensure that grooming behaviours, or the process of establishing and manipulating a relationship with a child to facilitate CSEA, is specifically addressed in legislation in the region.

- **Males and females report similar victimisation prevalence estimates for both technology-facilitated and offline CSEA in the East Asia and Pacific region.** Unlike other regions depicted in previous years, in this year's Into the Light Index, the East Asia and Pacific region prevalence estimates are very close between males and females across most of the subtypes. However, this regional pattern is driven substantially by evidence from China, which contributed a large proportion of the available studies, and should therefore be interpreted with caution. There are many hypotheses for why this may be the case and which go beyond the data, though gender-sensitive research into the epidemiology and burden of TF-CSEA is necessary to partially explain these findings.

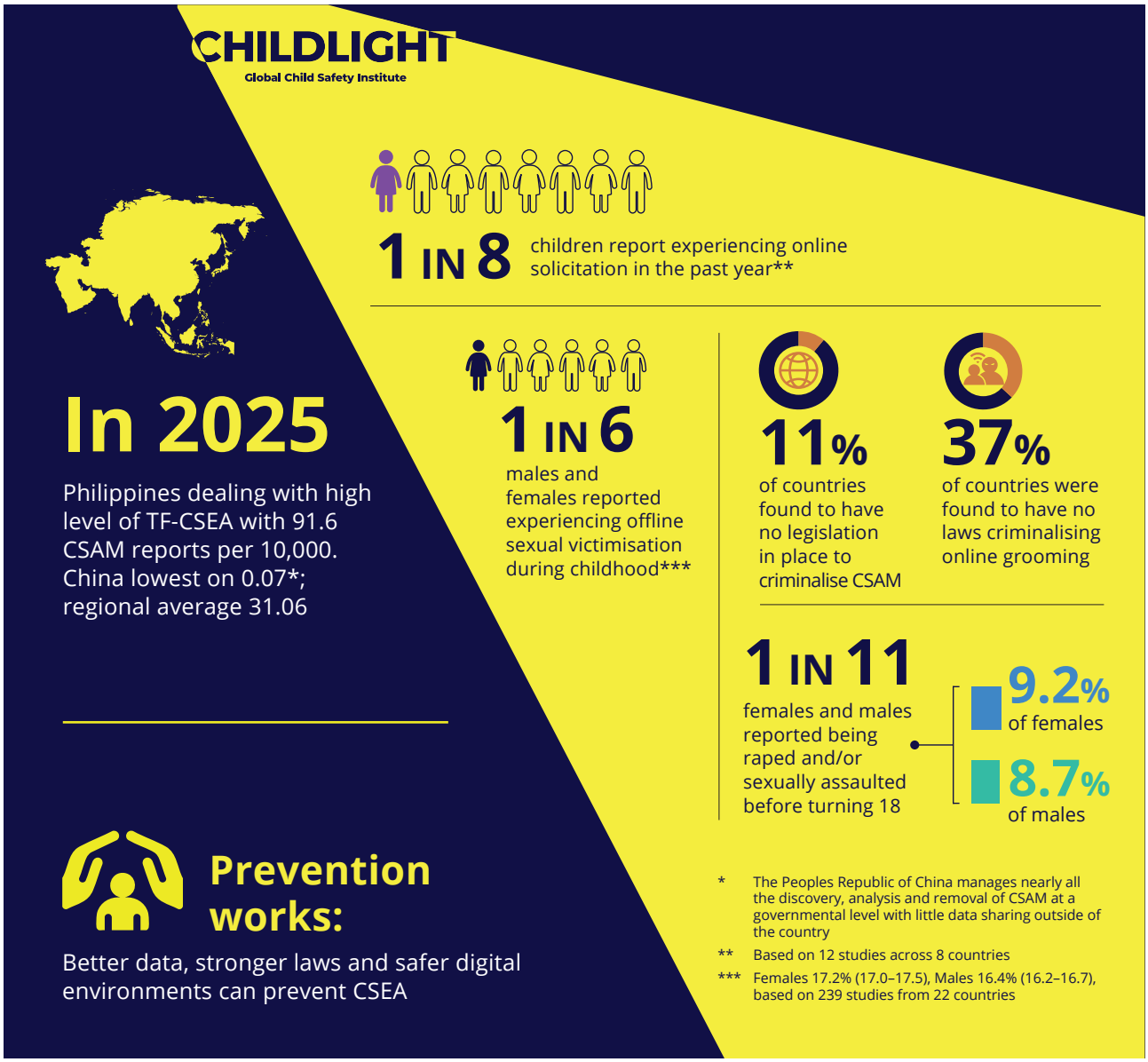
- **China contributes a substantial and growing evidence base to the regional estimates, with considerably more representative survey evidence available (137 surveys for offline CSEA) than for other countries in East Asia and the Pacific.** All included studies met the same eligibility and quality criteria applied across countries. However, China is a large and diverse country, and studies cover different populations and geographic areas and use different approaches to measuring CSEA. As a result, prevalence estimates vary considerably across studies. The increasing availability of evidence from China is an important development, while further analysis of differences within China could help us better understand geographic and population level variation that may be obscured within national estimates. Given the existing contextual differences, prevalence and scale comparisons with other countries is not advisable. A dedicated text box in this report explores the China-specific evidence and its interpretation in greater detail (see page 67).

- **The East Asia and Pacific region displayed a diverse range of CSAM availability during the 2025 reporting period.** Differences in CSAM rates are likely influenced by a range of factors, including technological infrastructure, detection capacity, reporting practices and regulatory environments where further research is needed to shine a light on the drivers of CSAM. The regional average rate was 31.06 per 10,000 population, and although not the highest, countries such as the Philippines (91.59 per 10,000 population) and Viet Nam (78.22 per 10,000 population) stand out as the most populous outliers within the region, having almost triple the availability rate. It is worth noting that an increase in reporting may also represent improvement in law enforcement training, recognition, and data recording, which by itself is a desired characteristic reflecting improved counting and understanding of the problem.

- **Hosting and reporting trends for CSAM differ between countries in the East Asia and Pacific region.** The Philippines, Viet Nam, Malaysia and New Zealand are in the upper tier of the distribution of CSAM, while East Asian economies (Hong Kong, Japan, Republic of Korea, Taiwan and Macau), cluster substantially lower.



- **Digital forensic capabilities were especially limited as reported by law enforcement in the East Asia and Pacific region.** Among the 11 survey respondent countries, OCTs and SARs, 18.2% reported having no or limited digital forensic capabilities to support CSEA investigations.



North America region

The North America region includes two countries, the United States (US) and Canada, according to the UNICEF regional classification. Childlight has also examined St. Pierre and Miquelon (OCT) as it is regionally based closest to North America region. The Into the Light Index has extensive data across these two countries and OCT. North America currently accounts for approximately 3% of the world's population of children with a much larger population of children in the United States than in Canada (UNICEF, 2025).

Key findings on CSEA from the North America region include:

- **North America has the highest prevalence estimates for females of all forms of offline CSEA and similar prevalence estimates to other regions for male experiences of offline CSEA as presented in Into the Light Index 2026.** The overall estimated prevalence of offline CSEA, as well as specific contact subtypes such as rape and sexual assault, were much higher in North America for females than in the other two regions in the Into the Light Index 2026 (near 10 percentage points higher than victimisation prevalence estimates in Latin America and the Caribbean and nearly double the prevalence estimate for females in East Asia and the Pacific).

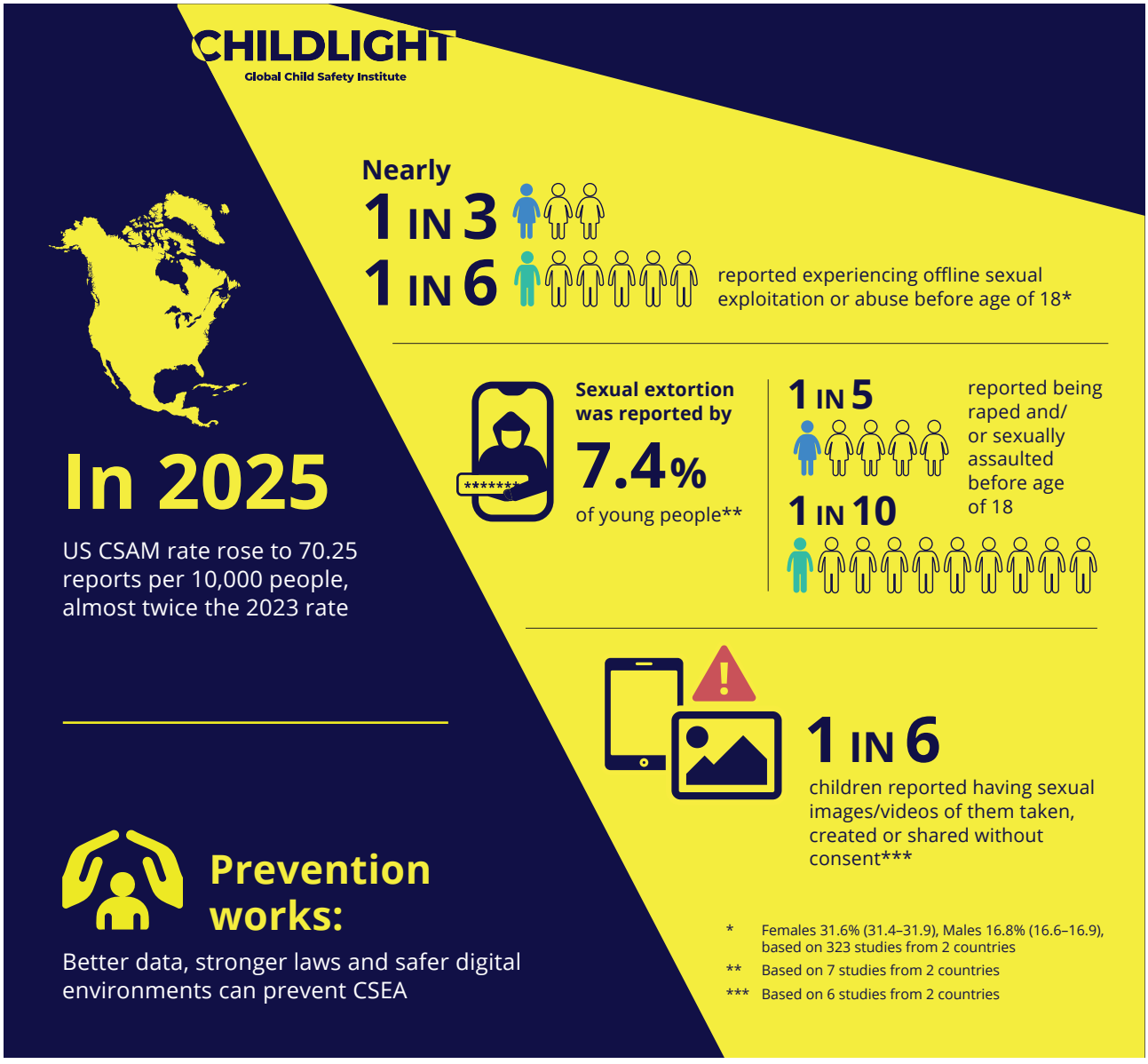
- **Based on survey data, children and adults in North America self-report childhood experiences of CSAM/IBSA more frequently than respondents in East Asia and the Pacific.** While the evidence of CSAM through identification of images and videos from other data sources is high in North America, it is higher in other regions when the volume and relative scale of the big data (for example, images and videos) are examined.

- **CSAM rates (the number of CSAM reports per 10,000 population) in the United States are nearly double that of Canada.** CSAM rates in North America showed a marked divergence between the United States and Canada across the 2023–2025 period. The United States' rate rose slightly between 2023-2024 and then substantially increased in 2025, showing roughly a 63% rise over the two years. Canada's rate remained comparatively stable over the three years and has consistently been lower than the United States. This disparity grew substantially in 2025, with the United States' CSAM rate being over double Canada's CSAM rate.

- **There is significantly more prevalence data on CSEA in the United States than in Canada.** The amount of empirical evidence from nationally or sub-nationally representative prevalence surveys is vastly different between the two countries with 279 offline CSEA studies and 21 TF-CSEA studies from the United States, compared with 44 offline CSEA studies and two TF-CSEA studies from Canada for the same reporting period. While the population size is very different between the two countries (with the United States being larger), this still does not fully account for the large difference in data collection efforts.



- **Both Canada and the United States have robust administrative data on CSEA.** In particular, the 35-year Child Protective Services (CPS) time series data in the United States provides an excellent foundation for longitudinal monitoring and enables robust analysis of trends over time. These data show that recorded case rates per 10,000 children have declined over time within both police and CPS datasets. Similarly, child helpline data in Canada is an excellent example of using frontline data for monitoring and prevention purposes.



The Latin America and Caribbean region

The Into the Light Index 2026 includes data for 37 countries in the Latin America and Caribbean region according to the UNICEF classification, and additionally covers 17 OCTs and SARs, amounting to 54 countries, SARs and OCTs. This accounts for approximately 7% of the world's children (UNICEF, 2025).

Key findings on CSEA from the Latin America and Caribbean region include:

- **Latin America and the Caribbean had the highest self-reported past-year prevalence of exposure to unwanted sexual content among the regions in the Into the Light Index 2026.** The prevalence estimate for exposure to unwanted sexual content was more frequently reported in Latin America and the Caribbean relative to East Asia and the Pacific, highlighting a priority area for potential intervention. This could align with statistics on the amount of CSAM hosted in the region rather than a high incidence or prevalence of abuse of children within a country, but more research is needed in this area.

- **Hosting of CSAM data is highest for several countries in Central America and the Caribbean compared to the rest of Latin America.** The starkest outlier is Panama. The average CSAM availability rate for the UNICEF region of Latin America and the Caribbean is 52.1 reports per 10,000 population, and Panama is far above that, with a rate of 245.3 in 2025. Even without considering the population of Panama, this country was identified as having nearly all (range: 98.3%-99.9%) of the CSAM identified by the IWF from Latin America and the Caribbean. INHOPE reported higher proportions from its data, with 42.9% to 99.7% of the region's material relating to Panama, representing a year-on-year rise. As both the IWF and INHOPE measure the amount of CSAM hosted in a particular country, these findings indicate that a substantial proportion of the CSAM identified in the region was hosted in Panama. Further analysis would be required to determine the factors contributing to this concentration. Other countries, such as Dominican Republic, Dominica and Costa Rica, also show high CSAM rates in the Into the Light Index 2026 data.

- **In Latin America and the Caribbean, access to data and specialist training for TF-CSEA is especially low for law enforcement.** Among the 24 survey respondent countries, OCTs and SARs, one in five reported having no access to any online data sources (such as INTERPOL data, NCMEC referrals and other sources) for TF-CSEA referrals. Similarly, gaps in specialist training for law enforcement personnel responding to CSEA remain substantial in the region. Nearly two thirds of countries and OCTs in the region reported little or no specialist training coverage for TF-CSEA among relevant law enforcement personnel.



- **Countries in Latin America and the Caribbean have fewer prevalence surveys that incorporate CSEA questions compared to other regions but do showcase innovative and promising frontline data on CSEA, particularly from the health and education sectors.** This includes examples of frontline data on CSEA incorporated into national health surveillance (Brazil) and education (Chile), showcasing innovative and promising practice. The Into the Light Index 2026 Supplementary Thematic Analysis Report contains more details about how these frontline data sources were established and what data they collect on CSEA.



Turning data into action: Our recommendations

The Into the Light Index 2026 provides the most current data on CSEA globally in one place, with specific insights into both the estimated prevalence and scale and also into what needs to be done to strengthen systems and prevent violence from happening in the first place.

There are already examples of promising data practice across the three regions. Throughout the report, 'data beacons' are highlighted to showcase innovative and promising information systems and practices related to CSEA. This includes examples ranging from health surveillance data from Brazil, which captures the widest range of characteristics, including victim disability, and is therefore the most comprehensive frontline dataset in the Into the Light Index 2026, to innovative survey initiatives and CSAM information system practices. While the implications from the Into the Light Index 2026 data are immense, with many actions that are required, the following nine recommendations have been prioritised based on the evidence Childlight feels will make the biggest impact for children across these three regions based on the current 'what works' evidence base (for example, INSPIRE (WHO, 2016), Safe Futures Hub (Safe Futures Hub, 2026), and the International Panel on the Information Environment (IPIE, 2026) among others). These recommendations are grouped across Childlight's core impact areas of recognise, count and prevent as follows:

Recognise CSEA

1: Recognise CSEA as a preventable public health issue

Countries should recognise child sexual exploitation and abuse (CSEA), both technology-facilitated and offline, as a preventable public health issue. A public health approach to CSEA is coordinated through a multi-sectoral response across indispensable sectors such as health, child protection, education, justice and technology, supported by sustained political commitment and dedicated investment. Childlight will continue working with countries on public health framing, particularly for incorporating TF-CSEA into this framing.

2: Modernise legal frameworks for TF-CSEA

The Into the Light Index 2026 highlights that many countries do not have legislation that responds to TF-CSEA harms that children may be facing, making it difficult for child protection actors to safeguard and identify victims but also to hold perpetrators and facilitators to account. The Into the Light Index 2026 data particularly point to enhancing legislation on online solicitation and fixed period CSAM data retention by Internet Service Providers as two areas that can have a significant impact for children. Childlight will also continue to be at the forefront of legislative analysis around artificial intelligence (AI) accountability and how to ensure future-facing and technology-neutral

and/or agnostic legislative frameworks. Modernised legal frameworks may further contribute to recognising overall determinants of CSEA, but such frameworks are typically bound to national priorities and may not be comparable between countries. Still, a modernised framework is likely to be more sensitive in recognising and addressing CSEA within the national legal boundaries.

3: Recognise commercial determinants of CSEA

Governments should recognise that TF-CSEA is shaped not only by individual behaviours but increasingly by digital environments, social determinants and commercial actors. These shape thinking about prevention and response, recognising that individual and community behaviour change interventions are likely to be less successful if the overarching commercial determinants and structural systems that facilitate harm, particularly online harm, are not addressed.

Count CSEA

1: Make CSEA measurement consistent

Develop internationally agreed definitions and data standards for both offline and TF-CSEA to improve data capture and comparability across countries and over time. This also includes harmonising definitions of rape, sexual assault, and childhood. This recommendation seeks to build on international efforts such as UNICEF's International Classification for Violence Against Children (ICVAC) and its newer Technical Note addressing technology-facilitated violence which mostly focus on capturing survey data. A key recommendation is to expand these efforts aiming towards clearer specificity related to CSEA data. Similarly, Childlight will focus work on frontline and CSAM data classifications and minimum data standards to improve these important administrative data systems learning from the promising practice highlighted in the Into the Light Index 2026.

2: Make CSEA measurement visible

Governments and intergovernmental organisations, such as the World Health Organization (WHO) and United Nations (UN) agencies, should strengthen the measurement of CSEA, including technology-facilitated CSEA, and use that evidence to drive effective prevention and response. This includes expanding both nationally representative prevalence surveys but also strengthening routine frontline data information systems by making this data routinely collected and publicly available for both technology-facilitated and offline CSEA. These expansions will likely increase the estimated CSEA prevalence number thus reflecting more closely the true magnitude of the problem. Childlight will seek to assist key stakeholders in this area based on learning from the Into the Light Index.

3: Make CSEA data useful

Data systems, including typologies and measurement approaches, need to be designed to inform prevention and response rather than existing solely for monitoring or research purposes, while also addressing gaps in the representation of particular populations. Data systems need to be optimised to collect better and more reliable information on CSEA and would benefit from having complementarities so that if a source is missing (for example a population-based survey) other sources (such as administrative data) can still be used to inform policies. Childlight will assist in convening policy-forward dialogues that translate evidence into practical policy and action between researchers, practitioners and central policy decision makers around data systems for CSEA.

Prevent CSEA

1: Strengthen the evidence on what works for all types of CSEA

Major global prevention frameworks such as INSPIRE (for violence against children) and RESPECT (for violence against women and girls) should explicitly synthesise evidence on preventing TF-CSEA to guide investment in effective interventions. Childlight will advocate with the World Health Organization (WHO) and other pivotal actors, such as Safe Futures Hub, who lead these global synthesis efforts on what works for preventing violence to ensure TF-CSEA interventions are included.

2: Start prevention earlier

The Into the Light Index 2026 data highlight that primary prevention should begin in childhood rather than in adolescence, reflecting evidence that many children first encounter both online and offline risks well before secondary school (despite disclosure often coming later). Core sectors such as early childhood development should be brought into multisectoral conversations and programming around prevention.

3: Address commercial determinants of CSEA through government policy levers

The Into the Light Index 2026 highlights some of the most robust global evidence on TF-CSEA. These data increasingly point to the need to address commercial determinants through specific government and industry policy levers. These include regulation, market-shaping strategies that address safety by design, and even policies such as procurement, taxes and levies and other approaches that can improve accountability and transparency but also change the larger structural drivers of TF-CSEA by design.

The ITL Index remains a comprehensive and robust source of data on CSEA prevalence estimates and scale. The primary challenge is now to move from data to action – **because children can't wait.**





INTRODUCTION AND METHODS

About Childlight – Global Child Safety Institute Childlight

Childlight – Global Child Safety Institute is an independent, data-driven organisation dedicated to preventing and responding to child sexual exploitation and abuse (CSEA) worldwide. Founded by Human Dignity Foundation and hosted by the University of Edinburgh and the University of New South Wales, Sydney, alongside a range of data partners, we bring together world-class expertise in epidemiology, data science, public health and child protection to create a robust evidence base for action. Our mission is clear: to use data to protect children and to work alongside frontline practitioners, policymakers and other stakeholders to ensure that evidence is translated into meaningful change. Our role as a global data institute is to generate, curate and share high-quality information and to support others in using it effectively within their own contexts. We believe that credible, accessible and actionable data is one of the most powerful tools for safeguarding children.

The index journey so far

In 2024, Childlight launched the world's first comprehensive global index estimating the prevalence of technology-facilitated (TF-CSEA). This inaugural Into the Light Index on Global Child Sexual Exploitation and Abuse (ITL Index 2024) was a milestone in the field, producing a new conceptual framework, the first global and regional prevalence estimates from population surveys, the first country-level perpetration prevalence estimates, and harmonised indicators on child sexual abuse material (CSAM) drawn from multiple data sources. We began with TF-CSEA because it was an urgent entry point with previous research that had been largely limited to high-income countries and had not captured the full picture from population-based surveys. ITL Index 2024 filled this critical gap, introducing new analyses on perpetration, aligning disparate CSAM datasets and highlighting the structural challenges that must be addressed to strengthen global monitoring.



The 2025 Into the Light Index marked a step change in both scope and ambition. We expanded the Index in three major ways. First, broader scope: while ITL Index 2024 focused exclusively on TF-CSEA, the 2025 edition addressed offline CSEA as well. This included rape and sexual assault of a child, using data from population-based surveys. By integrating these forms of abuse into the Index, we could better understand how online and offline harms might intersect. Second, new data sources: in ITL Index 2025, we incorporated frontline data from publicly available policing crime statistics and child helpline data. The policing crime statistics reflected a dedicated deep dive into this data source for nine countries. The addition of child helpline data was made possible through a pioneering partnership with Child Helpline International (CHI), allowing us to include information that reflects the types of abuse that are being logged by child helplines. By including frontline data through official statistics with insights from child helplines we can identify both reported crimes and the often-hidden insights into abuse that never reach any statutory services. Third, country-level focus: for the first time, we produced country-level indicators and estimates, where data are available. ITL Index 2025 focused on Western Europe and South Asia, as defined in UNICEF's regional classification (UNICEF 2023). These two regions were chosen to start the country-level focus, because they were both identified in ITL Index 2024 as having a high prevalence of TF-CSEA across indicators. This country-level approach provides governments, civil society and other actors with tailored, context-specific evidence.

ITL Index 2026 extends this approach, focusing on North America, Latin America and the Caribbean, and East Asia and the Pacific. Several new initiatives enhance the depth and usability of ITL Index 2026. For the first time, Childlight has started to include system strengthening data in the Into the Light Index with analysis of law enforcement capabilities for responding to TF-CSEA. This sector was chosen for an initial deep dive because law enforcement agencies receive significant data from a variety of sources that rely on specific forensic and other capabilities for analysis and action. Childlight is also examining other child protection systems or sectors (such as health, education and social welfare). We have also expanded the index to include data on overseas countries, territories and special administrative regions.

Childlight's Index Impact and Communications Working Groups bring together CSEA data experts and regional actors from nearly every country in focus, ensuring that findings are translated into concrete safeguarding and prevention actions. Our Index Technical Subcommittee continues to guide the ITL Index with world-leading expert advice and guidance in prevalence estimation, frontline data and big data analysis. This report, as our Supplemental Thematic Analysis Report synthesises results across all indicators to identify trends, patterns and actionable insights. With Enhancing Quality in Preclinical Data (EQIPD) accreditation, we embed rigorous, clinically informed data-handling and quality assurance standards into every stage of our work.

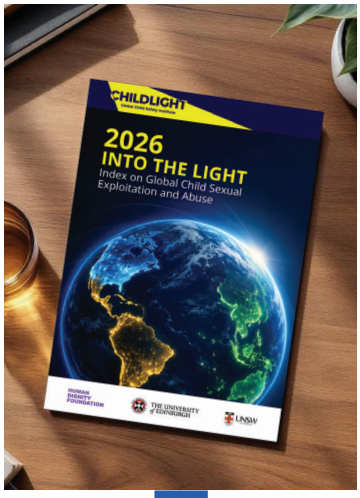


How to use the Index products and assets

Into the Light 2026 Index Resources

Online Interactive Dashboard

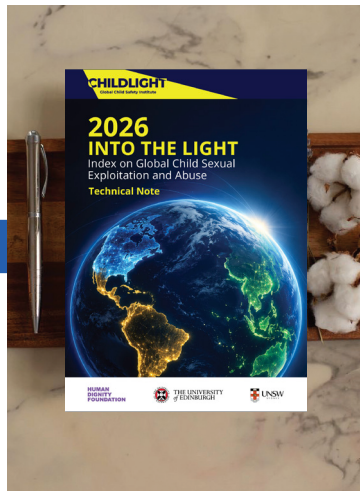




Supplemental Thematic Analysis Report (STAR)

Archived Datasets





Technical Note

ITL Index 2026 is designed as more than a single report or website, it is a suite of interconnected products that can be used by practitioners, policymakers, researchers and advocates to inform action in their own contexts. The first is this Supplemental Thematic Analysis Report or STAR, which synthesises results across all indicators and data areas to identify key data findings, patterns and actionable insights. This report is intended to highlight priority areas for action and provide the contextual understanding needed to interpret the data. The second is our online Interactive Index Dashboard, which presents detailed data for countries in Latin America and the Caribbean, North America and East Asia and the Pacific as well as Western Europe and South Asia as well as certain regional and global interactive data. This will continue to expand over time to cover remaining global regions. While the dashboard is accessible on our website, it also includes a feature that allows users to create their own downloadable reports by selecting specific indicators. These tailored reports can be shared in meetings, presentations and policy discussions, making it easier to bring the data directly into decision-making processes.

We are also continuing to expand our commitment to open data access. All underpinning datasets are archived where possible and made publicly available, complete with detailed metadata, so that other researchers and decision makers can directly interact with the datasets. In addition, we are continuing to provide comprehensive technical notes for each indicator area in one full document detailing our approaches to using population surveys, frontline, CSAM and system strengthening data, ensuring that every step of the methodology is transparent and reproducible. Together, these products are intended to maximise the accessibility, accountability, usability and impact of ITL Index 2026, giving users the tools they need to turn evidence into action.

ITL Index 2026 provides decision makers, frontline practitioners and concerned individuals and groups with high-quality, country-specific data to inform CSEA prevention programmes, strengthen policy and protect children worldwide. By combining population-based surveys, frontline reporting, big CSAM data and innovative analysis, this year's edition of Into the Light Index not only deepens our understanding of CSEA, but also strengthens the pathways from data to action. It reflects our belief that evidence, when used strategically, can drive urgent systemic change. Because children can't wait.

Methods

This section summarises the methodological approaches taken for collecting and analysing data from the different sources that inform this document. Specifically, the methods section is divided into six areas addressing the methods used for evaluating: 1) victimisation survey data (i.e., population-level data on offline CSEA and TF-CSEA, 2) frontline data, 3) child sexual abuse material data, 4) system strengthening data, 5) overall limitations, and 6) conclusions. More detailed information about the data sources, methodological approaches, and countries evaluated can be found in the Technical Note for this report.

Victimisation survey data

This area summarises relevant survey-based data sources that measure different forms of child sexual abuse and exploitation, including those that occur in the offline and digital environments. The methods for this area include information on data collection and data selection strategies, as well as on approaches to data synthesis and data analysis. A detailed description of the methodology for this section can be found in the Technical Note. Initially, two systematic reviews on offline CSEA and TF-CSEA were conducted to update prior findings from the Into the Light Index (Fry et al., 2024; Childlight, 2025) by including recently published data. Studies were evaluated independently by two reviewers for inclusion according to eligibility criteria. Eligible studies included children younger than 18 years or adults retrospectively reporting different types of TF-CSEA/offline CSEA before the age of 18. All eligible studies used general population samples and were representative at the national and sub-national levels. In addition to regional estimates, we calculated country-level prevalence estimates (where possible). For regional prevalence estimates of TF-CSEA/offline CSEA, we used the UNICEF regional classification (UNICEF, 2023) defining nine regions. Included studies reported both lifetime and past year recall periods. Lifetime prevalence of different subtypes of TF-CSEA/offline CSEA was defined as the proportion of adults aged 18 years or older who reported experiencing those harms at any point before the age of 18. The past-year prevalence was defined as the proportion of children under 18 years who experienced TF-CSEA/offline CSEA within the past 12 months (before data collection). We used the same recall periods to produce prevalence estimates for the total sample, and for males and females.

Data Sources

Offline CSEA

For the regional prevalence estimates of offline CSEA, we used sources published between January 2010 and August 2024. For perpetrator and country-specific subtype analyses, we used sources from January 2010 to December 2025. In this report, two subtypes of offline CSEA were considered: contact CSEA and overall offline CSEA. Contact CSEA refers specifically to rape and sexual assault involving physical sexual contact. Overall offline CSEA is a broader term representing experiences of any contact or non-contact form of offline CSEA, excluding TF-CSEA. We estimated the overall regional prevalence including data that were not disaggregated by contact and non-contact. Researchers reported only an overall CSEA, which they defined as including certain forms of contact and non-contact CSEA. Separately reported contact and non-contact outcomes were not combined to create an overall estimate, as individuals may experience both forms and combining prevalence estimates could therefore result in double counting. Where sufficient data were available, we have also classified these forms of offline CSEA by perpetrator type, including a family member, peer, or stranger.

Technology-facilitated CSEA (TF-CSEA)

This new review updates recent systematic reviews and meta-analyses on global prevalence of TF-CSEA (Fry et al., 2024; Childlight, 2025) by including new studies published between January 2025 and December 2025 and additional sources that had not been previously identified. We included studies that reported at least one of the five main subtypes of TF-CSEA: online solicitation, child sexual abuse material/image-based sexual abuse (CSAM/IBSA), exposure to unwanted sexual content, sexual extortion and online sexual exploitation. This broad categorisation of TF-CSEA was based on the conceptual framework developed for the previous editions of the Index report (Fry et al., 2024; Childlight, 2025). For more details on the definitions and composites of TF-CSEA subtypes, see the Technical Note.

Data analysis

Offline CSEA

We used Bayesian hierarchical models to estimate regional prevalence. This approach accounts for variation between countries, recall periods, and study characteristics, allowing evidence to be combined across studies to produce more robust and stable regional estimates. The models also provide 95% uncertainty intervals (UIs), which reflect a range where the true estimate may occur. For perpetrator and country-level analyses where the evidence base was not sufficient, we used random-effects meta-analysis to produce pooled estimates. For these supplementary analyses see the Technical Note.

Technology-facilitated CSEA (TF-CSEA)

We used a random-effects model for conducting a meta-analysis of the included studies to calculate the pooled prevalence estimates with 95% confidence intervals (CIs) for past year and lifetime recall for the five TF-CSEA subtypes. To combine prevalence estimates between countries within a region, as defined by the UNICEF regional classifications, each country's estimate in that region was synthesised into an average. These averages were then used to estimate an average for a region. We ran separate analyses for each of the subtypes, disaggregated by the recall period, region and country, if the threshold of at least four studies was met. We additionally estimated prevalence for each outcome, recall period and region for studies that reported sex and/or gender breakdown using the same threshold (≥ 4 studies).



Frontline data

Country administrative data

We developed indicators using public sector frontline data for the Into the Light (ITL) Index 2026 to complement survey-based indicators. Public sector was also grouped according to the UNICEF regions of North America, East Asia and the Pacific and Latin America and the Caribbean (UNICEF, 2023). Data from these sources focus on providing detailed country profiles based on public sector frontline data, including information on victims/survivors, perpetrators and case characteristics.

Data sources

We collected data from nine countries and multiple sectors, including Australia (social services, police), Brazil (health, social services, police), Chile (education, social services, police), Fiji (social services, police), Japan (education, social services, police), Mongolia (police), Philippines (health), Timor-Leste (police), and the United States (social services, police). The reason for selecting these countries was to focus on countries that have scarce survey data or from countries that have exemplary public sector frontline information that may serve as good practice examples. Open or easy access public sector frontline data containing information about CSEA cases were identified as the primary data source for CSEA indicators in each country. The aim was to include data from as many sectors as possible.

Data analysis

Eleven core indicators were defined for use across countries and sectors. These indicators cover aspects of recorded CSEA cases, as well as victim/survivor and perpetrator characteristics. The selection was based on relevance to the ITL Index aims, and overall availability. These included case indicators such as annual number of recorded cases of CSEA, annual CSEA case rate per 10,000 children, annual percentage breakdown by CSEA types, and annual percentage breakdown by location of abuse. For victim indicators we included annual percentage breakdown by gender/sex of victim/survivor, annual percentage breakdown by age of victim/survivor, annual percentage breakdown by ethnicity of victim/survivor, and annual percentage breakdown by disability status of victim/survivor. Finally, we also included perpetrator indicators such as annual percentage breakdown by perpetrator relationship to victim, annual percentage breakdown by sex/gender of perpetrator, and annual percentage breakdown by age of perpetrator. Where possible, indicator values over the most recent 10-year period were included. However, for the United States, Chile and Mongolia, a longer follow up period was available for many indicators.

To estimate case numbers in each country and sector, we identified recorded cases in categories that fall under the international definition of CSEA (End Child Prostitution and Trafficking (ECPAT) International and ECPAT Luxembourg, 2025). Case numbers were added across all relevant categories for each year. To calculate rates per 10,000 children, we used available estimates of the size of the population under the age of

18 or the age of consent in each country prioritising the highest quality estimates for a country. Where demographic breakdowns of case data were available, we further stratified rates using corresponding population estimates for the relevant subgroup (e.g. sex, race, age). We generally derived percentage breakdowns using the total number of cases and the number of cases in each sub-category of interest. Depending on national systems, we selected which categories of cases to include in the total number of cases. In addition to these analyses, we relied also on supplementary data from desk research and interviews that helped support interpretation of indicator data using a framework-based qualitative content analysis drawing from an approach developed by Ritchie and Spencer (1994). The aim of this analysis was to identify and validate information about factors relevant for the production and interpretation of public sector frontline data. All indicator data and supplementary information were captured in data workbooks, which are open access and available on DataStore. Data workbooks were finally validated by members of the ITL 2026 Advisory Group for public sector frontline data with relevant country expertise. To see full details on the methodological approach please see the Technical Note.

Helpline data

Administrative data from child helplines are a useful resource to understand the scale and nature of CSEA, as they capture instances of abuse that have not been disclosed to, or discovered by, the police, social work authorities, or health providers. Child helplines also reach individuals who may never partake in surveys and so complement other existing sources of information in generating more reliable estimates of CSEA. We used 2023 and 2024 Child Helpline International (CHI) administrative data as an additional indicator of CSEA across the 2026 Index countries (East Asia and the Pacific, Latin America and the Caribbean and North America). Our methodological approach included: a desk review of sources to compile and document pivotal service-level information not consistently available through quantitative raw data; a quantitative analysis of administrative helpline data from CHI (and, where possible, CHI member helplines that have not reported data to CHI); and a qualitative analysis of semi-structured interviews.

Data sources

Data represented 17 countries from UNICEF regions including: two from North America, seven from Latin America and the Caribbean, and eight from Asia Pacific, who provided Helpline datasets through data sharing agreements. Within these sources violence against children is tagged as referring to emotional, physical and/or sexual abuse. A sub-category of violence is the CSEA category, which represents the combination of the categories: commercial sexual exploitation (offline), TF-CSEA and sexual violence (offline). It is important to note that these figures represent tags, not people or contacts. One interaction may receive more than one tag, so the number of tags does not necessarily represent the number of times a helpline was contacted or the number of individuals affected by violence or CSEA. All elements in the data framework are provided with victim gender disaggregation, using four gender modalities, following the definitions used by CHI: male, female, non-binary and unknown.



Data analysis

Datasets provided information that allowed us to calculate the following metrics for 2023 and 2024, per country: number of tags for violence; number and percentage of tags for CSEA within violence category; number and percentage of tags for sexual violence (offline); number and percentage of tags for commercial sexual exploitation (offline); number and percentage of tags for TF-CSEA; number and percentage tags for sexual violence (offline) per victim gender; number and percentage tags for commercial sexual exploitation (offline) per victim gender; and number and percentage tags for TF-CSEA per victim gender. Additional details on the approach may be found in the Technical Note.

Child sexual abuse material (CSAM) data

The focus on CSAM is a distinct and particularly harmful form of technology facilitated abuse (Owens et al., 2016; Levine et al., 2020). This indicator measures perpetrator behaviour in the form of upload, availability and ongoing demand for CSAM. These data were collected from a variety of agencies that may have different purposes for collecting information and consequently are not harmonised.

Data sources

CSAM data were collected from six organisations identified through a scoping review based on their mission, scope and data availability since the publication of the first Into the Light Index. These included the Internet Watch Foundation (UK), the Canadian Centre for Child Protection (CA), the National Center for Missing and Exploited Children (US), INHOPE (NL), THORN (US), and the Child Rescue Coalition (US). Sources were included if they had publicly available CSAM data addressing uploads, hosting or downloads, privately held data from organisations known to assess and analyse CSAM globally, data were published at least annually/since 2023, data were made available by the organisation with the necessary mandate to analyse CSAM, and data presented CSAM on a global scale. Data not specific to CSAM or not published since 2023 were excluded. These organisations had all published public reports on the availability and distribution of material in the years following the 2024 Into the Light report, which allowed for a comparative analysis of the data for the years 2023, 2024 and 2025. While all organisations share the goal of safeguarding children, identifying victims and removing content, differences in their organisational structures, missions, methodologies and areas of focus led to variation in the content of their reports. For example, INHOPE, IWF and C3P receive reports from the public and to a lesser extent from technology companies. NCMEC gets information directly from technology companies who are mandated to report all online child sexual exploitation and abuse on their platforms. THORN, IWF and C3P also use web-based software to proactively detect CSAM on areas of the open/clear web known to be used to host and distribute CSAM. This actively produces the largest amount of confirmed/identified CSAM in their reports.

Data analysis

To address these differences, we conducted several analyses. We accessed reports using the websites for each organisation, where the information was typically published in a downloadable format. Numerical data on the sharing, detection and characteristics of CSAM, information sources and outputs in each dataset were extracted to help understand similarities and differences across data sources. Where necessary, we converted reported counts into percentages of CSAM common characteristics. This contributed to a more unified analysis of the numbers and in part accounted for the differences in processing and collection of information. We also considered trends where changes may reflect either changes in CSAM or changes in detection technologies. Our analyses used UNICEF's regional country groupings. We also conducted a victim demographic analysis by age focusing on infants 0-2 years, then 3-13 and then 13 to 17 years. Where available age categories are presented. An analysis identifying offenders' relation to victims focused on identifying whether the perpetrator was in the nuclear family, extended family, a known person or an unknown individual. An additional content analysis focused on reported content removal times, a severity analysis which we harmonised using definitions and categorisations across reports, terminology from the Lanzarote Convention (2007) and the Terminology Guidelines for the Protection of Children from Sexual Exploitation and Sexual Abuse (2025). Finally, a CSAM tag analysis that identified whether CSAM was 'commercial' CSAM, 'virtual' CSAM or 'self-generated' CSAM. Childlight received access to 2023-2025 data from the ICCAM ('I see Child Abuse Material') database.

System strengthening data

These data aim to provide a structured, evidence-informed assessment of national law enforcement capacities and capabilities in relation to child sexual exploitation and abuse (CSEA). Data are organised across three interconnected domains: data sources, specialist resources and legislation. These domains were selected because they represent foundational components of effective responses to CSEA and are identified within international child protection and online safety frameworks as critical system enablers (WeProtect Global Alliance, 2023; ICMEC, 2023). The System Strengthening Indicator Area for the 2026 edition focused on countries, overseas territories and special administrative regions within: East Asia and the Pacific, North America and Latin America and the Caribbean.

Data sources

In total, 100 countries were included, consisting of 65 countries and 35 overseas territories (OCTs) and special administrative regions (SARs). All 100 countries/OCTs/SARs were included in a desk review and legislative analysis; 37 survey responses were received out of the 100 and 21 follow-up semi-structured interviews were conducted. Due to the sensitive nature of the data, countries/OCTs/SARs were



grouped and presented using two approaches: UNICEF regional classifications (UNICEF, 2023) and geographic groupings aligned with other areas of the Index. OCTs and SARs were included within their geographic regions rather than being presented separately.

A systematic desk review was undertaken to complement the survey, gathering information on data sources and legislative frameworks relevant to CSEA from publicly available sources. The desk review supported data verification across the 2026 countries/OCTs/SARs in scope. The desk review incorporated sources from national legislation, policy and regulatory frameworks, annual policing and justice reports, official institutional publications, Non-Government Organisations (NGOs) and civil society reports, and international datasets. It examined three key areas including NCMEC referral routes, International Child Sexual Exploitation (ICSE) database connection, and National hotline systems. The legislative review focused on CSAM (child sexual abuse material) production, possession, dissemination and sale, online grooming, internet Service Provider (ISP) data retention and ISP data sharing with law enforcement.

Additional data were obtained from surveys created by law enforcement specialists and researchers working within Childlight with external consultation with INTERPOL, EUROPOL, WeProtect and UNICEF. These identified CSEA data sources, specialist resources (e.g. investigative capabilities in place), legislative gaps and key challenges around capabilities and capacity. Surveys were further complemented with interviews that provided additional contextual information.

Data analysis

The data derived from the desk review, survey and semi-structured interviews were analysed to examine countries/OCTs/SARs' capacities and capabilities in responding to CSEA. Together, it provided a comprehensive and contextualised understanding of national systems where possible. Analyses identified 15 indicators addressing data sources (seven indicators), specialist resources (4 indicators), and legislation (4 indicators). The semi-structured interview data were analysed thematically, and qualitative findings were used to complement quantitative findings and identify examples of good practice. Further details on the data collection and analyses processes can be obtained from the Technical Note.



Limitations

Victimisation survey data

This review of the population-based data has several limitations. In terms of interpretation of country-level prevalence estimates, they should not be considered as directly comparable with regional estimates, as they were based on different evidence bases, statistical approaches and covered different CSEA subtypes and perpetrator categories. Estimates were not adjusted for study level differences in definitions across studies, including perpetrator categories or age thresholds. Therefore, some estimates do not fully capture all CSEA occurring before the age of 18 which may underestimate prevalence. Furthermore, the evidence was from general population-based surveys, which may limit the ability to capture experiences of difficult-to-access and more vulnerable populations. Of note, there are fewer population-based surveys in the region of Latin America and the Caribbean relative to North America. Surveys may not fully reflect the scale, types and risks of exposure to TF-CSEA/offline CSEA among specific populations of children, including those with diverse sexual orientations and gender identities, as well as children from minoritised populations, children with disabilities, children in street situations in care or institutionalised, and many other under-represented populations of children. In surveys, child sexual exploitation and abuse is often reported retrospectively, therefore most survey research relies on recollection and is prone to recall bias. This, and respondents' non-disclosure, may lead to underestimating the prevalence rates. In terms of data availability, the data sources on prevalence of TF-CSEA/offline CSEA remain limited across regions and countries, including evidence disaggregated by perpetrator type and on specific TF-CSEA/offline CSEA subtypes, particularly non-contact forms of CSEA, sexual extortion and online sexual exploitation. Estimates of these forms of victimisation should therefore be interpreted with appropriate caution. Finally, inconsistencies in definitions and measurements used in the included surveys constitute a challenge in terms of comparability and estimating more accurately TF-CSEA/offline CSEA prevalence. A detailed discussion of the limitations of survey data is available from the Technical Note.

Frontline data

Administrative data

Public sector frontline data are not collected for research purposes, and several limitations need to be considered. Country-level data accessibility and quality vary considerably. Public sector data are deeply embedded within the systems, policies and practices through which they are generated. Some countries may report data from a single source while others from multiple sources. As a result, indicator numbers should be interpreted with caution and are typically not directly comparable across countries. Most countries also report variable levels of consistency and quality within their data at a subnational level. In some countries data may not be representative

of the whole population while in others it may be. Additionally, countries may have limited information certain variables such as perpetrator characteristics, while others may have changed legal definitions or standards for recording that affect the interpretation over time or relative to other settings. Specific characteristics of the data and its limitations are further discussed in the Technical Note.

Helpline data

Data quantity and quality may vary depending on countries' awareness and use of child helplines. National differences may therefore reflect disparities in awareness of, and access to, these services, rather than the actual scale of child abuse. Despite this, the proportion of tags related to CSEA may still provide some insight into country-specific differences. Additionally, some helplines cater to individuals up to age 25, and the number of times counsellors tag contacts/communications under specific categories does not directly correspond to the number of children and young people affected by CSEA.

Child sexual abuse material data

Limitations concerning these sources include a potential bias towards evidence available in English and from organisations in Western Europe and North America although INHOPE data represents a wider geography. Sources stemming from middle- and low-income countries may also occur via other means, such as via phone messages or email or on platforms that are less visible to reporting agencies. Overall CSAM volume may be misleading as it depends on several factors including the mission of the organisation reporting about it, which parts of the online space they cover (Electronic Service Providers, Peer2Peer, dark web), what is counted (for example, sightings which could be one image of a zip file with many images of a film etc), and detection methods used (e.g. crawler, targeted searches, reports from the public or ESPs). To reduce biases, we show percentage breakdowns of detected CSAM by each data source rather than count only data. Organisations reporting CSAM have different mandates which influence what they report and how they report it. Due to the varying mandates for each organisation, their recorded and calculated data were different, as some were focused on content removal, while others have law enforcement responsibilities. Organisations reporting also used different geopolitical boundaries. We harmonise these across Childlight reports using the United Nations geopolitical definitions but also provide additional context using World Bank classifications, regional population estimates (UNICEF, 2026) and the International Telecommunications Union (2023) data on Internet users and their usage in order to reduce the likelihood of underrepresenting or overrepresenting countries. For further details on these methods see Technical Note.



Systems strengthening data

We grouped OCTs and SARs regionally based on their geographical locations. However, their governance, legal systems and operational capabilities may more closely align with their sovereign state than other countries in their corresponding regional group. Desk review indicators primarily capture the formal existence of systems, legislation, reporting mechanisms, institutional membership or international partnerships. However, this does not necessarily indicate that these systems are operating. While a formal agreement may exist, it may not be functional. Conversely, operations may exist informally and work but may not be reflected in the official documentation of systems. To address this, survey respondents were asked directly whether their agencies actively utilised NCMEC referrals, Child Rescue Coalition (CRC) systems and Internet Crimes Against Children Child On-line Protection System (ICACCOPS) resources within their operational responses to online CSEA and interviews were used to clarify responses and explore how these systems functioned in practice within national investigative and safeguarding contexts. An additional limitation refers to a proportion of responses that were marked as 'don't know' across several indicators where such response is not interpretable. In the absence of confirmed reasons, these responses were not analysed further within the findings. The framework further acknowledges that not all incidents of CSEA are identified, reported, investigated or recorded within formal systems. Consequently, the indicators should not be interpreted as measures of prevalence or effectiveness alone, but rather as indicators of system capacity, operational readiness, institutional capability and infrastructure. Finally, information was correct at the time the survey was submitted or the time the data was received and may not reflect more recent operational or legislative changes.

Conclusion

The methodological approaches taken to address each indicator reported in this document reflect an intent to explore, in the most comprehensive way possible, the availability of data on CSEA, TF-CSEA and CSAM. Analytical approaches were selected based on the quality and the characteristics of the data that were available. To the extent possible, we used complementary methods for evaluating or contextualising data, in order to achieve results that are robust and reliable. This meant combining quantitative and qualitative approaches to better understand, classify, estimate and report findings. For all indicators we thoroughly address their limitations and provide detailed information on our methodological approach in the Technical Note.

Part 1: RECOGNISE

This section of the report sets the stage for the ITL Index 2026 data. It is divided into three parts: the first focuses on why a public health approach to CSEA matters, the second focuses on the data sources that contribute to the ITL Index 2026, and finally it covers the ITL Index journey and where the field is at in terms of CSEA data and measurement.



1.1 Why a public health approach to CSEA matters

Research conducted by Childlight, the global child safety institute located within the University of Edinburgh, and through affiliated partners, shows 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 (Fry et al., 2024). Nearly one in every five females and one in every six males has experienced offline CSEA (Fang et al., 2026). It is prevalent in every country it is measured and requires a coordinated global response to prevent and treat effectively.

Childlight has contributed to research that shows that, for those affected, it has lifelong physical, emotional and mental impact, and the social and economic cost to society is considerable. Globally, CSEA (excluding TF-CSEA), is linked to 14 adverse health outcomes, 32 million healthy years lost and over 290,000 premature deaths annually (GBD 2023 Intimate Partner Violence and Sexual Violence against Children Collaborators, 2026). This highlights the urgent need to treat CSEA as a critical public health crisis similar to other well-recognised childhood health challenges.

Technology-facilitated abuse takes a toll on children's health

"Repeated pressure and blackmail experienced by a child after sharing an intimate image online can have serious consequences for their mental health and may expose them to a cycle of coercion, further exploitation, and repeated victimisation, with potentially severe risks to their safety and well-being. Children who reach out to us following online sexual extortion often describe intense fear, shame and anxiety and, above all, a strong sense of loss of control, which can become a significant barrier to seeking help from trusted adults. Many are particularly distressed by the uncertainty of not knowing who has seen the material, where it has been shared or whether it may appear again in the future."

Stavroula Spiropoulou,
Psychologist and Coordinator, The Smile of the Child

What is a public health approach?

A public health approach to CSEA seeks to promote the safety and wellbeing of entire populations. It is an approach that strives for maximum benefit for the largest number of children by using evidence to inform various preventative actions. These include stopping violence before it ever starts (primary prevention) as well as immediate safeguarding and preventing reoccurrence, and the impacts of abuse (secondary prevention) (Krug et al., 2002) or addressing rehabilitation of victims of violence (tertiary prevention). Underpinning a public health approach is the fundamental belief that violence is not inevitable but can be prevented (Krug et al., 2002). This approach can sit alongside and enhances other approaches such as a child rights approach.

A public health approach to violence prevention includes four simple steps that are rooted in the scientific method (WHO, 2022). These four steps are essential for better understanding and implementing programmes for prevention (Villaveces & Fry, 2026 adapted from CDC).

Four key steps to a public health approach:

1. **Define the problem:** 'The problem' needs to be defined and understood and that definition allows for the collection of fundamental data that further contextualise it. For example, collecting data describing the scale of Technology-Facilitated Child Sexual Exploitation and Abuse (TF-CSEA), who it affects, where people are more affected, when they are most affected, through which means, etc.

2. **Understand risk and protective factors:** Once the violence problem is defined and data sources are identified, then the problem can be better described and contextualised. In addition to the problem, it is necessary to understand what factors or characteristics of people may be linked to a greater likelihood of exposure to violence (these variables that are part of the data collected can identify risk or protective factors in the population).

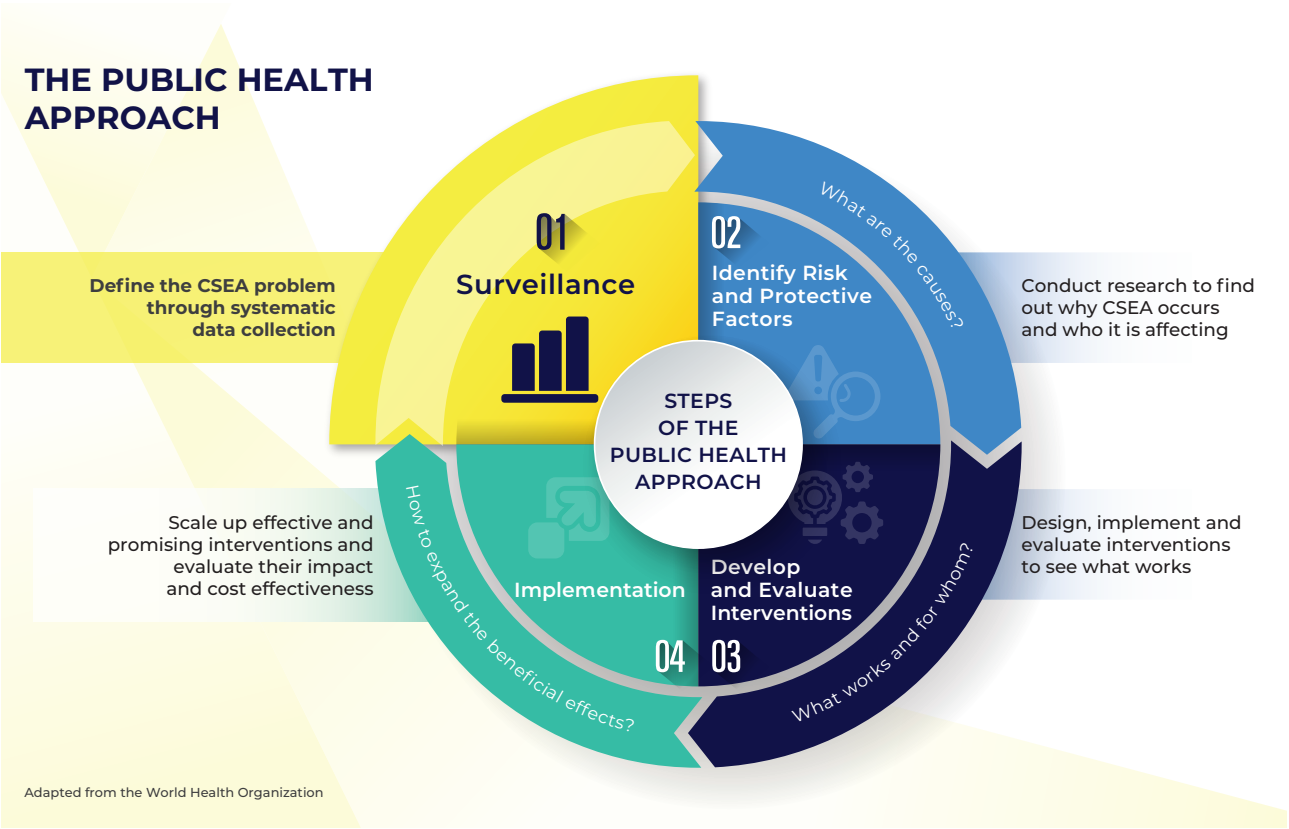
3. **Develop and evaluate interventions:** With those risks identified, we aim to implement strategies, interventions or programmes that reduce the risk factors or increase protective factors. This also includes evaluating whether the actions that we undertook to prevent or mitigate the problem worked. We only know this through evaluation.

4. **Implementation and scaling:** Once we identify programmes or strategies or interventions that work, we then use a fourth step where we ensure that widespread adoption of the preventative strategies is adopted to have the largest effect on all populations.

The diagram below summarises this process and where Childlight is particularly focused with the ITL Index data, which is at the start of the public health approach or step one.



Figure 1 The Childlight public health approach to CSEA



Note. Adapted from "The Public health approach to violence prevention" by U.S. Centers for Disease Control and Prevention (CDC), 2024.

A public health approach to CSEA is a multi-disciplinary and multisectoral process bringing together partners from justice to social welfare and education, recognising that preventing violence is only possible when integral actors work together.

Child abuse was initially recognised in health practice (Kempe, 1962), and the field was also led from sociology from the 1970s (see for example Finkelhor, 1982) 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 international organisations working on the issue because of the landmark World Violence and Health report (Krug et al., 2002). In 2007, the U.S. Centers for Disease Control and Prevention set up the first Violence Against Children and Youth Survey (VACS) to increase understanding of prevalence and risk factors, an effort that over more than a decade expanded to 24 countries globally. Shortly after the first VACS, 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 or the Seven Strategies for Preventing Violence Against Children through a multisectoral and multi-institutional collaboration (WHO, 2016).

Despite these promising initiatives and a push to multi-sectoral, preventative programming (UNICEF, 2017), VAC – and specifically CSEA – lag behind in applying a true global public health model for prevention. Specific challenges include (Fry & Lambourne, 2025):

- 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 (for example, intrafamilial violence).
- Persistent barriers in understanding the unique epidemiology of TF-CSEA: the failure to recognise key epidemiological differences between online and offline CSEA, how to operationalise definitions and understand exposures and harm, complicated by the separation of the system into siloed technology-facilitated CSEA actors and data.
- Resourcing with very few countries having the funding or prioritising funding for a public health approach.
- Starting with 'what works ' without data on prevalence and drivers: there is 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) across the data landscape.
- Not applying all learning from public health to CSEA and TF-CSEA issues, specifically from commercial determinants and how these create harm.

Because of these challenges, estimating CSEA and TF-CSEA is complicated by a lack of reliable, comparable data across the public health model. As such, investment does not meet the scale of support required, programming cannot be scaled, replication is diminished and prevention capabilities addressing victims and perpetrators lag behind while children continue to face CSEA (Childlight, 2025).

Why we need to add a commercial determinants lens for TF-CSEA

A commercial determinant of harm lens complements this public health lens and is particularly useful for responding to TF-CSEA by examining how business models, product design, message framing, market incentives, data practices, and corporate influence shape digital environments and ultimately patterns of harm (Fry, 2026). This perspective does not replace individual responsibility approaches. Rather, it expands the conversation and recognises that other social and economic factors influence the problem and asks how online environments themselves can be designed and governed to reduce harm before it occurs.



Figure 2 Why a public health framing (with commercial determinants) matters for online safety

	Stage 1 Individual Behaviour Framing	Stage 2 + Public Health Framing	Stage 3 + Commercial Determinants Framing
Question	• What knowledge and skills do individuals need to navigate online environments safely? • How can digital literacy and resilience reduce risk?	• What population-level factors increase risk? • What factors are protective?	• How do commercial actors, incentives and environments shape risk and harm?
Focus	• Focus is on individual behaviour change, digital literacy and parental support.	• Focus is on prevention and population health, including mental health and wellbeing.	• Focus is on systems, incentives, power and governance.
Primary mechanism for change	• Individuals and families change behaviour.	• Multiple actors work across the socio-ecological system to reduce risk and strengthen protection.	• Governments have a key role because they possess unique levers to influence commercial actors, shape commercial environments and align incentives with public health goals.
What this framing adds	• Education-based and behaviour-change interventions.	• Adds a public health suite of interventions across the socio-ecological system (e.g. INSPIRE, Model National Response and related approaches).	• Adds government levers to influence commercial actors, environments and incentives (e.g. regulation, transparency, procurement, taxation, independent research funding and conflict-of-interest frameworks).

Expanding understanding of harm → Expanding range of interventions → Expanding government levers and responsibility

Note. From Fry (2026).

A significant strength of a commercial determinants' framework is that it moves beyond describing problems and identifies practical mechanisms for change.

Governments possess unique powers that no other actors can exercise (Fry, 2026). The central contribution of this framework is not that it replaces existing approaches to online safety. Rather, it provides an additional perspective that helps identify opportunities for prevention upstream of individual behaviour and offers a well-established evidence base from which policymakers can draw for potential interventions (Fry, 2026).

The common government levers used in other industry areas include regulation, market-shaping policies, conflict of interest frameworks, independent research funding, transparency, procurement practices and taxation and levies (Fry, 2026). In Figure 3 below, each of these levers is highlighted, including for which industries these levers have been used by government, examples and possible usage cases for TF-CSEA.

Figure 3 Examples of government levers for commercial determinants of harm and how these could be applied to TF-CSEA

Government lever Key ways governments can shape commercial environments to reduce harm.	Example from other industries How it has been used in other commercial determinants of health industries.	How it could be used for online safety Ways this lever can be explored or is already being applied in digital environments.	Used in other commercial determinants of health industries Industries where governments have used this lever				
			Tobacco	Alcohol	Gambling	Unhealthy food & drinks	Road safety / automotive
Regulation Set rules and standards to reduce harm and protect people.	E.g. Plain packaging and advertising bans for tobacco; limits on alcohol advertising; mandatory seatbelt laws and speed limits.	Strengthen and expand regulatory frameworks for digital platforms (e.g. safety by design, risk assessments, algorithmic accountability, age verification, harmful content controls).	✓	✓	✓	✓	✓
Market-shaping policies Influence the conditions in which markets operate.	E.g. Zoning laws limiting alcohol outlet density; restrictions on fast food outlets near schools; plain packaging for tobacco.	Restrictions on availability of certain digital products; limits on digital product availability in schools and public services.	✓	✓	✓	✓	✓
Conflict of interest frameworks Protect decision-making from commercial influence.	E.g. Journals require conflict of interest disclosures; governments require disclosures from advisors and researchers.	Require conflict of interest disclosures for researchers, advisors, experts and industry representatives involved in online safety policy, research and standards development.	✓	✓	✓	✓	✓
Independent research funding Fund high-quality, independent research, prevention and response.	E.g. Tobacco settlement funds independent research and prevention programs.	Create dedicated, ring-fenced funding (e.g. from digital services levies) for independent research, prevention and response programs on online harms.	✓	✓	✓	✓	✓
Transparency Require disclosure of data, practices, content moderation and influence.	E.g. Tobacco companies disclose marketing spend; alcohol industry reporting requirements; vehicle safety ratings made public.	Move from self-transparency reporting to independent oversight and audits; public disclosure of algorithmic systems, content moderation practices and risk and harm data.	✓	✓	✓	✓	✓
Procurement Use purchasing power to promote health and safety.	E.g. Governments require vehicles to meet safety standards to be eligible for public contracts; public institutions require healthy food for school lunches.	Government procurement of digital services only if companies are compliant with government regulation and online safety standards.	–	–	–	✓	✓
Taxation and levies Use price signals and revenue to reduce harm and fund action.	E.g. Tobacco excise taxes; alcohol taxes; gambling taxes; sugar-sweetened beverage taxes; road use charges.	Explore taxation or levy mechanisms for tech digital business models associated with higher risk or harm potential; use revenue to support independent research, prevention and response for online safety.	✓	✓	✓	✓	✓

Note. From Fry (2026).

Moving towards a public health approach to CSEA is an important and necessary step. However, a public health framework alone does not fully explain the underlying determinants that shape digital environments and influence patterns of TF-CSEA. Many of these determinants are commercial in nature, arising from business models, product design choices, market incentives and the broader systems within which technology companies operate. This is why Childlight argues for a public health plus commercial determinants framework for CSEA.

Only by considering both population-level determinants and commercial determinants can the CSEA field develop truly comprehensive prevention strategies. Such an approach strengthens our ability not only to identify, respond to, and mitigate harms in real time, but also to create environments (including digital environments) that prevent harm from occurring in the first place. Ultimately, safeguarding children online requires more than helping individuals navigate risk. It requires addressing the systems that produce risk at scale (Fry, 2026).

1.2 What different data sources tell us

This third iteration of the index focuses on four different types of data across countries, territories and special administrative regions. These sit within three global regions: East Asia and the Pacific, North America and Latin America and the Caribbean. The types of data in the ITL Index 2026 include:

Surveys
What children and adults tell us





Frontline data
What services see

CSAM data
What online systems reveal about CSEA





System strengthening
What prevention and response capacity looks like



Victimisation surveys. Childlight conducted living systematic reviews of published surveys measuring both technology-facilitated and offline CSEA to better understand the prevalence estimates of various types of CSEA within the general population. For the 2026 Index, the regional analyses included 645 representative studies of offline forms of CSEA from 47 countries and 76 studies of technology-facilitated CSEA from 21 countries.



Frontline data. Childlight sampled and analysed various types of frontline data (or what are often called 'administrative' data) from nine countries across the three regions. These include data recorded by key public sector services on cases of child abuse that comes to their attention. Across the frontline data sample, social services data were available for six countries (Australia, Brazil, Chile, Fiji, Japan and the United States of America), health sector data for two countries (Brazil and the Philippines), education data for two countries (Japan and Chile), law enforcement data for eight countries (Australia, Brazil, Chile, Fiji, Japan, Mongolia, Timor-Leste and the United States of America). In addition to public sector service data,

Childlight analysed child helpline data from 17 countries reported to Child Helpline International. In-depth interviews were also held with 10 national child helplines. The frontline data findings are drawn both from publicly available data within selected countries and through a data sharing agreement with Child Helpline International that serves as an umbrella organisation for reporting and support for helplines globally.



Child sexual abuse material data. Childlight analysed data from five sources (including INHOPE that represents over 50 global hotlines across 53 countries, territories and special administrative regions) to highlight the scale and nature of the images and videos depicting CSEA. This material is called Child Sexual Abuse Material (CSAM) and it exists in various online environments. Each of these sources shine a light on where and how abusive images and videos appear online, from where they are hosted to where they may be downloaded (or where the offence may be occurring) and how this abusive material may be shared between users.



System strengthening data. In collaboration with INTERPOL and other partners, Childlight conducted primary research to better understand how data on TF-CSEA moves to action within law enforcement. Childlight conducted a desk review of existing legislation for all countries included in this year's index and surveyed specialist and other CSEA law enforcement units in 100 countries, including 37 participating in surveys in this year's index. The surveys examined various factors related to policing capabilities for TF-CSEA, including understanding access to CSAM data sources, training and digital forensic capabilities and national underpinning legislation. In addition, 21 in-depth interviews were conducted to better understand the national and sub-national policing landscape, with the overarching aim of strengthening law enforcement systems to use data both to protect children in real time and to prevent TF-CSEA by addressing impunity of perpetration.

Together these data sources comprise the Into the Light Index 2026. We believe that by shining a light on these multiple data sources, we can have a better understanding of the scale and nature of CSEA globally.

1.3 Building better measurement

Barriers to disclosure that drive underreporting

"Children experiencing intrafamilial sexual abuse face additional barriers to disclosure. These include the lack of a safe adult to tell; fear of losing the primary care system the child is dependent upon and threats that disclosure will result in the destruction of the family or loss of love or care; awareness of stigma surrounding intrafamilial abuse; and fear or being blamed or disbelieved, which is especially profound in older children and adolescent and adult victims. It is not uncommon to learn that children have disclosed only to experience rejection, retaliation in the form of violence or punishment or inaction by a non-offending parent or by an external authority, such as child welfare or another adult they felt they could trust. Early detection and prevention require targeted development of training curriculums for therapists, police, welfare workers, health professionals, teachers and childcare workers. It also requires ongoing professional development and supervision to expose the hidden architecture of risk that includes public and professional stigma and bias concerning intrafamilial abuse; the complex trauma victims experience that can negate disclosure and recognition of risk and harm; and the interplay of dynamics that often compound family dynamics, secrecy and avoidance."

Professor S. Caroline Taylor AM,
co-founder Brave Movement

A central focus of the Into the Light (ITL) Index is to help us improve the data landscape for measuring CSEA.

The ITL Index 2026 data give us an indication on where data are the strongest among the three regions (North America) and where specific coverage gaps exist. This gives us tremendous insights into the state of the field and areas for data improvement.

Across the ITL Index, CSAM data has the most global coverage in its data concerning the volume of reports and notices, with every country in the index this year having some type of CSAM data. This highlights the importance of this data source especially when there is a lack of national level data on CSEA. Though CSAM coverage is nearly global, certain countries appear to have limitations in their data availability to the CSAM reporting organisations used for this report, with possible alternative means of report and triage which is internally managed.

Certain populations of children remain hidden in CSEA data. This includes, but is not limited to, children living with disabilities, indigenous children, children in humanitarian settings, migrant children, LGBTQI+ youth (including gender diverse populations), children in the early years (under the age of five), as well as children experiencing intrafamilial abuse. Critical ethical and methodological challenges exist in measuring CSEA among these populations and more work in this area is required.

Gaps also exist on CSEA data for many overseas countries and territories (OCTs) and special administrative regions (SARs). The ITL Index 2026 includes data from OCTs and SARs for the first time, analysing CSEA data that are available for these jurisdictions. The data most available are CSAM data as many of these OCTs and SARs lack survey or publicly available frontline data on CSEA.

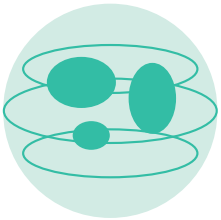
Very few countries, SARs and OCTs measure both technology-facilitated and offline CSEA prevalence. Only 21% of countries, SARs and OCTs (22 out of 103) across the three regions had both representative offline and technology-facilitated (TF-CSEA) survey data. This includes 12 countries and SARs in East Asia and the Pacific, eight in Latin America and the Caribbean and two in North America. With the weaker prevalence data coverage existing for TF-CSEA. The highest absolute coverage of capturing both technology-facilitated and offline CSEA in prevalence data was in East Asia and the Pacific, whereas both North American countries had both types of prevalence data

While frontline data are important and together form a key indicator area of the ITL Index, they are difficult to compare across countries and have many challenges. Across the data included in ITL Index 2026, recorded frontline cases have generally increased over the past decade, likely reflecting both improved detection and reporting and changes in estimated prevalence. However, trends are not uniform across countries; some systems show declining or plateauing patterns. These trends require careful monitoring and interpretation, as recorded cases are influenced by a range of factors, including reporting practices, system maturity, policy changes, help-seeking and recording thresholds, in addition to any changes in the underlying occurrence of CSEA.



Figure 4 The Into the Light Index journey

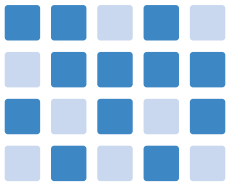
2024



Global and Regional Estimates

- Global and regional estimates
- TF-CSEA only
- Data grouped into indicator areas

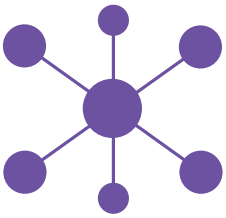
2025–2028



Country Deep Dives and Innovation

- TF-CSEA and Offline (contact) CSEA
- Country-level indicators
- 2-3 regions per year
- Methodological innovation

2029+



Epidemiological Surveillance

- Common standards
- Single surveillance system
- Real-time intelligence
- Embedded data capture

Childlight is committed to moving these data standards forward, recognising that the field needs both global coverage of CSEA data indicators (which is a focus of our ITL Index between now and 2028), but that we also need a focus on harmonising and embedding data into specific information systems, which will be the focus of the index from 2029 onwards. Simultaneously, learning from good practice is very important. This report contains various 'data beacons' or case examples of promising data practice to help build these data foundations.

Part 2: COUNT

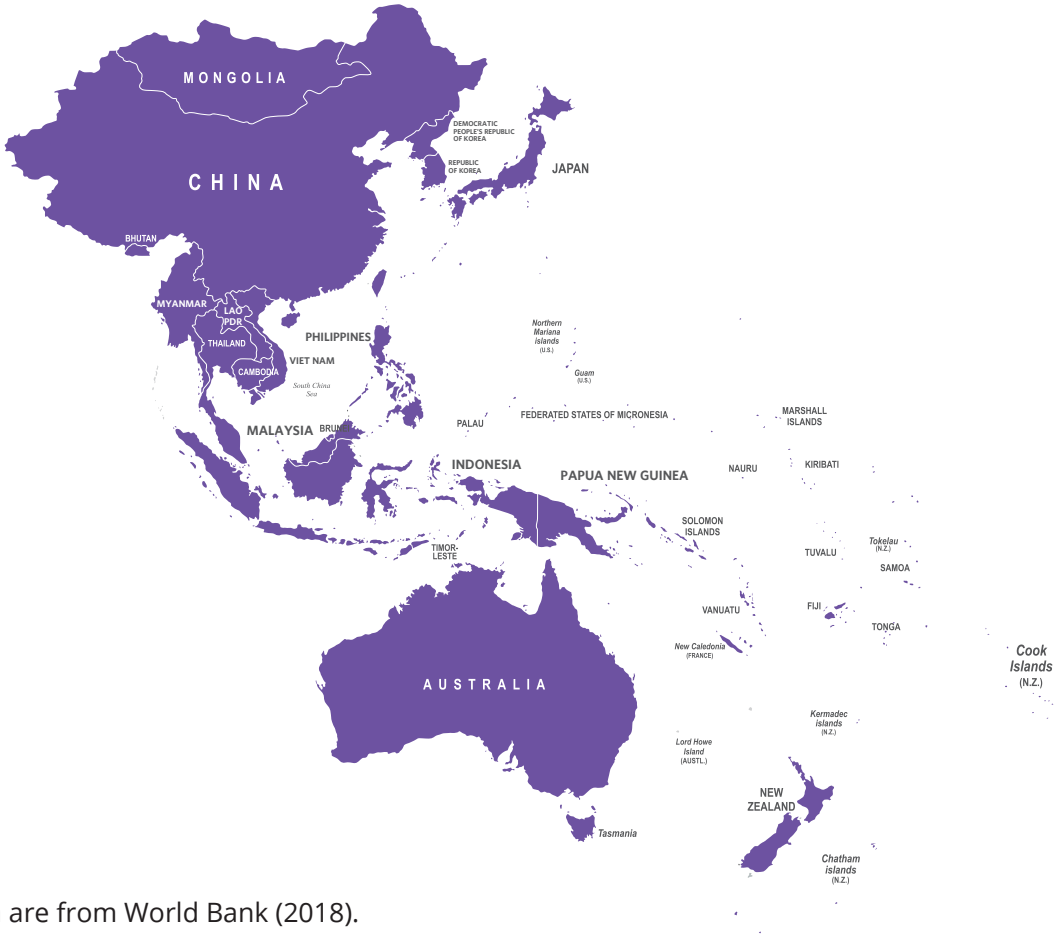
The count section of this report specifically focuses on the ITL Index 2026 data separated out by region according to UNICEF classifications: East Asia and the Pacific, North America and Latin America and the Caribbean. Data are presented by each of the indicator areas including victimisation survey data, frontline 'administrative' data, CSAM data and system strengthening data. The objective is to describe the scale and characteristics of CSEA across these regions. These data are complemented by the online visual dashboard which includes country profiles, the detailed Technical Note documenting how the data was captured and analysed, as well as open access datasets for each of our indicator areas where possible. These materials are linked through the main Into the Light Index digital dashboard.



2.1 East Asia and the Pacific

The ITL Index 2026 includes data for 33 countries according to the UNICEF classification in the East Asia and Pacific region and an additional 13 OCTs and SARs in the region for a total of 46 countries, SARs and OCTs, accounting for approximately 22% of the world's children (UNICEF, 2025).

Figure 5 Map of the East Asia and Pacific region



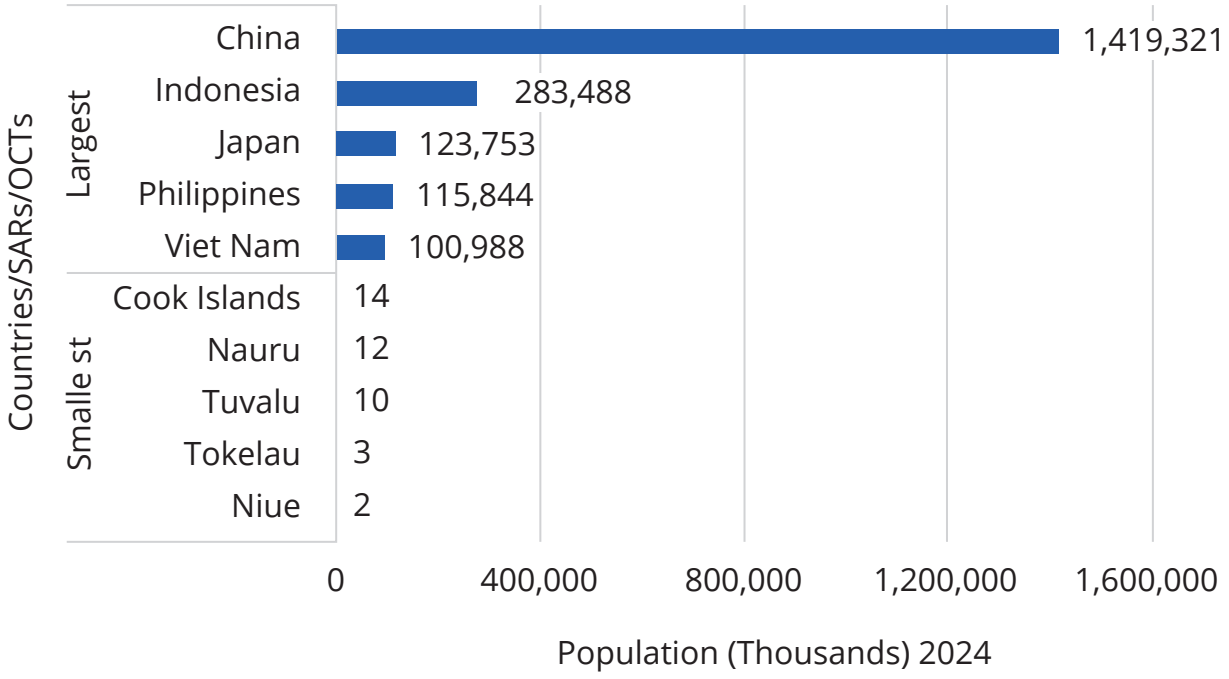
Note. Data are from World Bank (2018).

Regional context

Population trends

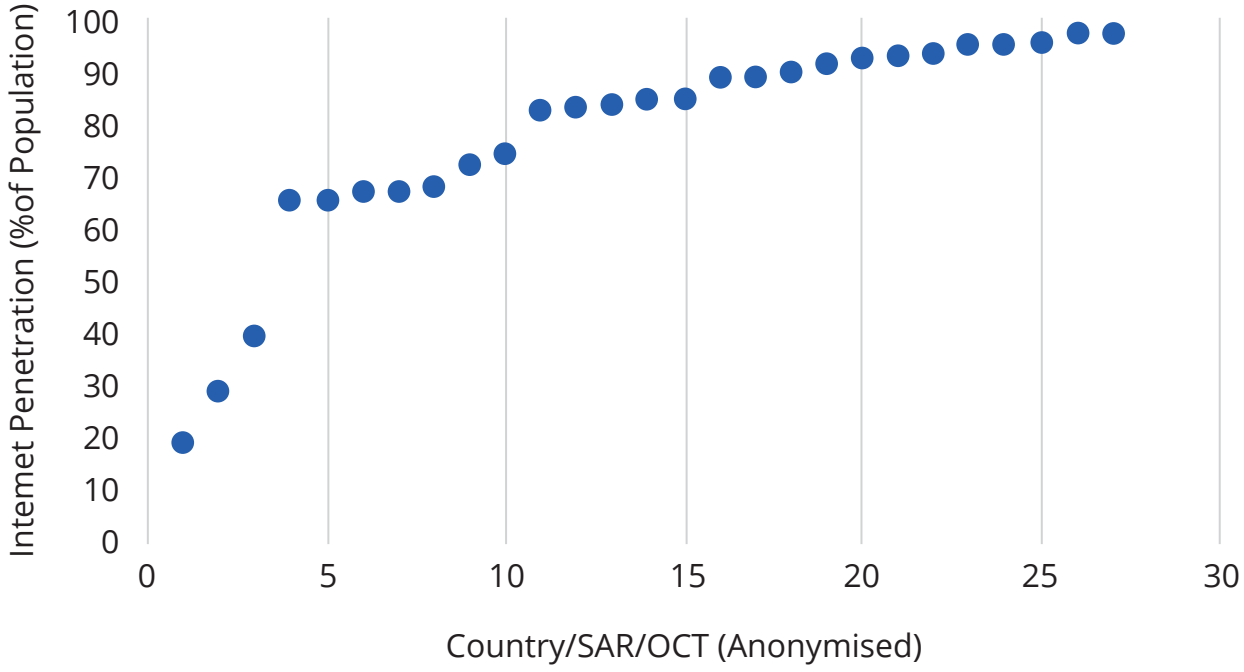
Countries, SARs and OCTs in the East Asia and Pacific region vary significantly in population size, ranging from small island states with fewer than 5,000 (for example, Niue and Tokelau), to China with over 1.4 billion people (UNICEF, 2025). Internet penetration also varies significantly, ranging from 19% of the population (Papua New Guinea) to 98% (Malaysia) (World Bank, 2026). Further, several countries, SARs and OCTs in the region are missing internet penetration data (ibid).

Figure 6 Smallest and largest populations (thousands) in the East Asia and Pacific region in 2024



Note. Data are from UNICEF (2025).

Figure 7 Internet penetration: Percentage of the population in the East Asia and Pacific region with access to the internet in 2024



Note. Data are from World Bank (2026).

Socio-political forces

Hidden populations	Colonial legacy	Political and social diversity	Regional bodies and organisations

Prevention and response landscape

A complementary perspective is provided by the Out of the Shadows Index (OOSI), researched and developed by Economist Enterprise, with advocacy and engagement led by Together for Girls. While Childlight's Into the Light Index measures the prevalence and nature of CSEA, the Out of the Shadows Index assesses national efforts to prevent and respond to sexual violence against children, including the laws, policies, programmes and services countries have in place. Its findings therefore provide useful context on the wider systems for prevention and response across the regions.

Across the 11 countries assessed in East Asia and the Pacific, the 2026 OOSI assesses national efforts to prevent and respond to sexual violence against children using 23 indicators across four areas: governance and accountability, prevention, healing and justice. Indicators covering laws, policies, strategies and services are combined into scores ranging from 0 to 100, with higher scores indicating that more of the assessed measures are in place. Across these 11 countries, the average score was 58.3 out of 100. Scores were higher for healing (61.8) and justice (61.5) than for governance and accountability (52.4) and prevention (52.1), pointing to stronger systems for responding to sexual violence after it occurs than for preventing it and strengthening the wider enabling environment (Economist Enterprise & Together for Girls, 2026).

Childlight data coverage

The visual below shows the number of countries, SARs and OCTs included in the Into the Light Index (2026), by data area. The data measure child sexual exploitation and abuse (CSEA), technology-facilitated CSEA (TF-CSEA) and child sexual abuse material (CSAM).

Figure 8 **Data coverage in the East Asia and Pacific region**

43 Jurisdictions with CSAM Data	**6** Public sector data sample countries	**8** Helpline data sample countries
11 Jurisdictions with system strengthening survey responses and 5 interviews	**25** Jurisdictions with offline victimisation survey data and 239 unique studies (139 from China)	**12** Jurisdictions with TF-CSEA victimisation survey data and 38 unique studies

Note. Additional qualitative evidence and civil society data are available for this region, offering further context on the scale, nature and lived experiences of harms.



What do we know about victimisation?

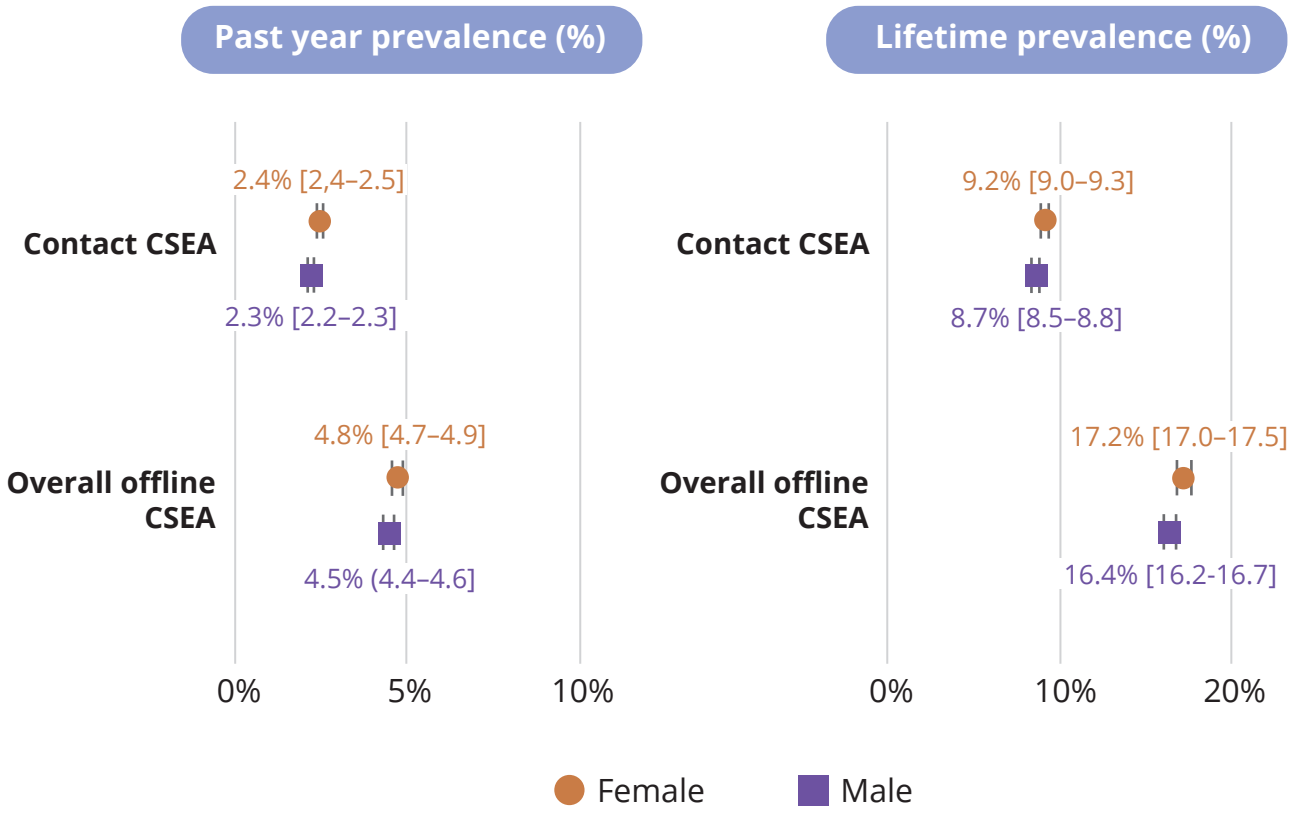
Offline CSEA

A systematic review of studies published between January 2010 and August 2024 was conducted, including a total of 1,159 studies covering 147 countries. Evidence from East Asia and the Pacific included 239 studies across 22 countries. Bayesian hierarchical models were used to estimate the regional prevalence of offline CSEA (see Technical Note for additional details).

Regional estimates of offline CSEA disaggregated by sex and/or gender

Figure 9 presents the regional prevalence estimates of contact and overall offline CSEA in East Asia and the Pacific by sex and/or gender and recall period. Overall, the findings suggest a consistent regional pattern across recall periods, with lifetime estimates higher than past-year estimates and overall offline CSEA estimates higher than contact-only estimates. Female and male estimates were broadly similar across all measures.

Figure 9 **Prevalence estimates of offline CSEA in East Asia and the Pacific, by subtype, sex and/or gender and recall period**



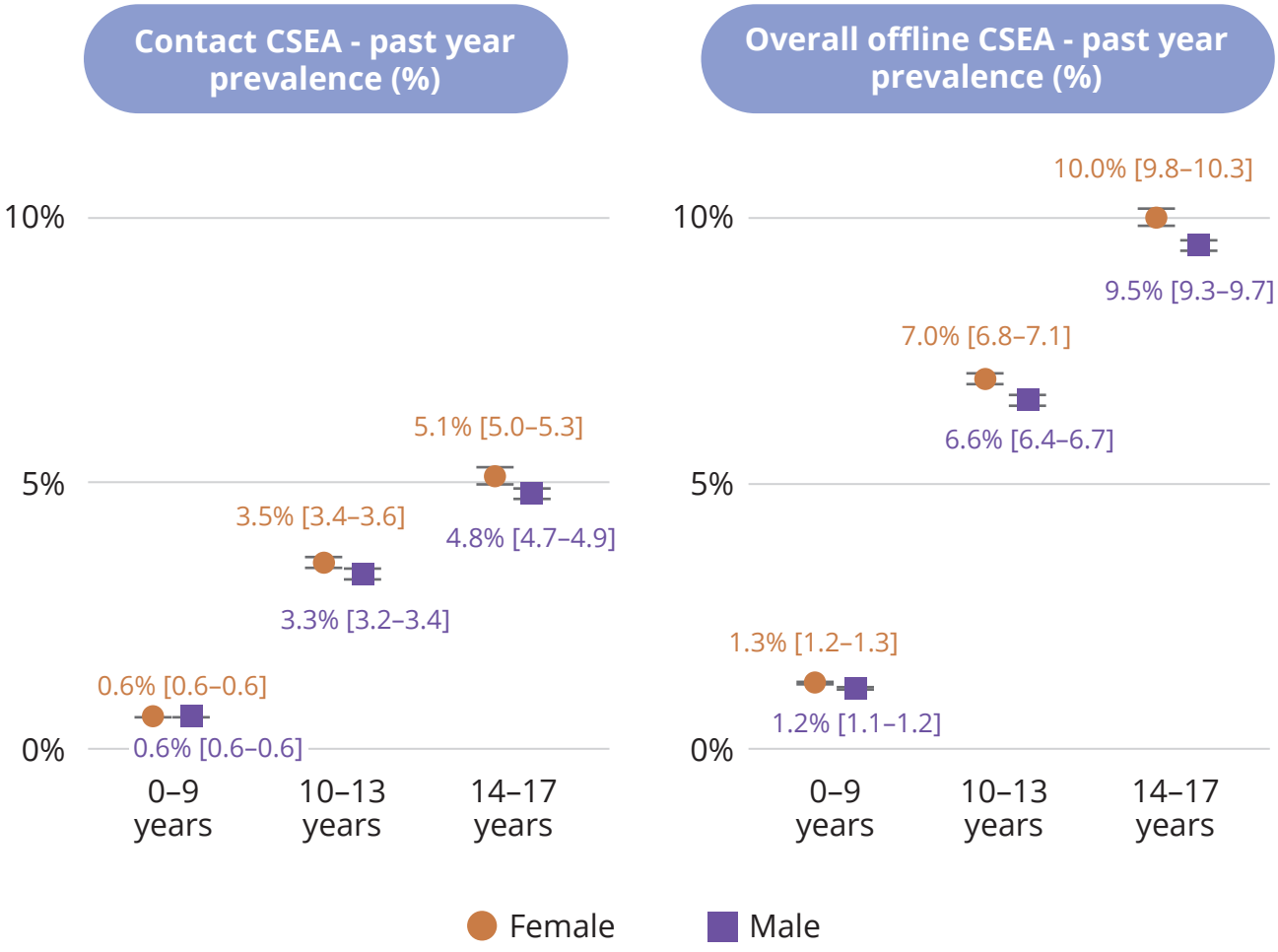
Note. Publication years of studies included in the meta-analysis: 2010–2024. Error bars show the uncertainty around each point estimate (95% uncertainty interval).

For lifetime contact CSEA, the prevalence estimate was 9.2% (95% UI: 9.0–9.3) for females and 8.7% (95% UI: 8.5–8.8) for males. When contact and non-contact experiences were analysed together, the lifetime prevalence of overall offline CSEA was 17.2% (95% UI: 17.0–17.5) for females and 16.4% (95% UI: 16.2–16.7) for males.

Past-year estimates were lower but followed a similar pattern. The prevalence of past-year contact CSEA was estimated at 2.4% for females (95% UI: 2.4–2.5) and 2.3% for males (95% UI: 2.2–2.3), while the prevalence of past-year overall offline CSEA was estimated at 4.8% for females (95% UI: 4.7–4.9) and 4.5% for males (95% UI: 4.4–4.6).

Offline CSEA Age-disaggregated past-year estimates

Figure 10 **Past-year prevalence estimates among 0-17-year-olds of offline CSEA in East Asia and the Pacific, by subtype, sex and/or gender and age group**



Note. Publication years of studies included in the meta-analysis: 2010–2024. Error bars show the uncertainty around each point estimate (95% uncertainty interval).

Estimated past-year prevalence was higher among older age groups, with the highest estimates observed among adolescents aged 14–17 years. This pattern was consistent for both contact CSEA and overall offline CSEA, with broadly similar estimates for females and males within each. Estimated past-year prevalence increased across childhood for both females and males.

For contact CSEA, estimates rose from 0.6% for both females and males aged 0–9 years, to 3.5% (95% UI: 3.4-3.6) for females and 3.3% (95% UI: 3.2-3.4) for males aged 10–13 years, and 5.1% (95% 5.0-5.3) for females and 4.8% (95% UI: 4.7-4.9) for males aged 14–17 years.

For overall offline CSEA, estimates increased from 1.3% (95% UI: 1.2-1.3) for females and 1.2% (95% UI: 1.1-1.2) for males aged 0–9 years, to 7.0% (95% UI: 6.8-7.1) and 6.6% (95% UI: 6.4-6.7) respectively among those aged 10–13 years, and 10.0% (95% UI: 9.8-10.3) for females and 9.5% (95% UI: 9.3-9.7) for males aged 14–17 years.

Overall, the age-specific estimates suggest that past-year offline CSEA increases with age, while sex and/or gender differences remain relatively small across age groups.

Data beacon: Privacy-enhancing survey methods in countries with limited evidence



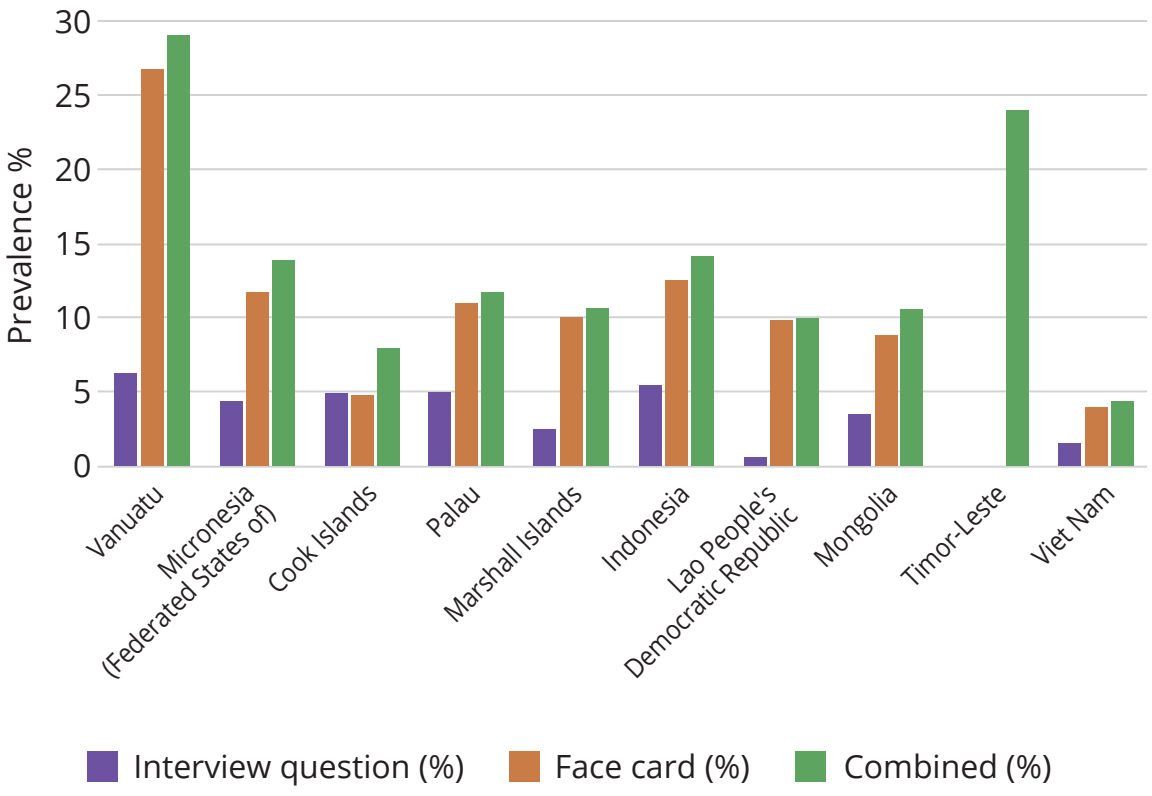
In several East Asia and the Pacific countries, population-based evidence on CSEA remains limited. Surveys adapted from the WHO multi-country study show how survey design can influence disclosure. Findings are based on adult women reporting on experiences of sexual abuse during childhood.

In these surveys women were asked about childhood sexual abuse through direct face-to-face questioning and were also given an anonymous face card response option. The card allowed respondents to indicate whether they had experienced child sexual abuse without stating their answer aloud to the interviewer. The privacy-enhancing method was applied specifically to the child sexual abuse item. Because the face card was completed after the interview, differences between the two methods may reflect both increased privacy and the additional opportunity and time to disclose.

Across most countries with method-specific estimates, disclosure of childhood sexual abuse was considerably higher through the anonymous face card than through the direct interview question. A broadly consistent pattern was observed across countries, with the Cook Islands as the only exception. Combined estimates, incorporating disclosure through either method, were consistently higher than estimates obtained through direct interview alone.

These findings illustrate a longstanding challenge in measuring childhood sexual abuse: disclosure can be influenced by how sensitive questions are asked. Privacy-enhancing approaches may for child sexual abuse questions may identify experiences that respondents are reluctant to disclose directly to an interviewer. Shame, stigma and fear may discourage disclosure; anonymous response options may help survivors report experiences they would otherwise withhold (Cagney et al., 2025). The method illustrates how the design of a single highly sensitive survey question can influence what becomes visible in prevalence data.

Figure 11 **Reported prevalence of childhood sexual abuse according to response method across selected East Asia and Pacific countries**



Note. Combined estimates include women who disclosed childhood sexual abuse through either the direct interview or anonymous face card method. Method-specific estimates were not available for Timor-Leste.

Perpetrators of offline CSEA

The systematic review was subsequently updated to include studies published up to December 2025. We also conducted additional random-effects meta-analyses for perpetrator categories where sufficient evidence was available, including any perpetrator, family members and peers (see Technical Note for additional details). The estimated prevalence for contact CSEA perpetrated by family members was approximately 40% of the corresponding estimate for contact CSEA perpetrated by any perpetrator. As most of the available evidence was provided by studies from China, this finding should be interpreted with caution. Further details on the evidence and its limitations are provided in the China country profile below. And these relative estimates are based on population-based survey data and should not be interpreted as the proportion of perpetrators among reported or administratively recorded cases.

Technology-facilitated CSEA (TF-CSEA)

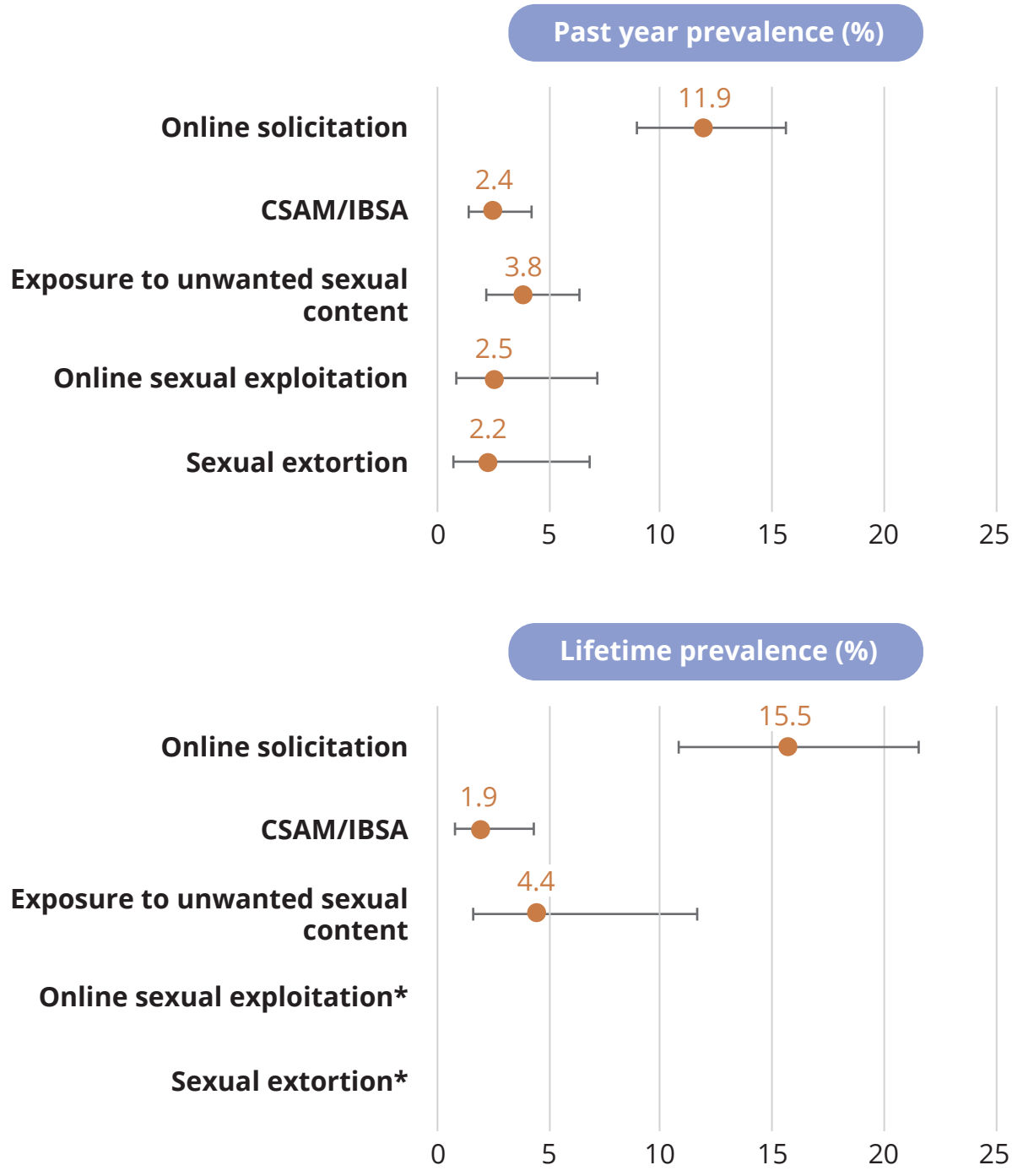
In total, 38 publications covering 10 countries in East Asia and the Pacific reported data on at least one type of TF-CSEA. These studies were published between 2011 and 2025 and conducted between 2006 and 2025. For the regional analysis, all five TF-CSEA subtypes – online solicitation, child sexual abuse material/image based sexual abuse (CSAM/IBSA), exposure to unwanted sexual content, sexual extortion and online sexual exploitation – had sufficient data coverage (that is, four or more studies) for producing the updated estimates for this region.

Regional estimates of technology-facilitated CSEA (TF-CSEA)

Experiences of online solicitation in the East Asia and Pacific region remain relatively high at 15.5% (95% CI:10.8-21.5) across their childhood and at 11.9% (95% CI: 8.9-15.6) in the past year (see Figure 12). Children also reported experiencing exposure to unwanted sexual content, with 3.8% (95% CI: 2.2-6.3) of children experiencing this harm in the past year, and 4.4% (95% CI: 1.6-11.6) recalling exposure at some point prior to turning 18. Sufficient data was also identified for the CSAM/IBSA that showed prevalence at 2.4% (95% CI: 1.4–4.1) for the past-year and 1.9% (95% CI: 0.9–4.2) in lifetime (before the age of 18). An estimate for the past-year exposure to sexual extortion was also produced for this region, based on relatively good number of sources. Prevalence of this type of TF-CSEA was estimated at 2.2% (95% CI: 0.7-6.8). East Asia and the Pacific was also the only region we were able to produce an estimate for online sexual exploitation (2.5% [0.8-7.1]) for the past-year recall. Those estimates were based solely on findings from the Disrupting Harm surveys conducted in those regions.



Figure 12 **Prevalence estimates of TF-CSEA in East Asia and the Pacific, by subtype and recall period**



* No data available

Note. Past year and lifetime estimates are based on different sets of studies. Publication years of studies included in the meta-analysis: 2011–2025. Error bars show the uncertainty around each point estimate (95% confidence interval).

Prevalence estimates of TF-CSEA in East Asia and the Pacific, by sex and/or gender, subtype and recall period

In total, 18 of 38 studies reported data disaggregated by sex. They were published between 2011 and 2026 and conducted between 2009 and 2025. Three TF-CSEA subtypes – online solicitation, child sexual abuse material/image based sexual abuse (CSAM/IBSA) and exposure to unwanted sexual content – had sufficient data coverage for producing the updated estimates of victimisation in males and females in this region.

Experiences of online solicitation were frequently reported in East Asia and the Pacific by both males and females, showing similar level of exposure to this type of harm, 10% (95% CI: 4.6-20.4) and 8.7% (95% CI: 5.2-14.2) in the past year and more pronounced differences in lifetime- 21.2% (95% CI: 16.1-27.4) and 13.4% (95% CI: 8.5-20.6)- for females and males respectively (see Figure 13 below). For past-year exposure to unwanted sexual content, prevalence was at 4.3% (95% CI: 1.2-14) among females compared with 6.1% (95% CI: 2.4-14.5) among males. For lifetime recall, 2.7% (95% CI: 0.7-10.4) of males and 1.6% (95% CI: 0.6-4.6) of females reported this type of TF-CSEA. Sufficient data for CSAM/IBSA stratified by sex were also available allowing to estimate prevalence at 1.4% (95% CI: 0.7-5.5) among females compared with 2.4% (95% CI: 1.2-4.6) among males in the past year (at the time of the data collection). For lifetime recall, the pattern of gender differences was consistent with the past-year, showing again that slightly more males (1.9% [1.0-3.8]) than females (1.4% [0.4-4.5]) were affected by the image-based sexual abuse.

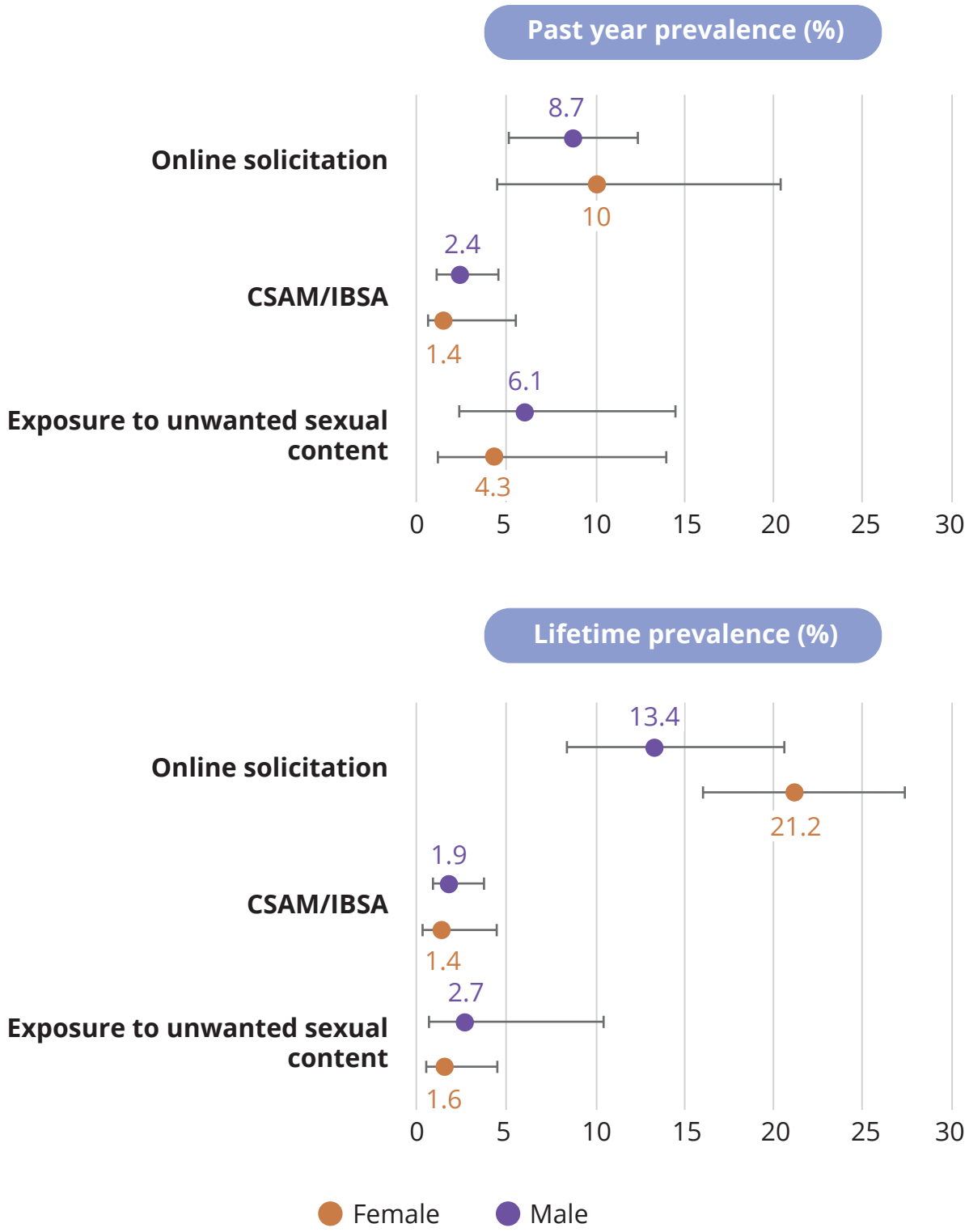
Please note, the confidence intervals for females and males overlapped substantially, indicating considerable uncertainty around the respective estimates. The available data do not provide clear evidence that the identified discrepancies in exposure reflect meaningful or statistically significant sex and/or gender differences. The observed difference should therefore be interpreted with caution and regarded as a descriptive pattern rather than a definitive difference in exposure between females and males.

Overseas countries and territories (OCTs) and special administrative regions*

Additional random-effects meta-analysis was conducted for special administrative regions and territories analysed separately, the estimated lifetime prevalence of contact CSEA in Hong Kong was 2.7% (95% CI: 0.9%–8.1%). In Taiwan, the estimated past-year prevalence of sexual assault was 8.1% (95% CI: 3.5%–17.8%). Evidence from Macau was limited, with only one study reporting a lifetime prevalence of 10.6% for combined contact and non-contact CSEA.

* The included countries and territories are each unique in their populations size, degree of self-governance and ties to another country. These factors have direct impacts on the presence and development of many public services, such as policing and reporting systems. Moreover, it can also impact the degree to which they facilitate internet access and hosting. The comparisons included should be taken with considerable caution as this is one measure of harm to children with many factors impacting the availability of data and may misrepresent the true nature and scale of CSEA in each.

Figure 13 **Prevalence estimates of TF-CSEA in East Asia and the Pacific, by sex and/or gender, subtype and recall period**



Note. Past year and lifetime estimates are based on different sets of studies. Publication years of studies included in the meta-analysis: 2011–2026. Error bars show the uncertainty around each point estimate (95% confidence interval).

Country profile: Australia



The Australian Government's National Strategy to Prevent and Respond to Child Sexual Abuse (2021–2030) has an explicit focus on strengthening the evidence-base to better inform strategies and responses. Victimisation survey evidence provides population-based estimates of CSEA, including experiences that may never be reported to authorities. In Australia, evidence from 21 studies was identified, with random-effects meta-analysis undertaken for outcomes reported by at least four studies. The pooled lifetime prevalence of contact CSEA was 4.1% among males (95% CI: 3.1%–5.5%), 13.0% among females (95% CI: 11.4%–14.8%), and 8.3% overall (95% CI: 6.5%–10.6%). For combined contact and non-contact CSEA, pooled lifetime prevalence was 16.4% among males (95% CI: 6.0%–37.6%), 21.3% among females (95% CI: 13.9%–31.2%), and 19.8% overall (95% CI: 12.6%–29.9%). Estimates were higher among females than males. However, combined contact and non-contact estimates should be interpreted cautiously given wide confidence intervals.

Administrative data provide an important complementary perspective by documenting cases that come to the attention of authorities and enabling trend monitoring and case-characteristic analysis over time. Australia operates as a federation with six states and two self-governing territories. This creates seven distinct jurisdictions with different laws, definitions and recording practices, which means that data collected across these systems are not directly comparable. Despite this fragmentation, Australia has well-established national systems covering police and social service sectors. Police recorded data across States, published by the Australian Bureau of Statistics (ABS), capture incidents reported to or detected by police, while the Australian Institute of Health and Welfare (AIHW) Child Protection Data Collection records unique children with substantiated sexual abuse notifications. These sources do not measure underlying prevalence, but they help contextualise survey findings and identify how recorded cases vary by age, sex, jurisdiction and victim-perpetrator relationship and crime type.

Across administrative sources, females account for the majority of recorded victims, and older children and adolescents comprise a larger proportion of recorded cases than younger children, patterns that are broadly consistent with the higher lifetime prevalence observed among females in survey evidence. However, the two administrative systems show differing trends over time: police recorded data indicate an overall increase in recorded CSEA cases over the past decade, whereas child protection data show a



general decline in substantiated sexual abuse cases with some recent fluctuations. These differences are not necessarily contradictory as they reflect different points in the response pathway (incidents reported/detected by police versus substantiated concerns following statutory assessment) and can be influenced by reporting behaviour, policy and practice.

Opportunities remain to strengthen both evidence streams and their interpretability together. Priorities include more granular age groupings (for example, 0-4, 5-9, 10-13, 14-17 years), improved classification of abuse types (including technology-facilitated CSEA) and more consistent cross-tabulation of abuse type with victim and perpetrator age/sex and victim-perpetrator relationship to support comparability across jurisdictions and over time. Given the diversity in legislation governing Australian police and child protection responses, being able to compare across State-based jurisdictions will provide insight into the effectiveness of differing approaches. Strengthening administrative data collection from health and education systems in Australia will also increase understandings of CSEA in the nation.

What do we know about Child Sexual Abuse Material (CSAM)?

CSAM rate

The CSAM rate is a measure that looks at CSAM availability for countries by its population (per 10,000 population). 'Availability' refers to CSAM that has been reported from this country and CSAM that is being hosted within the country. Reports from NCMEC refer to the likely place of abuse or location of reporting source as provided by companies to NCMEC – whereas hosting concerns the location of the server where the content is stored electronically (Childlight, 2025). The CSAM rate is an index of activity visible in two different ways: actual in-country activity and online hosting; it should not be interpreted as the prevalence or incidence of CSEA among children in that jurisdiction.

Table 1 **CSAM rates in East Asia and the Pacific per 10,000 population, 2025**

Country/Territory/ Special Administrative Region	CSAM Rate 2025
Australia	41.29
Brunei	36.54
Cambodia	31.58
Cook Islands	34.68
Federated States of Micronesia	15.13
Fiji	29.07
Guam	23.91
Hong Kong	28.81
Indonesia	41.35
Japan	20.78
Kiribati	20.51
Laos	32.51
Macau	10.36
Malaysia	59.62
Marshall Islands	19.84
Mongolia	20.20
Myanmar	8.06
Nauru	25.78
New Zealand	62.17
Niue	Not Available
Democratic People's Republic of Korea	Not Available
Palau	36.23
Papua New Guinea	8.17
Peoples Republic of China*	0.07
Philippines	91.59
Samoa	11.86
Singapore	41.72
Solomon Island	4.82
Republic of Korea	12.04
Taiwan	18.45



Country/Territory/ Special Administrative Region	CSAM Rate 2025	Country/Territory/ Special Administrative Region	CSAM Rate 2025
Thailand	38.57	Tuvalu**	152.76
Timor-Leste	27.87	Vanuatu	23.57
Tonga	9.93	Viet Nam	78.22

Note. CSAM rates calculated by combining reports and notices for CSAM and dividing by country population per 10,000 population.

Child Sexual Abuse Material (CSAM) figures and rate calculations reflect material detected or reported within each source's coverage and reporting arrangements. They do not measure national prevalence or provide a reliable basis for ranking countries by underlying levels of abuse. Low or absent recorded figures may reflect limited detection or reporting capacity rather than low levels of harm.

*The Peoples Republic of China manages nearly all the discovery, analysis and removal of CSAM at a governmental level with little data sharing outside of the country.

** This figure is higher than the total number of reports/notices due to the population size under 10,000 people

Data are from INHOPE (2026), the 2025 CyberTipline Report (NCMEC, 2026) and UN Population Data Portal (2023–2025).

The East Asia and Pacific region displayed a diverse range in CSAM availability during the 2025 reporting period, with countries such as People's Republic of China having a rate of below 1 report/notice per 10,000 population (0.07) to Tuvalu with the highest CSAM rate of 152.76*. Differences in CSAM rates are likely influenced by a range of factors, including technological infrastructure, detection capacity, reporting practices and regulatory environments where further research is needed to shine a light on the drivers of CSAM. Tuvalu's CSAM rate is notably higher than the previous two years with a CSAM rate above the actual number of reports due to a low population. Additionally, the six years of NCMEC data, 2020-2025, shows 2025's report volume as an outlier. Comparatively, the regional average was 31.06, and, although not the highest, countries such as the Philippines (91.59) and Viet Nam (78.22) stand out as the most populous outliers within the region having almost triple the availability rate.

*Limited coverage by reporting platforms, differences in detection and referral capacity, governmental mandates, incomplete geographical information, very small populations and weaker connections with international reporting networks may all reduce the visibility of CSAM in these datasets.



Country profile: The Philippines



The Philippines is a geographically diverse archipelago of more than 7,600 islands and home to around 38 million children under the age of 18 (Philippine Statistics Authority, 2025).

The following represents Child Sexual Abuse Material (CSAM) rate by year for the Philippines:

Table 2 **CSAM rate per 10,000 population in the Philippines, 2023–2025**

	2023	2024	2025
CSAM Availability Rate	238.57	148.58	91.59

Note. Child Sexual Abuse Material (CSAM) figures and rate calculations reflect material detected or reported within each source's coverage and reporting arrangements. They do not measure national prevalence or provide a reliable basis for ranking countries by underlying levels of abuse. Low or absent recorded figures may reflect limited detection or reporting capacity rather than low levels of harm.
Data are from the 2024-2026 CyberTipline Reports (NCMEC, 2026), INHOPE (2024-2026) and UN Population Data Portal (2023–2025).

The figures represent a decrease in the apparent availability of CSAM in the Philippines in both hosting and reporting. In 2023, the Philippines accounted for 41% of regional NCMEC reports and has since dropped in 2025 to 27%. Although the regional proportion did lower slightly in 2024 by 2%, the noticeable drop was between 2024-2025 of 11%. However, although decreasing, it is still the second highest CSAM rate for the region.

In the Philippines, six population-based studies examining contact CSEA were identified, of which four contributed estimates to the meta-analysis. Random-effects meta-analyses were undertaken where at least four studies were available. Based on four studies, the pooled lifetime prevalence of contact CSEA among females was estimated at 3.1% (95% CI: 1.4–6.5%).



The available evidence focused predominantly on female victimisation. The 2013 Demographic and Health Survey reported a past-year contact CSEA prevalence of 1.8% among girls aged 15–17 years. Two subsequent Demographic and Health Surveys reported lifetime contact CSEA prevalence among girls in the same age group, at 2.3% in 2017 and 3.2% in 2022. Overall, the evidence remains limited, particularly for males and younger children. It is important to note that DHS has been reported to yield lower prevalence estimates of childhood sexual violence than other survey instruments, reflecting its narrower operational definition (UNICEF, 2022).

Law enforcement promising practice

The Philippines has established international collaboration through the Philippine Internet Crimes Against Children Center (PICAC). Established in 2019, PICAC serves as a hub that strengthens the country's response to online CSEA by bringing together national and international law enforcement partners. The hub hosts weekly meetings to discuss ongoing cases, coordinate investigative activities and share intelligence and capabilities. This integrated approach enables more coordinated investigations and strengthens the identification of victims and offenders across jurisdictions. The centre works in close partnership with a wide range of international agencies, including the UK National Crime Agency (NCA), Australian Federal Police (AFP), U.S. Federal Bureau of Investigation (FBI), Homeland Security Investigations (HSI), Dutch National Police, Canadian law enforcement authorities and police agencies from Germany, France, Norway and Switzerland, alongside non-governmental partners such as the International Justice Mission (IJM).

In addition to specialist online CSEA investigators, financial investigators are involved where appropriate to identify, investigate and disrupt the financial aspects of offending. When investigations indicate financial gain from online CSEA, cases are coordinated with the Anti-Money Laundering Council (AMLC) to pursue parallel money laundering investigations. As online CSEA is recognised as a predicate offence for money laundering under Philippine law, authorities can investigate and prosecute both the exploitation offence and associated financial crimes.

CSAM hosting and reporting trends

Hosting and reporting trends for CSAM differ between countries the East Asia and Pacific region. The Philippines, Viet Nam, Malaysia and New Zealand are in the upper tier of the distribution of CSAM, while East Asian economies (Hong Kong, Japan, Republic of Korea, Taiwan and Macau), cluster substantially lower. Though low reporting in highly populated and technologically stable regions should be investigated as a potential blind spot rather than an assumed success in deterrence.

Regarding hosting and reporting, Indonesia, the Philippines and Viet Nam accounted for the largest shares of NCMEC reports in East Asia and the Pacific, representing 30.2%, 27.3% and 15.0% of the regional total respectively. The large population may be a major reason for explaining Indonesia's NCMEC share. However, population size alone does not fully account for this regional distribution: the Philippines has a population far smaller than Indonesia's, yet its number of reported cases is very close to that of Indonesia; similarly, Viet Nam's share is also quite substantial relative to its population size.

Hosting-related data exhibited a varied geographical pattern. Viet Nam accounted for 60.3% of INHOPE notices in the region, followed by Malaysia with 30.1% and Japan with 5.3%. Together, these three countries accounted for 95.7% of regional INHOPE notices. IWF notices were even more concentrated: Malaysia accounted for 73.5% (n: 17, 046) of the regional total, followed by Viet Nam with 14.4% (n: 3344) and Hong Kong with 8.4% (n: 1959). Together, these countries and territories accounted for 96.3% of all IWF notices in East Asia and the Pacific.

No CSAM reports or notices were recorded for Niue or the Democratic People's Republic of Korea in the 2025 data. Low or zero values do not necessarily indicate that CSAM was absent in these countries. Limited coverage by reporting platforms, differences in detection and referral capacity, incomplete geographical information and weaker connections with international reporting networks may all reduce the visibility of CSAM in these datasets.



Country profile China: Connecting survey evidence with a state-led child protection data system



China is home to approximately 270 million children under 18, the world's second-largest child population and approximately 55% of all children in East Asia and the Pacific (UNICEF, 2025). Understanding CSEA in China draws on two distinct sources: survey-based research documenting experiences of abuse and administrative data generated through reporting, investigation and online content-governance processes.

China has generated a sizeable body of survey research on offline CSEA. A systematic review of studies published between 2010 and 2025 identified 130 studies. Meta-analysis estimated the lifetime prevalence of combined contact and non-contact CSEA at 7.6% (95% CI: 6.2–9.4; 68 studies). The corresponding estimates were 3.5% for contact CSEA (95% CI: 2.3–5.2; 32 studies) and 5.3% for non-contact CSEA (95% CI: 3.4–8.1; 22 studies). In sex-disaggregated analyses, pooled prevalence estimates were broadly comparable between males and females, although males had slightly higher estimates for several outcomes. As these findings are based on unadjusted meta-analyses, they should be interpreted cautiously; nevertheless, they underline the importance of recognising boys as potential victims alongside girls. Much of the evidence comes from secondary school or university students, older adolescents, or young adults recalling childhood experiences. Some studies cover schools, cities, or provinces, while broader health and risk-behaviour surveys may include only limited CSEA measures. More regular, dedicated and nationally representative research, including younger and out-of-school children, would strengthen the existing evidence base. Additionally, population-weighted modelling was applied to regional estimates. Given China's large population within East Asia and the Pacific, estimates from China carry substantial weight in the regional estimates and should be considered when interpreting the regional findings.

China has a comparatively large and growing evidence base, with 130 studies included in this review. However, pooled estimates are accompanied by wide uncertainty intervals particularly for past year CSEA, reflecting substantial heterogeneity across the available evidence. Previous meta-analyses of child sexual abuse in China (Ji et al., 2013; Ma, 2018) have similarly identified considerable variation in prevalence estimates associated with geographic region, study population, definitions and measurement instruments, data collection methods and the period in which data were collected. This variation may reflect both methodological

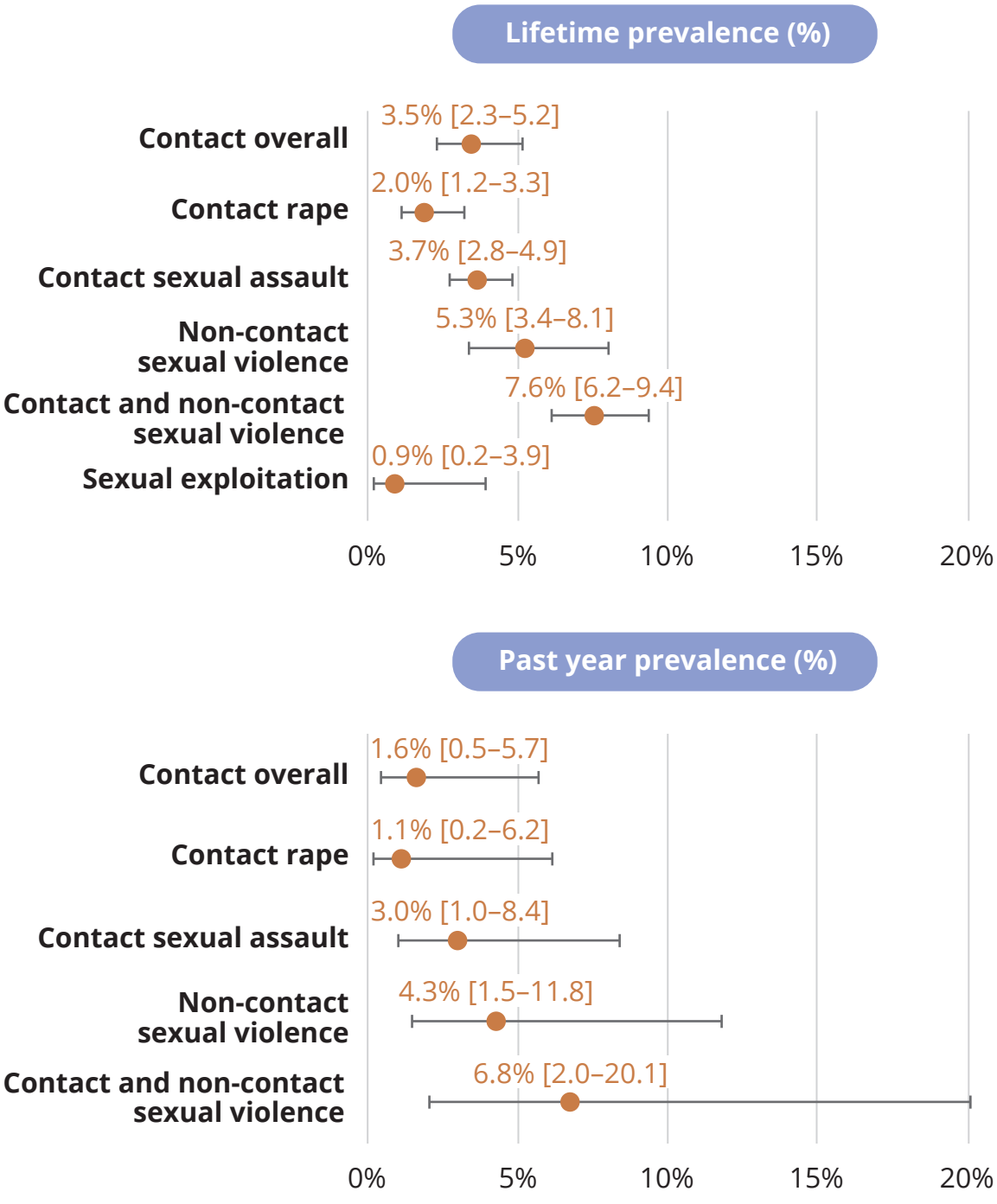


differences between studies and genuine differences in experiences across China's large and diverse population. Large individual study samples therefore do not necessarily translate into precise national estimates when substantial study heterogeneity remains. Rather than excluding these studies, we retain them within the evidence base and reflect this heterogeneity through the uncertainty intervals around the estimates. This is particularly important given the relatively recent expansion of research on CSEA in China and the value of making the growing evidence base visible while remaining transparent about the current limits to national level precision.

Information on CSAM is generated through a different system. Whereas a commonly used tripartite model divides responsibilities among civil-society hotlines, internet companies and law-enforcement agencies, China incorporates reporting and response within a broader, state-led online content-governance framework. Reports are received through government-affiliated channels, including the Centre for Reporting Illegal and Harmful Information (telephone hotline number 12377) and the hotline operated by the Office of the Working Group on Combating Pornography and Illegal Publications (telephone hotline number 12390), while public security authorities undertake criminal investigations and interdepartmental coordination. Within this framework, reports relating to CSAM may be handled alongside other categories of illegal or harmful online content. In the international datasets reviewed, China-linked reports account for 0.24% of NCMEC reports and 0.04% of CSAM hosting recorded by INHOPE. These figures indicate limited visibility within those international systems and should not be interpreted as a measure of the underlying burden of CSAM in China. China's state-led administrative model operates within a wider legal and institutional context shaped by data localisation, cyber sovereignty and the regulation of overseas NGOs. Integrating reporting and investigation within one administrative structure may facilitate interdepartmental coordination, although limited publicly available information makes it difficult to assess the system's coverage and outcomes.

China's survey research and state-led administrative data systems provide a foundation for strengthening the evidence base on CSEA. The principal opportunity is not simply to collect more data, but to connect nationally representative prevalence research with transparent and disaggregated administrative information. A dedicated national survey, clearer identification of CSAM within broader categories of online harm and regular publication of anonymised administrative data on reports, investigations and case outcomes would provide a more complete picture of both children's experiences and the reach and effectiveness of the response.

Figure 14 Pooled prevalence of offline CSEA in China, by subtype and recall period



Note. Publication years of studies included in the meta-analysis: 2010–2025.
Error bars show the uncertainty around each point estimate (95% confidence interval).

What do we know about prevention and response capacity to TF-CSEA?

In collaboration with INTERPOL and other partners, Childlight conducted primary research to better understand how data on TF-CSEA moves to action within law enforcement. Childlight conducted surveys with national law enforcement and specialised units examining various factors related to policing capabilities for TF-CSEA, including understanding access to CSAM data sources, training and digital forensic capabilities, and national underpinning legislation. In addition, in-depth interviews were conducted to better understand the national and sub-national policing landscape.

Access to data sources including ICSE, CRC, national hotline and ICACCOPS

Countries, overseas countries and territories (OCTs) and special administrative regions (SARs) reported gaps in access to key online data and intelligence sources, including INTERPOL's International Child Sexual Exploitation database (ICSE), Child Rescue Coalition Child Protection System (CRC CPS), national hotline and Internet Crimes Against Children Child Online Protection System (ICACCOPS).

Table 3 **Gaps in access to key online child protection data sources in East Asia and the Pacific, 2026**

Data Sources	Number of Countries/OCTs/ SARs Included	Yes	No
ICSE	29	34.5%	65.5%
CRC	11	45.5%	54.5%
Hotline	46	56.5%	43.5%
ICACCOPS	11	54.5%	45.5%

Among the 29 countries, OCTs and SARs assessed, nearly two-thirds (65.5%) reported no connection to ICSE database. Similarly, among the 11 survey respondents, more than half (54.5%) reported not utilising CRC tools and almost half (45.5%) reported not using ICACCOPS. Furthermore, 43.5% of the 46 countries, OCTs and SARs assessed had no national hotline for reporting CSEA to law enforcement.



Dedicated online analyst

Dedicated online analysts provide specialist analytical support across the CSEA investigative process. At the front end, they receive, triage and assess incoming reports and intelligence, helping to prioritise cases. At the back end, they analyse digital evidence, identify offending patterns, link related cases, support victim identification and generate intelligence to inform investigations.

Among the 11 countries, OCTs, SARs included in the analysis, 36.4% reported having dedicated analysts for online CSEA, while 63.6% reported having no dedicated analysts. The interview data suggests that, in some settings, analytical functions may be either absent, incorporated within broader policing structures such as cybercrime units, or delivered without specialist personnel focused specifically on online CSEA. The lack of dedicated analytical capacity may reduce countries' ability to process digital intelligence efficiently and prioritise high-risk cases.

System strengthening country profile: Fiji



Over the past decade, Fiji has undertaken significant legislative reforms related to online safety, child protection and child welfare. The introduction of the Online Safety Act 2018 marked an important step in strengthening protections against online harms. As of September 2026, the Online Safety Act 2018 is under review to strengthen Fiji's framework for preventing and responding to online harms, including its enforcement mechanisms and responses to emerging technology-facilitated abuse. The Act already provides protection for both adults and children. Fiji's Online Safety Commission provides a national online-safety complaints and referral pathway, alongside regulatory, public-education, platform-engagement and inter-agency coordination functions. It is a member of the Global Online Safety Regulators Network. Its broader complaints and referral role is distinct from a formal INHOPE-member CSAM hotline, although absence from INHOPE data should not be interpreted as an absence of national reporting pathways.

This legislation operates alongside the Cybercrime Act 2021, which amended existing provisions in section 62A of the Juveniles Act 1972, including broadening the definition of "pornographic activity" to introduce further provisions addressing technology-facilitated offences. The legislation defines "pornographic activity" to include images, videos, animations and other material depicting or representing juveniles engaged in sexual intercourse or sexually explicit conduct.

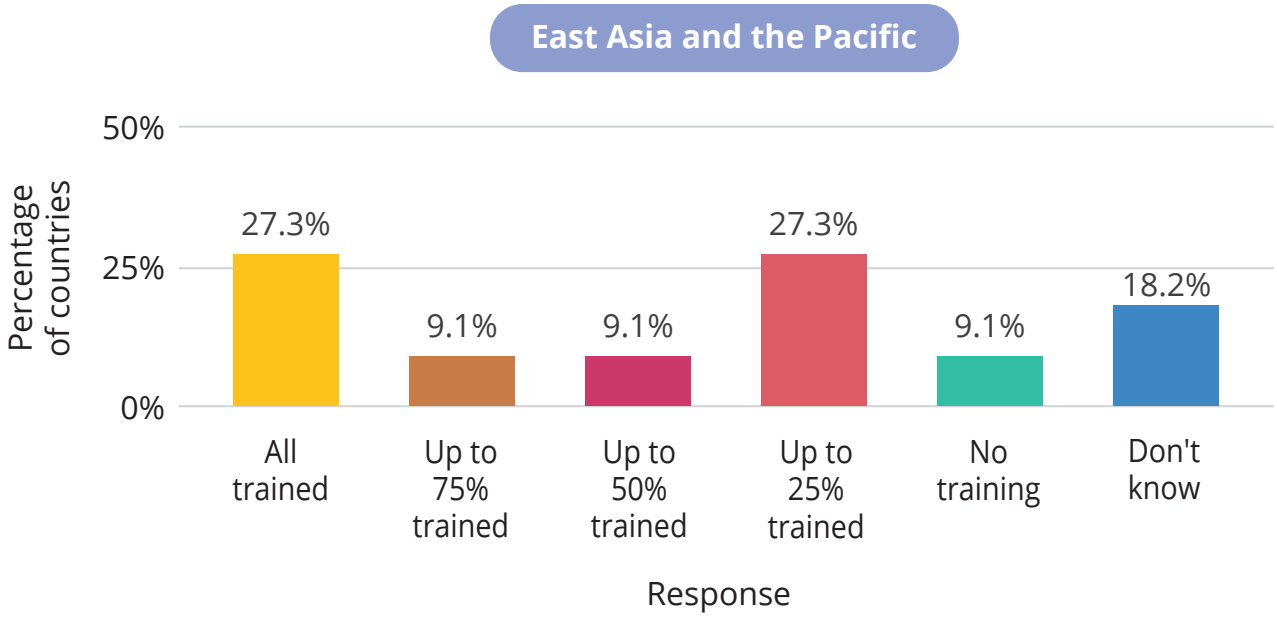


The Child Justice Act 2024 further strengthened Fiji's child protection framework by establishing a child-centred justice system with specialised procedures and safeguards for children in contact with the justice system, reinforcing children's rights throughout criminal proceedings with a principal focus on children in conflict with the law. The Act was passed by Parliament in December 2024 but provides that it will come into force on a date, or dates, appointed in the Gazette. At the time of writing, the Act had not yet commenced, with regulations and implementation arrangements being developed in preparation for its entry into force. Together, these legislative developments demonstrate significant progress in strengthening the legal framework for preventing and responding to CSEA and related forms of harm against children.

CSEA specialist training

Specialist training refers to training undertaken by law enforcement personnel that focuses specifically on responding to CSEA. It goes beyond basic training by equipping personnel with the knowledge and skills needed to investigate CSEA.

Figure 15 **Rates of CSEA training within specialist units located in the East Asia and Pacific region**



Among the 11 survey respondent countries, OCTs and SARs in East Asia and the Pacific, a total of 27.3% reported that all relevant law enforcement personnel had received specialist training. A further 27.3% reported that only up to 25% of the specialist units had been trained, while 9.1% reported that no personnel had received specialist training. 18.2% indicated that they did not know if units have received specialist training. The findings suggest that specialist training remains unevenly distributed, potentially limiting countries' capacity to investigate CSEA effectively.

Overseas countries and territories by geographical region

Overseas countries and territories (OCTs) are often limited in their available data due to challenges in disaggregation and differing degrees of independence from their paired nation. Notwithstanding, as CSAM data are collected outside of countries, there is some coverage of CSAM reporting/hosting for these jurisdictions. This has enabled Childlight to complete a comparative analysis of the CSAM rates within and between the OCTs found in Latin America and the Caribbean and East Asia and the Pacific.



It should be noted that not all OCTs are found in the geographical regions of Latin America and the Caribbean as well as East Asia and the Pacific, but that these regions hold a large proportion of the territories. Therefore, any findings concerning the availability of data or levels of CSAM availability should not be applied to territories outside of these regions.

CSAM rates could be calculated for 25 of 31 OCTs across North America (1), Latin America and the Caribbean (14) and East Asia and the Pacific (10). In certain circumstances, there was no population data available which meant that a CSAM rate per 10,000 population could not be calculated (Pitcairn/Henderson/Ducie and Oeno Islands, and Saint Barthélemy). In other circumstances, previous years' data suggested reports were sent to these territories. However, there were no reports in 2025, so the calculated CSAM rate was 0 (Christmas Islands and Niue).

The average CSAM rate across all calculated values for OCTs was 27.7 while for East Asia and the Pacific it was 18.2. The lowest calculated CSAM rates for OCTs, outside of those with no reports, were found in Wallis and Futuna and New Caledonia, 9.8 and 12.4 respectively. It should also be noted that populations differ greatly within this grouping, which due to the nature of the CSAM rate calculation will have an impact on the order from estimated highest to estimated lowest.



2.2 Latin America and the Caribbean

The 2026 Into the Light Global index includes data for 37 countries according to the UNICEF classification in the Latin America and Caribbean region and we have additionally covered 17 OCTs and SARs in the region for a total of 54 countries, SARs and OCTs in the region accounting for approximately 7% of the world's children (UNICEF, 2025). We recognise that this classification may obscure the diverse institutional, legal, administrative and cultural histories of the countries grouped in this region.

Figure 16 Map of the Latin America and Caribbean region



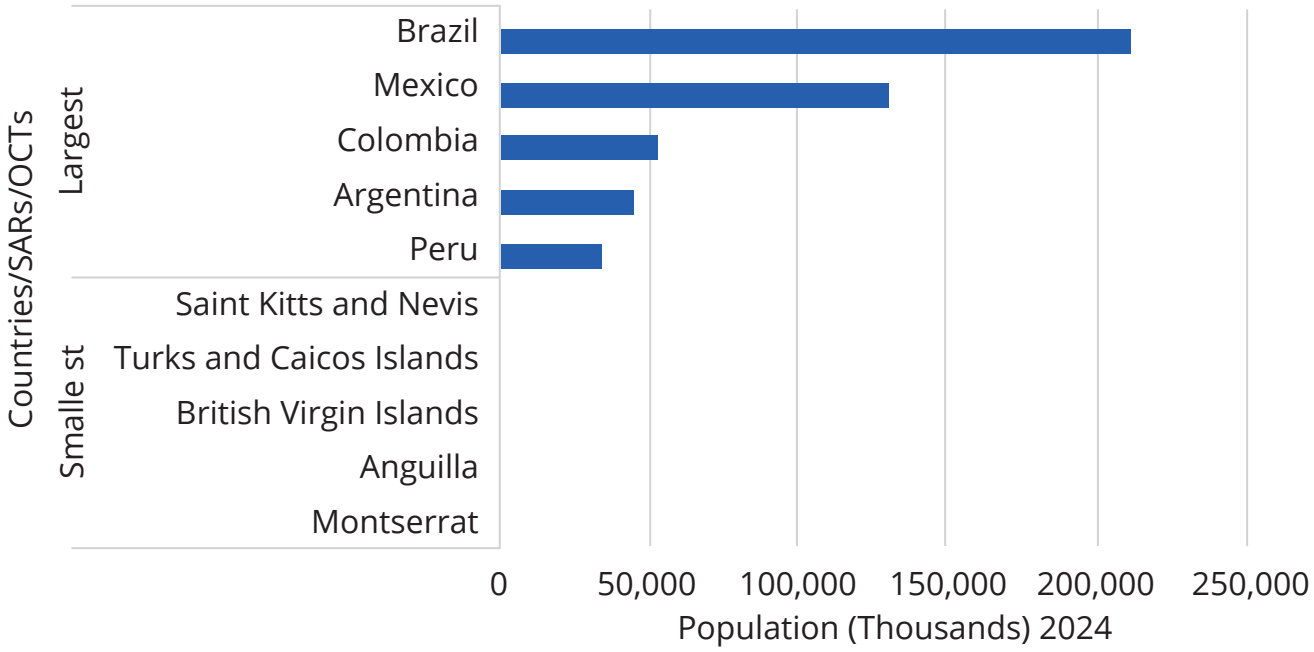
Note. Data are from World Bank (2018).

Regional context

Population trends

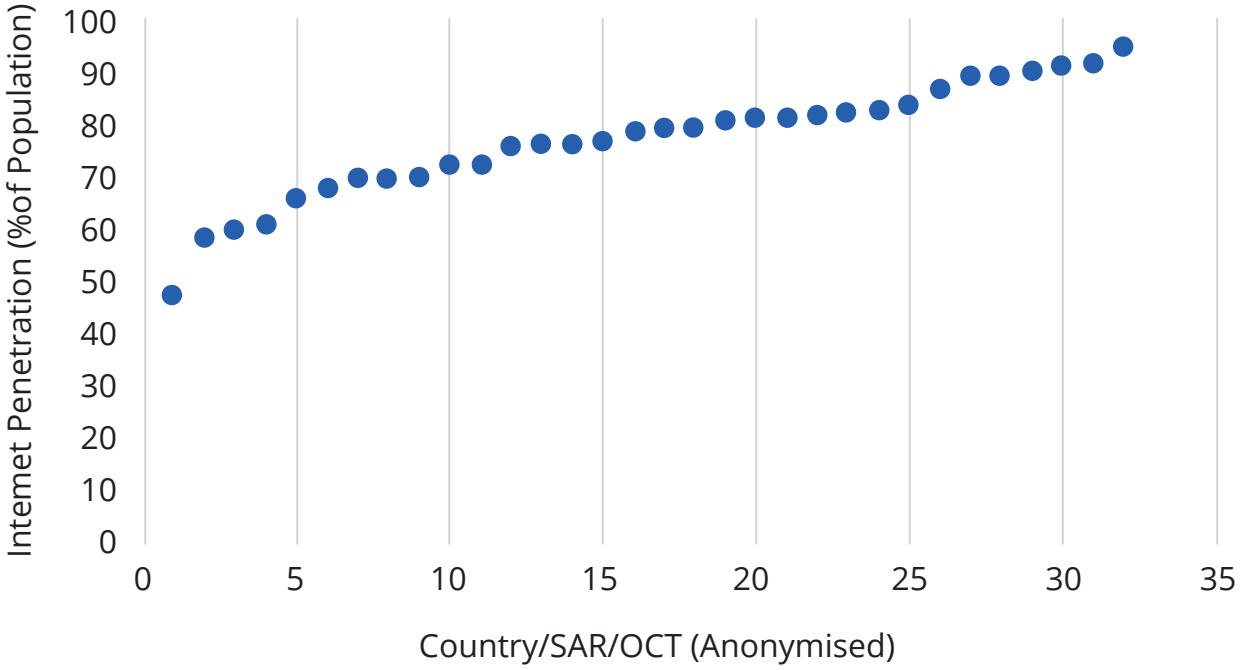
Countries, SARs and OCTs in the Latin America and Caribbean region vary significantly in population size, ranging from small island states and OCTs with populations fewer than 16,000 (for example, Montserrat and Anguilla), to Mexico and Brazil with 131 million and 212 million people respectively (UNICEF, 2025). Internet penetration ranges from 48% (Haiti) to 96% (Chile) (World Bank, 2026). Further, many Caribbean island states and OCTs are missing internet penetration data (ibid).

Figure 17 Smallest and largest populations (thousands) in the Latin America and Caribbean region, 2024



Note. Data are from UNICEF (2025).

Figure 18 Internet penetration: Percentage of the population in the Latin America and Caribbean region with access to the internet in 2024



Note. Data are from World Bank (2026).

Hidden populations | Colonial legacy | Political and social diversity | Humanitarian crises and conflict | Organised crime

Prevention and response landscape

The Into the Light Index and the Out of the Shadows Index (OOSI) provide complementary perspectives on countries' efforts to address child sexual exploitation and abuse (CSEA). Across the nine countries assessed in Latin America and the Caribbean (Argentina, Brazil, Colombia, El Salvador, Guatemala, Jamaica, Mexico, Peru and Venezuela), the 2026 Out of the Shadows Index assesses 23 indicators across four areas: governance and accountability, prevention, healing and justice. Indicators covering laws, policies, strategies and services are combined into scores ranging from 0 to 100, with higher scores indicating that more of the assessed measures are in place. Across these nine countries, the average score was 53.1 out of 100. Scores were highest for healing (70.6), which stands out as a particular area of strength in the region, followed by justice (57.6). Scores were lower for prevention (43.0) and governance and accountability (37.0), suggesting a greater emphasis on responding to sexual violence after it occurs than on prevention and the wider enabling environment (Economist Enterprise & Together for Girls, 2026).

Data coverage

The visual below shows the number of countries, SARs and OCTs included in the Into the Light Index (2026), by data area. The data measure child sexual exploitation and abuse (CSEA), technology-facilitated CSEA (TF-CSEA) and child sexual abuse material (CSAM)

Figure 19 **Data coverage in the Latin America and Caribbean region**

51 Jurisdictions with CSAM Data	**2** Public sector data sample countries	**7** Helpline data sample countries
24 Jurisdictions with system strengthening survey responses and 15 interviews	**23** Jurisdictions with offline victimisation survey data and 92 unique studies	**9** Jurisdictions with TF-CSEA victimisation survey data and 15 unique studies

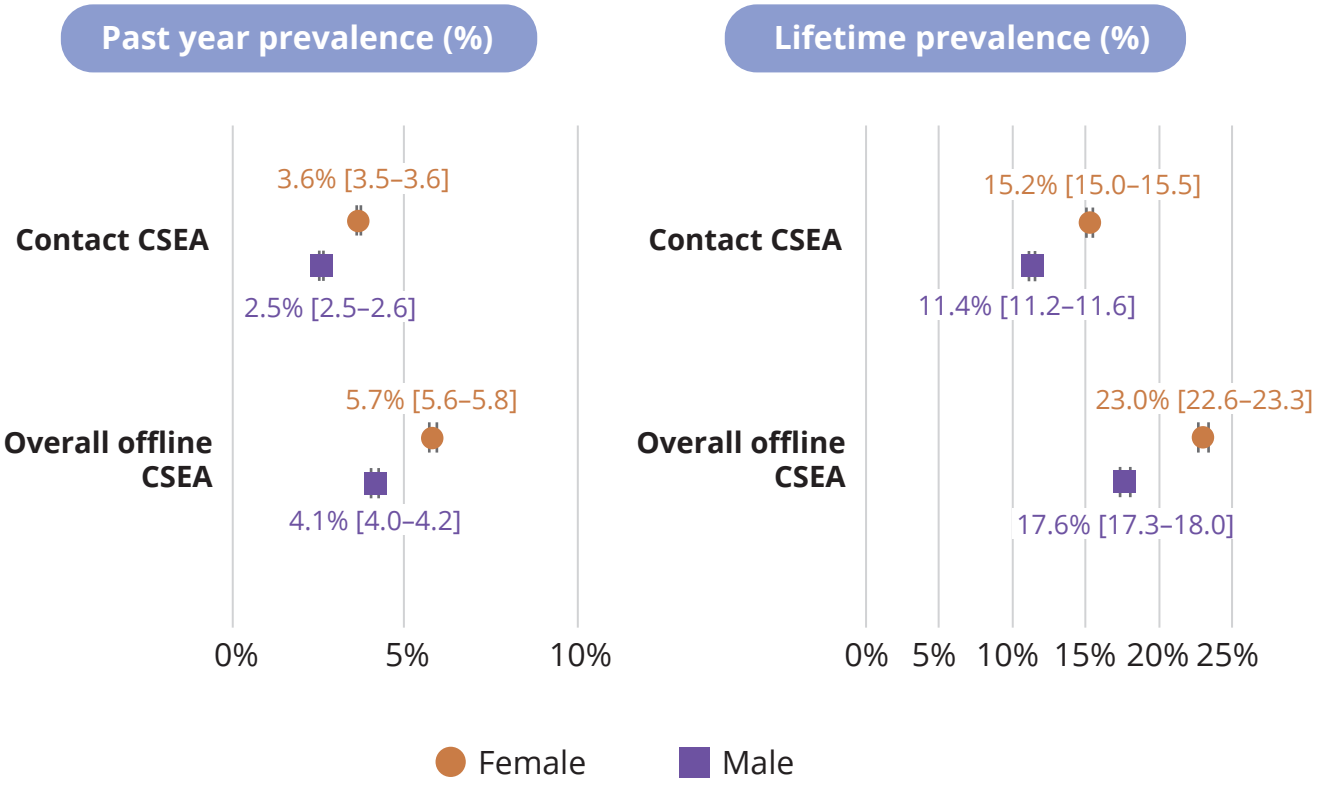
Note. Additional qualitative evidence and civil society data are available for this region, offering further context on the scale, nature and lived experiences of harms.

What do we know about victimisation?

Offline CSEA

We conducted a systematic review of studies published between January 2010 and August 2024. Evidence for Latin America and the Caribbean covering 92 studies across 23 countries. Bayesian statistical models were used to estimate the regional prevalence of offline CSEA.

Figure 20 **Prevalence estimates of offline CSEA in Latin America and the Caribbean, by subtype, sex and recall period**



Note. Publication years of studies included in the meta-analysis: 2010–2024. Error bars show the uncertainty around each point estimate (95% uncertainty interval).

Overall, the findings show a consistent pattern across recall periods and CSEA types. Lifetime prevalence estimates were higher than past-year prevalence estimates, while prevalence estimates for overall offline CSEA were consistently higher than those for contact CSEA. Across all measures, prevalence estimates were higher among females than males.

Lifetime contact CSEA was estimated at 15.2% (95% UI: 15.0–15.5) for females and 11.4% (95% UI: 11.2–11.6) for males. When contact and non-contact experiences were analysed together, lifetime overall offline CSEA was estimated at 23.0% (95% UI: 22.6–23.3) for females and 17.6% (95% UI: 17.3–18.0) for males.

Past-year estimates were lower but followed a similar pattern. Past-year contact CSEA was estimated at 3.6% (95% UI: 3.5–3.6) for females and 2.5% (95% UI: 2.5–2.6) for males, while past-year overall offline CSEA was estimated at 5.7% (95% UI: 5.6–5.8) for females and 4.1% (95% UI: 4.0–4.2) for males.

Data beacon: Brazil's National Survey of School Health (PeNSE)



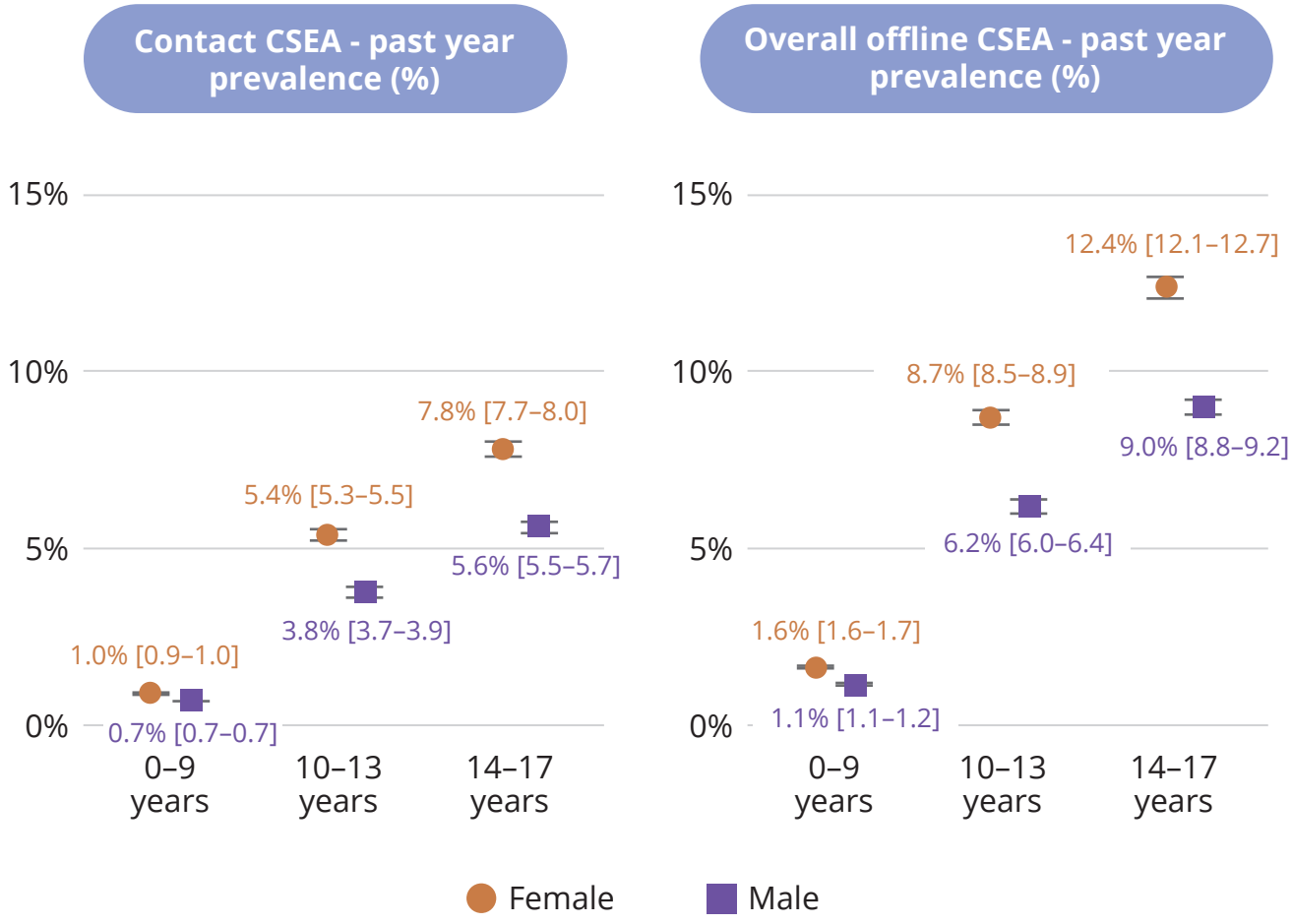
Brazil's National Survey of School Health (PeNSE) has monitored adolescent health and wellbeing for more than 15 years. Led by the Brazilian Institute of Geography and Statistics in partnership with the Ministry of Health, it has been conducted in five waves— 2009, 2012, 2015, 2019 and 2024.

For students aged 13–17 years, PeNSE captures lifetime experiences of unwanted sexual touching, manipulation, kissing or exposure of body parts, as well as being threatened, intimidated or forced to have sexual intercourse or another sexual act. Follow-up questions identify the relationship of the alleged perpetrator to the student, including intimate partners, friends, parents or stepparents, other relatives and strangers.

Students complete the questionnaire anonymously, providing nationally representative evidence from public and private schools that can be examined by sex, age, region and school type. PeNSE therefore illustrates how repeated adolescent health surveillance can generate evidence on both the prevalence and circumstances of sexual victimisation. As a school-based survey, however, it does not represent adolescents outside education or children younger than 13 years.

Recent analysis of PeNSE data found that 14.8% reported sexual violence victimisation and 6.5% reported rape victimisation (Scatena et al., 2025). Offline CSEA age-disaggregated past-year estimates.

Figure 21 **Past-year prevalence estimates among 0-17-year-olds of offline CSEA in Latin America and the Caribbean, by subtype, sex and age group**



Note. Publication years of studies included in the meta-analysis: 2010–2024. Error bars show the uncertainty around each point estimate (95% uncertainty interval).

Past-year prevalence estimates for both contact and overall offline CSEA increased across childhood in Latin America and the Caribbean, reaching their highest levels among adolescents aged 14–17 years. Across all age groups, estimated prevalence was consistently higher among females than males, with the gender difference becoming more pronounced from age 10 onwards.

For contact CSEA, estimates rose from 1.0% (95% UI: 0.9–1.0) for females and 0.7% (95% UI: 0.7–0.7) for males aged 0–9 years, to 5.4% (95% UI: 5.3–5.5) and 3.8% (95% UI: 3.7–3.9), respectively, among those aged 10–13 years. The highest prevalence was observed among adolescents aged 14–17 years, at 7.8% (95% UI: 7.7–8.0) for females and 5.6% (95% UI: 5.5–5.7) for males.

A similar age-related pattern was evident for overall offline CSEA. Among children ages 0-9 years, prevalence was estimated at 1.6% (95% UI: 1.6–1.7) for females and 1.1% (95% UI: 1.1–1.2) for males. This increased among those aged 10–13 years to 8.7% (95% UI: 8.5–8.9) for females and 6.2% (95% UI: 6.0–6.4) for males. Among adolescents aged 14–17 years, estimates reached 12.4% (95% UI: 12.1–12.7) for females and 9.0% (95% UI: 8.8–9.2) for males.

Perpetrators of offline CSEA

The systematic review was updated to include studies published up to December 2025. Additional random-effects meta-analyses were conducted for perpetrator categories where sufficient evidence was available, including any perpetrator, family members and peers (see Technical Note for additional details). For family members, sufficient evidence was available only for lifetime contact CSEA. Across the sex-specific and combined-sex analyses, the prevalence estimates for CSEA perpetrated by family members were approximately 15% to 50% of the corresponding estimates for CSEA perpetrated by any perpetrator. Although these estimates provide valuable evidence on perpetrator-specific patterns, they should be interpreted in the context of differences between the included studies. In addition, these relative estimates are based on population-based survey data and should not be interpreted as the proportion of perpetrators among reported or administratively recorded cases.

Data beacon: Mexico — Using a national violence survey to identify perpetrators of childhood sexual violence



Mexico's National Survey on the Dynamics of Household Relationships (ENDIREH) demonstrates how a dedicated national violence survey can provide information not only on the prevalence of childhood sexual violence, but also on who perpetrated the violence and the context in which it occurred. The survey collects data from women aged 15 years and older about violence experienced across different stages and settings of their lives, including sexual violence experienced during childhood.

ENDIREH has been conducted repeatedly since 2003, with its three most recent rounds undertaken in 2011, 2016 and 2021. Its large, nationally and state-representative sample supports analysis of different forms of violence, settings of occurrence and relationships between victims and perpetrators. In the childhood module, respondents report retrospectively on experiences occurring before age 15, including sexual abuse, rape and attempted rape. The survey also identifies commonly reported perpetrators, such as relatives, acquaintances and other people within the child's social environment.



This illustrates the added value of dedicated violence surveys for understanding the circumstances surrounding CSEA. Whereas general health surveys may establish whether violence has occurred, detailed violence-specific modules can reveal who was responsible, where the abuse occurred and how different forms of victimisation overlap. Such information is important for identifying potential settings and relationships for prevention.

At the same time, ENDIREH highlights an important evidence limitation. Because the survey includes only women aged 15 years and older and relies on retrospective reporting, it cannot provide equivalent estimates for males or directly measure the current experiences of younger children. Its findings should therefore be interpreted as an important but partial account of childhood sexual violence in Mexico.

Further information: Mexico's National Institute of Statistics and Geography, *ENDIREH 2021: National Report.* Violence against Women in Mexico. National Survey on the Dynamics of Household Relationships ENDIREH 2021. National Report. Original Spanish version Encuesta Nacional sobre la Dinámica de las Relaciones en los Hogares 2021. ENDIREH. Nacional

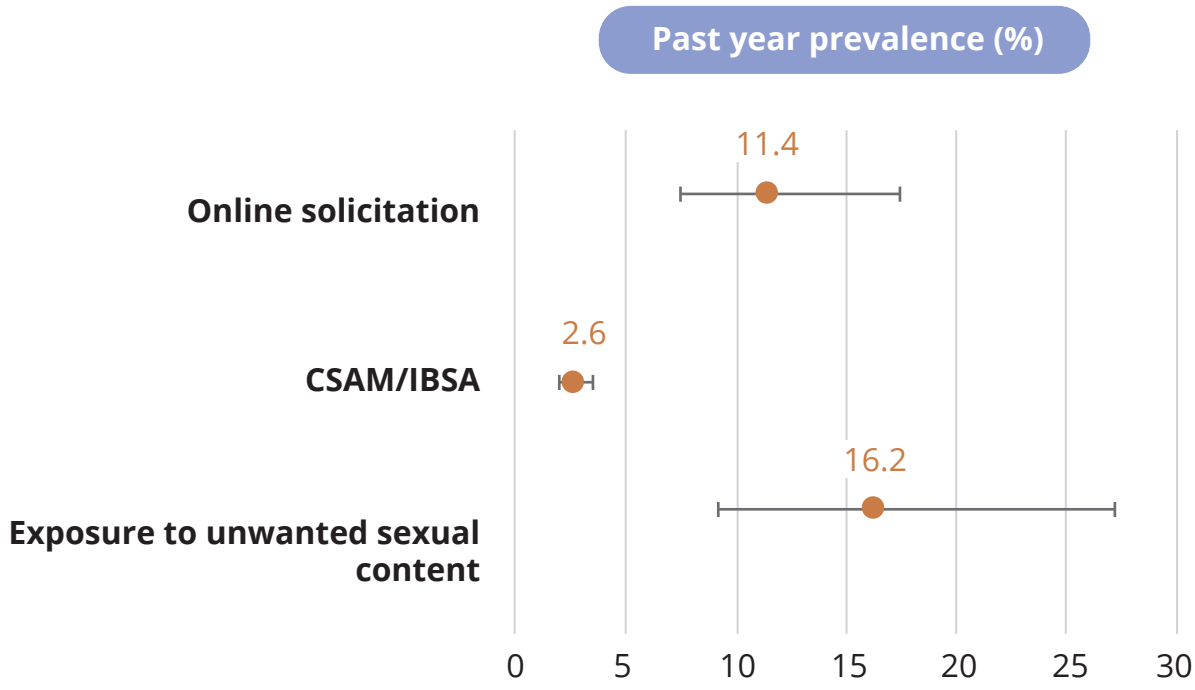
Technology-facilitated CSEA (TF-CSEA)

In total, 15 publications covering nine countries in Latin America and the Caribbean reported data on at least one type of TF-CSEA, including two studies that collected data from female respondents only. These studies were published between 2016 and 2026 and conducted between 2015 and 2025. For the regional analysis, three TF-CSEA subtypes – online solicitation, child sexual abuse material/image based sexual abuse (CSAM/IBSA), exposure to unwanted sexual content – had sufficient data coverage (that is, four or more studies) for producing the updated estimates for Latin America and the Caribbean.

Regional prevalence estimates of TF-CSEA

For past-year exposure to online solicitation, the regional subgroup analysis showed that Latin America and the Caribbean is relatively well represented by data and revealed relatively high prevalence at 11.4% (95% CI: 7.3–17.4) (see Figure 22 below). Estimates for lifetime exposure are still based on a low number of studies and therefore are not presented in the main report. Experiences of exposure to unwanted sexual content are also increasingly reported in the surveys from this region, mainly for the past-year recall period. It has been estimated that 16.2% (95% CI: 9.2-27) experienced this type of harm in the year preceding the data collection. Past-year prevalence of CSAM/IBSA was also possible to estimate for this edition of the report, indicating that 2.6% (95% CI: 2.0–3.5) children reported this type of exposure.

Figure 22 **Past-year prevalence estimates of TF-CSEA in Latin America and the Caribbean, by subtype**



Note. Publication years of studies included in the meta-analysis: 2016–2026. Error bars show the uncertainty around each point estimate (95% confidence interval).

Regional prevalence estimates of TF-CSEA disaggregated by sex and/or gender

Despite an increase in the number of studies reporting data on TF-CSEA prevalence in this region, only seven of the included studies disaggregated results by sex and/or gender when discussing specific subtypes of TF-CSEA. The most recent publications specifically, either report overall estimates of TF-CSEA disaggregated by sex and/or gender or do not include those findings at all. The reason for that is primarily the lack of statistically significant sex and/or gender differences found. Although this could be considered as a limitation in understanding the potentially different levels of exposure between males and females, it also highlights the universality of experiences of children regardless of their sex and/or gender. This approach also helps avoid any potential stigma or gender-based bias which may lead to non-disclosure or limited responses to such violence (UNICEF, 2026). Therefore, the estimates for males and females we currently produced do not differ substantially from findings reported in our Into the Light interim report that was published early this year.

What do we know about Child Sexual Abuse Material (CSAM)?

CSAM rate

Table 4 CSAM rate per 10,000 population in Latin America and the Caribbean, 2025

Country/Territory	CSAM Rate 2025
Anguilla	56.36
Antigua and Barbuda	37.47
Argentina	40.43
Aruba	45.59
Bahamas	51.31
Barbados	58.74
Belize	47.15
Bermuda	25.56
Bolivia	54.59
Brazil	44.67
British Virgin Islands	52.10
Chile	43.62
Colombia	38.26
Costa Rica	42.19
Cuba	11.86

Country/Territory	CSAM Rate 2025
Dominica	84.41
Dominican Republic	157.23
Ecuador	77.17
El Salvador	58.60
Islas Malvinas/ Falkland Islands (see note)	49.01
Grenada	83.46
Guatemala	39.89
Guyana	47.41
Haiti	15.17
Honduras	30.90
Jamaica	36.35
Martinique	25.53
Mexico	52.10
Montserrat	36.70
Nicaragua	34.58



Country/Territory	CSAM Rate 2025
Panama	245.31
Paraguay	42.45
Peru	43.00
Puerto Rico	18.42
Saint Kitts and Nevis	53.07
Saint Lucia	46.41

Country/Territory	CSAM Rate 2025
Saint Vincent and Grenadines	59.44
Suriname	31.90
Trinidad and Tobago	51.97
Turks and Caicos Islands	48.45
Uruguay	36.57
Venezuela	26.27

Note. CSAM rates calculated by combining reports and notices for CSAM and dividing by country population/10,000. The designations employed by this publication do not imply an opinion or recognition on the legal status of any country or territory.

Child Sexual Abuse Material (CSAM) figures and rate calculations reflect material detected or reported within each source's coverage and reporting arrangements. They do not measure national prevalence or provide a reliable basis for ranking countries by underlying levels of abuse. Low or absent recorded figures may reflect limited detection or reporting capacity rather than low levels of harm.

Data are from INHOPE (2026), the 2025 CyberTipline Report (NCMEC, 2026) and UN Population Data Portal (2023–2025).

The CSAM rate which incorporates reporting of suspected abuse or abusers as well as hosting of CSAM also showed higher than average numbers for Panama. The average CSAM availability rate for the UNICEF region of Latin America and the Caribbean is 52.19 and Panama is far above that with a rate of 245.3 in 2025. Panama has seen a steady rise in the number of individuals using the internet which highlights the need for a complete assessment to the risk to children (ITU Data, 2023).

CSAM hosting and emerging trends

The most apparent outlier according to CSAM rate and regional proportions was Panama. Even without considering the population of Panama, this country was identified as having nearly all (Range: 98.3%-99.9%) of the CSAM identified by the IWF from Latin America and the Caribbean. INHOPE reported higher proportions from their data, ranging from 42.9% to 99.7%. This proportional calculation also showed a year-on-year rise. As both the IWF and INHOPE measure the amount of CSAM hosted in a particular country, these findings indicate that a substantial proportion of the CSAM identified in the region was hosted in Panama. Further analysis would be required to determine the factors contributing to this concentration.

Another country with higher-than-average CSAM hosting was Belize. In 2023 and 2024, Belize had either the largest or second largest proportion of CSAM hosted for the Latin America and Caribbean region according to INHOPE. Due to the nature of the change in CSAM notices there is a need for careful and targeted investigation as to what changed for Belize between 2024 and 2025. Correspondingly, Belize's CSAM rate was also quite high for 2023 and 2024 at 288.2 and 317.9. When looking at the multi-year reporting analysis the data also shows that Belize saw decreased notices and reporting in 2023 compared to 2022. This suggests that something changed in the CSAM hosting for Belize in 2025. Belize's National Digital Agenda, running from 2020-2025 (E-Governance & Digitization Unit, 2022), sought to improve digital access, digital skills and infrastructure. Although this initiative coincided with the period covered by this analysis, the available data does not allow for any conclusion to be drawn about how this may have influenced CSAM hosting and reporting during the same period of time. Further exploration is needed in Belize to ascertain the extent to which the two are connected, if at all.

Finally, both Costa Rica and Dominican Republic were found to be outliers according to the data. In 2024 Costa Rica saw a rise in the volume of CSAM hosting from INHOPE data which resulted in a 10% increase in the regional proportion from the year prior. Similarly, Dominican Republic saw a rise in NCMEC reporting in 2025 which resulted in a CSAM rate of 157.2. These outliers may point to a movement of offending and hosting of CSAM within Central America.

Of note in this analysis is the overrepresentation of Central American countries in the CSAM hosting data as compared with the rest of Latin America. In line with the NCMEC data on reported concerns of CSAM and the CRC data on CSAM file-sharing, CSAM availability is present in these countries, though it does not appear in this particular type of CSAM hosting data. The reason for this difference is not able to be determined given the currently available data and may be the result of a number of factors. These could include preferred technology for the sharing and availability of CSAM that does not follow the Western European, North American and East Asian models of hosting and sharing the illegal material online. As well as it could be due to the location and number of hotlines (like those in the INHOPE network) as well as the presence, or lack of, mandatory reporting laws. These are not the only explanations but those that have a connection to the available data, which we know have limitations in presenting the complex nature of CSAM availability overall.

What do we know about prevention and response capacity to TF-CSEA?

In collaboration with INTERPOL, Childlight conducted primary research to better understand how data on TF-CSEA moves to action within law enforcement as part of our system strengthening indicator area. This primary research included desk reviews, as well as surveys and in-depth interviews with national law enforcement.



Access to data sources including ICSE, CRC, national hotline and ICACCOPS

Countries and OCTs in Latin America and the Caribbean reported gaps in access to and utilisation of important online reporting and intelligence systems – including INTERPOL's International Child Sexual Exploitation database (ICSE), Child Rescue Coalition Child Protection System (CRC CPS), national hotline and Internet Crimes Against Children Child Online Protection System (ICACCOPS).

Table 5 **Access to key online child protection data sources in Latin America and the Caribbean, 2026**

Data Sources	Number of Countries/OCTs/ SARs Included	Yes	No
ICSE	36	30.6%	69.4%
CRC	24	25%	75%
Hotline	51	74.5%	25.5%
ICACCOPS	24	20.8%	79.2%

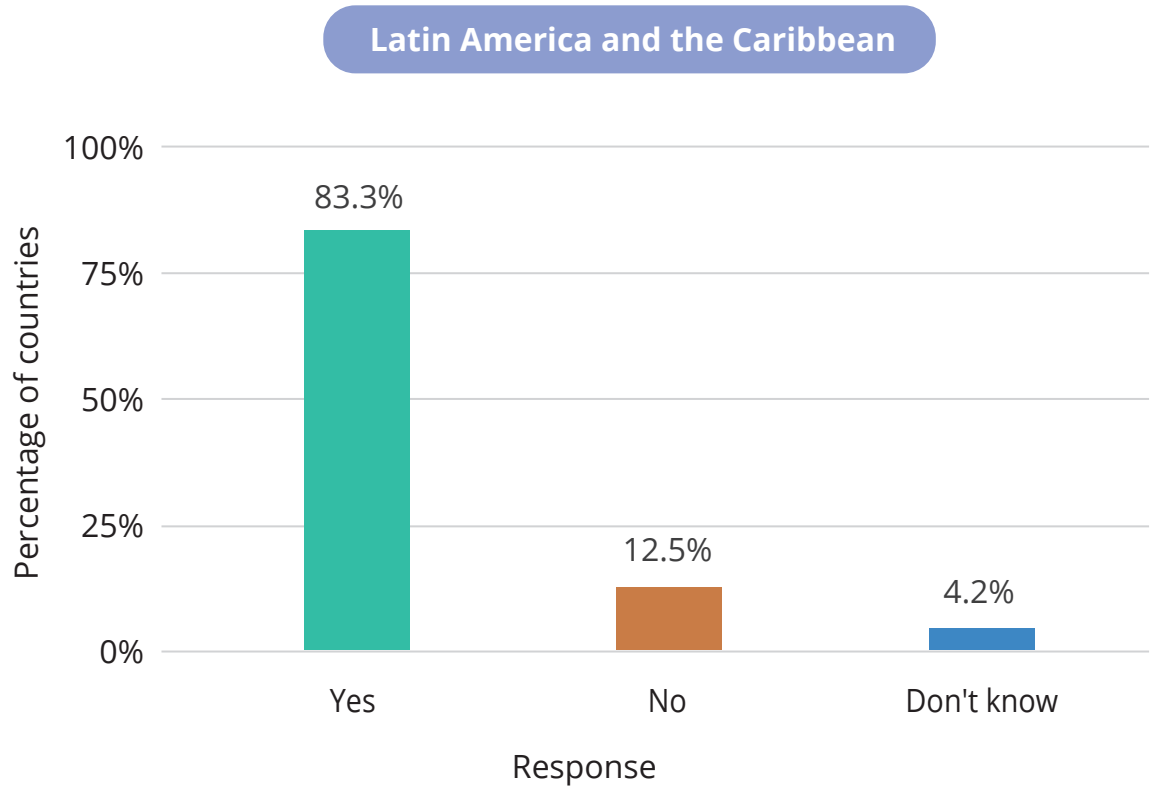
Among the 36 countries and OCTs assessed, 69.4% were not connected to ICSE database. Among the 24 survey respondent countries and OCTs, 79.2% reported no utilisation of ICACCOPS, and 75.0% reported not utilising CRC tools. In contrast, 25.5% of the 51 countries and OCTs assessed were lacking a national hotline for reporting CSEA to law enforcement.

Specialist CSEA investigative capability

Specialist CSEA investigative capability refers to the existence of a dedicated law enforcement unit or investigators whose primary role is to investigate CSEA offences. These specialist personnel are responsible for receiving and investigating CSEA cases, managing digital evidence, identifying victims and offenders, and coordinating with national and international partners.



Figure 23 **Presence of specialist CSEA investigative capability across surveyed countries in Latin America and the Caribbean (n=24)**

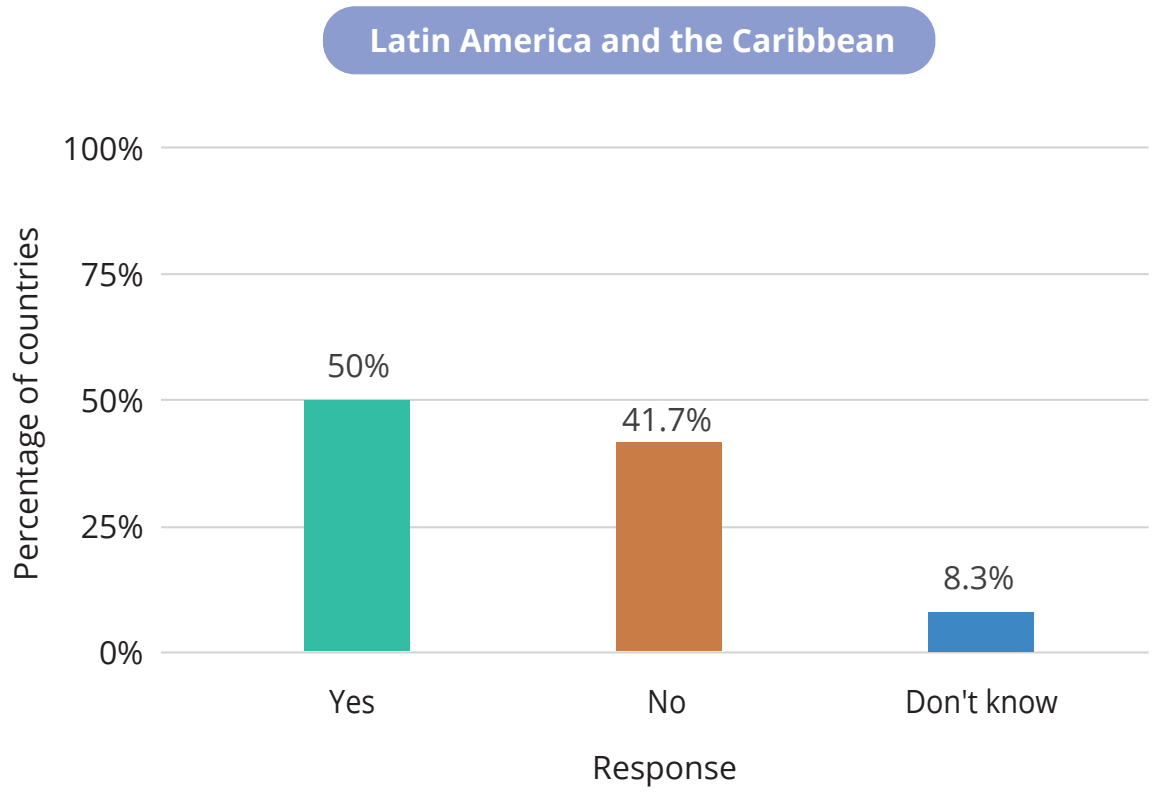


Among the 24 survey respondent countries and OCTs in Latin America and the Caribbean, 83.3% reported having specialist CSEA investigative capability, 12.5% of countries reported having no specialist CSEA investigative capability, while 4.2% indicated they don't know whether such capability existed.

Dedicated online analyst

Dedicated online analysts provide specialist analytical support across the CSEA investigative process. At the front end, they receive, triage and assess incoming reports and intelligence, helping to prioritise cases. At the back end, they analyse digital evidence, identify offending patterns, link related cases, support victim identification and generate intelligence to inform investigations.

Figure 24 **Availability of dedicated online CSEA analysts across surveyed countries in Latin America and the Caribbean (n=24)**



Among the 24 survey respondent countries and OCTs in Latin America and the Caribbean, 41.7% reported having no dedicated online analysts for CSEA investigations, 8.3% indicated that they did not know whether such capability existed. The interview findings suggest that, in many settings, analytical functions may be absent, integrated within broader cybercrime units, or undertaken without personnel specialising in technology-facilitated CSEA. This may reduce countries' ability to process digital intelligence efficiently and prioritise high-risk cases.

Country profile Brazil: Linking evidence, reporting and response



Brazil's evidence base on CSEA combines prevalence studies, health surveillance records and CSAM availability data.

A total of 14 studies on offline CSEA were identified in Brazil. The Brazilian evidence includes studies that are nationally representative, representative of specific regions and representative of smaller geographic units (e.g. municipalities). Random-effects meta-analysis estimated the pooled lifetime prevalence of contact CSEA at 1.9% (95% CI: 0.2%–16.8%; five studies) and rape at 2.8% (95% CI: 0.2%–32.8%; four studies). When contact and non-contact CSEA were combined, the pooled lifetime prevalence was 4.9% (95% CI: 1.2%–18.2%; seven studies). The wide confidence intervals reflect the small number of studies and considerable variation in reported prevalence, definitions and study methods. It is also important to note that some included studies relied on parental reports of CSEA among children aged 0–4 years, and the country-level meta-analysis did not adjust for age. These findings should therefore be interpreted cautiously and highlight the need for more standardised, nationally representative prevalence research.

Administrative data provide further evidence on the scale and characteristics of CSEA cases recorded in Brazil. Data from the Ministry of Health, covering suspected and confirmed cases reported by public and private health services, show that recorded cases increased from 22,197 in 2016 to 57,376 in 2025. Over the same period, the rate rose from 4.0 to 11.4 cases per 10,000 children aged 0–17 years, representing an increase of approximately 184%. This upward trend likely reflects changes in the underlying occurrence of abuse, as well as improvements in detection, expanded access to services and strengthened reporting compliance following the establishment of the mandatory reporting system in 2011. Girls account for most recorded victims, with those aged 10–13 years representing the largest affected group. Cases are recorded across multiple settings but occur most commonly in the home. Recorded perpetrators are predominantly male, with those aged 25–59 years forming the largest recorded age group.

The CSAM rate, which reflects the availability of both reported and hosted CSAM, increased from 26.9 in 2023 to 28.05 in 2024 and 44.67 in 2025. Interpretation of this trend should take account of the possible changes in detection, platform coverage and reporting practices.



System strengthening promising practice. Brazil has developed promising practices that combine intelligence-led law enforcement with prevention.

Brazil has developed and is using national software to process CSEA reports received from multiple data sources and online platforms. The system aggregates reports across platforms, conducts initial triage, links multiple referrals relating to the same suspect or email account and identifies networks of offenders. The platform is accessible to law enforcement officers across the country, enabling regional investigators to access and investigate reports relevant to their jurisdictions. Currently, the software is fully installed and operational in all Brazilian states and is being used not only by the Brazilian Federal Police but also by the state police forces of all Brazilian states. Agreements have been signed with the state police forces to enable the training of these officers in the use of the tool.

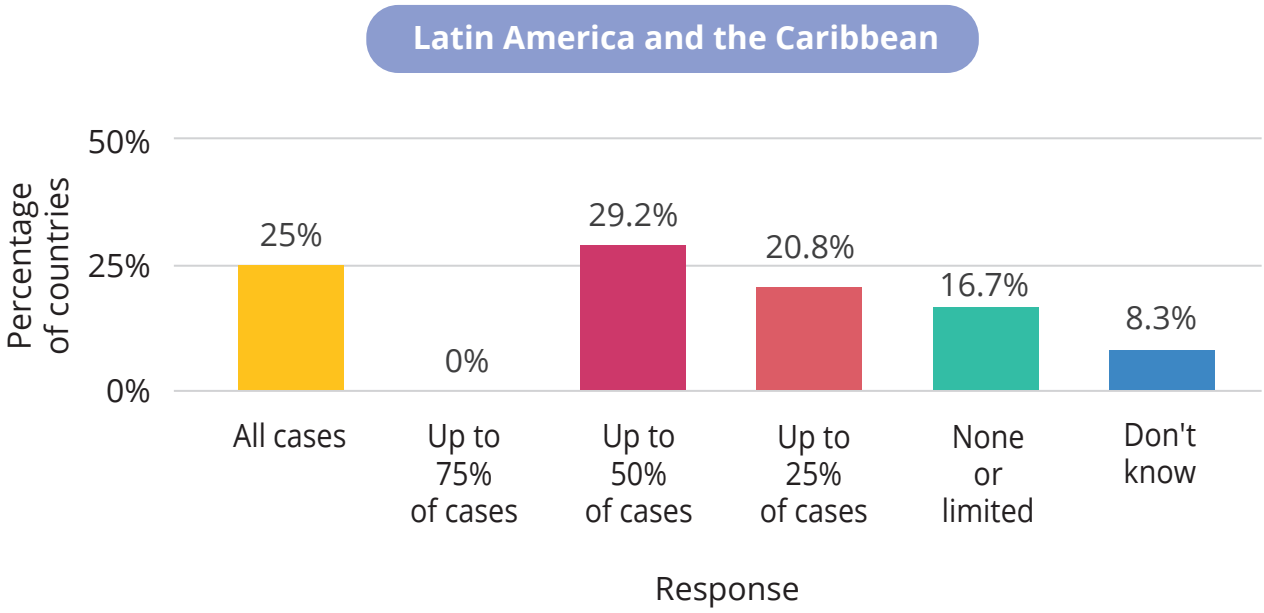
The platform is particularly valuable in managing high volumes of reports, allowing law enforcement to prioritise cases more effectively, identify patterns and connections between reports and coordinate investigations across jurisdictions. By improving the efficiency of report processing and case management, the system enhances the capacity of law enforcement to respond to CSEA cases in a timely and intelligence-led manner.

This operational response is complemented by a Federal Police-led school programme that works with students, parents and teachers and aims to raise awareness of online CSEA risks, promote safer online behaviour and strengthen prevention. Together, Brazil's prevalence research, health surveillance and operational systems provide an important foundation for understanding and responding to CSEA. More consistent prevalence studies and regular publication of disaggregated administrative and CSAM availability data would support a more comprehensive assessment of both the scale of abuse and the effectiveness of prevention and response efforts.

Digital forensic capability

Digital forensic capability refers to the ability of law enforcement to access, recover, preserve and analyse data from digital devices and online systems as part of CSEA investigations. These capabilities are essential for identifying offenders and victims, securing digital evidence and supporting criminal prosecutions.

Figure 25 **Digital forensic capability for processing online CSEA investigations within 12 months across surveyed countries in Latin America and the Caribbean (n=24)**



Among the 24 survey respondent countries and OCTs in Latin America and the Caribbean, 25% reported that they can process all digital forensic cases within 12 months. 20.8% reported having digital forensic capability to deal with only up to 25% of CSEA cases within a 12-month period, while 16.7% reported having none or limited capability. It suggests that many jurisdictions may face challenges in effectively examining digital evidence and responding to the increasing volume and complexity of technology-facilitated CSEA investigations.

Country profile: Dominican Republic



The Dominican Republic is home to around 11.5 million people, with children under the age of 18 making up almost 40% of the population (UNICEF, 2026). CSAM data for the Dominican Republic has shown report fluctuations since 2020, with an average change of 40,000 reports between years. This was most pronounced between 2024 and 2025 when the report volume rose by over 100,000 reports. This led to a significantly higher CSAM rate, resulting in the second highest in Latin American and the Caribbean region. Data on CSAM concerning the Dominican Republic

is limited to CSAM reporting from NCMEC and the possession of CSAM on file-sharing networks. As there is no data on CSAM hosting from either INHOPE or IWF, the elevated CSAM rate suggests a high level of concerning CSAM behaviour on technology platforms by users in the Dominican Republic. By comparison, data on CSAM possession has found a continuous decline in total volume on file sharing networks. This could show that filesharing is no longer a used avenue for CSAM sharing in the country. Absent clear data to rule out factors such as dramatic changes in detection practices by major online platforms, this could show that CSAM sharing may be conducted through alternate avenues including those who report to NCMEC

These outliers may point to a movement of offending and hosting of CSAM within the Caribbean, according to the data used for this report. This will need further exploration with data sources from the region to obtain a better understanding as to the degree of harm occurring in this region.

Table 6 **CSAM Rate per 10,000 population in Dominican Republic, 2023–2025**

	2023	2024	2025
CSAM Availability Rate	90.66	69.14	157.23

Note. Child Sexual Abuse Material (CSAM) figures and rate calculations reflect material detected or reported within each source's coverage and reporting arrangements. They do not measure national prevalence or provide a reliable basis for ranking countries by underlying levels of abuse. Low or absent recorded figures may reflect limited detection or reporting capacity rather than low levels of harm.

Data are from the 2024–2026 CyberTipline Reports (NCMEC, 2026), INHOPE (2024–2026) and UN Population Data Portal (2023–2025).

Table 7 **Fluctuations in the volume of NCMEC reports, 2020–2025**

	2020	2021	2022	2023	2024	2025
NCMEC Reports	104,747	144,150	130,635	102,724	79,020	181,140

Note. Data are from the 2020–2025 CyberTipline Reports (NCMEC, 2026).

Survey data on CSEA in the Dominican Republic remain very limited. Only two survey studies on offline CSEA were identified, both providing nationally representative estimates for females: 0.7% of girls aged 15–17 years reported past-year contact CSEA in a secondary analysis of the 2013 DHS, while 1.0% of women aged 18–29 years reported contact CSEA before age 18 in UNICEF's State of the World's Children 2023. It is important to note that DHS has been reported to yield lower prevalence estimates of childhood sexual violence than other survey instruments, reflecting its narrower operational definition (UNICEF, 2022). No nationally representative estimates are available for males, while evidence on TF-CSEA is limited to narrative and campaign-based information.

System strengthening promising practice

The Dominican Republic has a comparatively well-developed legal framework for responding to CSEA. Law No. 53-07 provides powers to investigate cyber-enabled offences and established specialist investigative and prosecutorial functions, including the National Police's Hi-Tech Crime Investigation Department (DICAT) and the specialised cybercrime team with the Prosector's Office (PEDATEC). Recent engagement with national stakeholders also identified strong technical capability within law enforcement, supported by increasingly mature data systems and specialist investigative capacity. The Government is currently undertaking a comprehensive reform of Law 136-03 (the Child Protection Code), led by El Consejo Nacional para la Niñez y la Adolescencia (CONANI), to strengthen the legislative framework and better address contemporary child protection and online safety challenges.

Overseas countries and territories by geographical region

CSAM rates could be calculated for 25 of 31 OCTs across North America (1), Latin America and the Caribbean (14) and East Asia and the Pacific (10). The average CSAM rate across all calculated values for OCTs was 27.7. For each of the individual regions the number changed slightly, rising to 36.9 for Latin America and the Caribbean.

The included countries and territories are each unique in their populations size, degree of self-governance and ties to another country. These factors have direct impacts on the presence and development of many public services such as policing and reporting systems moreover it can also impact the degree to which they facilitate internet access and hosting. The comparisons included should be taken with considerable caution as this is one measure of harm to children with many factors impacting the availability of data and may misrepresent the true nature and scale of CSEA in each.

The highest rates across regions were found in Anguilla and the British Virgin Islands with CSAM rates over 50/10,000 population, 56.4 and 52.1 respectively. Interestingly, these two countries were some of the only OCTs to be listed in the UNICEF Regional Classifications. They were also two of three OCTs to have data from both NCMEC and INHOPE, covering CSAM reporting and hosting.

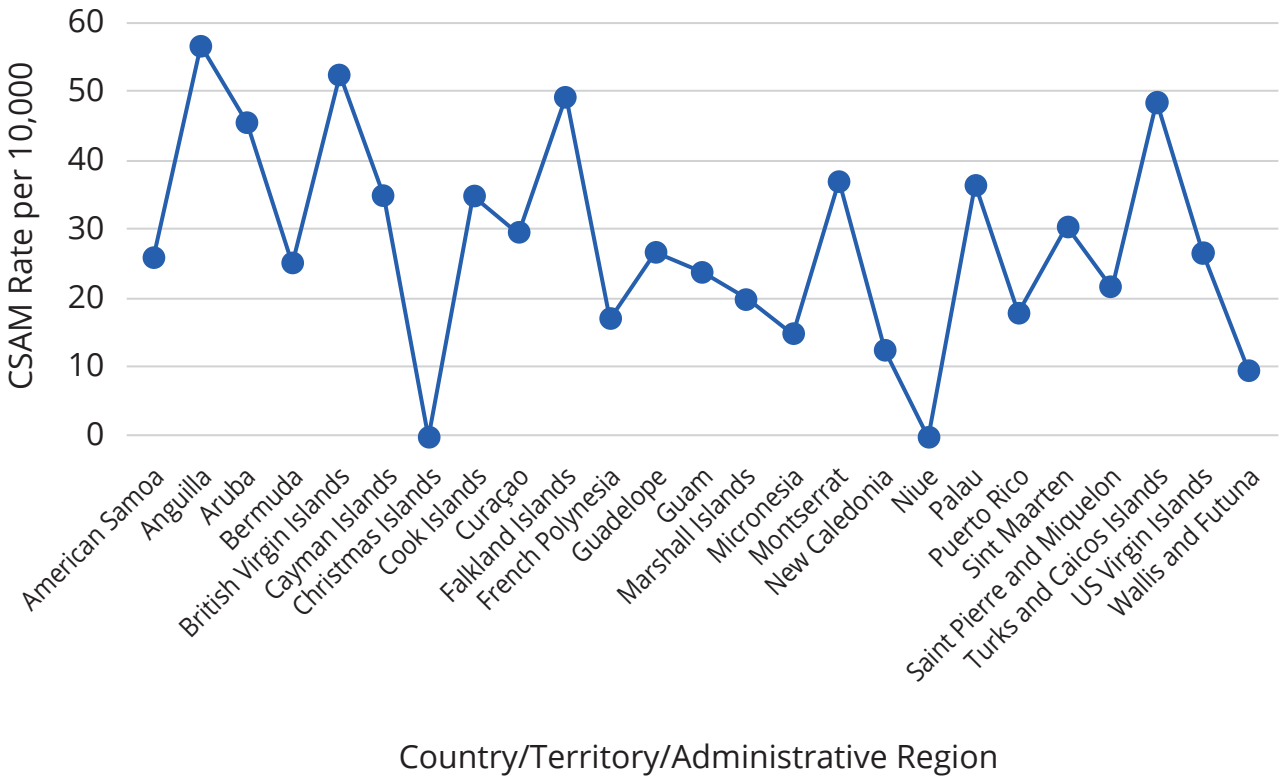
Data for this area was accompanied, where available, by an internet penetration rate to indicate the level of use and access to online space in each country (World Development Indicators | DataBank). These rates were not available for many of the included jurisdictions, with data available for only 15 of 36. In many cases the figure was from either 1990 or 2017, suggesting this may not be an accurate reflection of the current connectivity in the regions. The average internet rate was 66.6%, with the highest rates found in Bermuda and Aruba at 97% or 98.4%, both of which were calculated in 2017.

Overall data for these jurisdictions is limited, though comparative findings suggest that there are more CSAM availability and discovery in Latin America and the Caribbean over East Asia and the Pacific. What was apparent is need for updated assessments of internet penetration across the regions and disaggregated to the OCT level, as data from 1990 is largely irrelevant, while data from 2017 does not capture the advancements in cloud computing and connectivity which have occurred in the last 10 years. To provide better contextual data, this will need to be addressed. Additionally, population data that is disaggregated for the Pacific Island nations would be of benefit, not only for the ability to measure scale and prevalence for CSEA, but also for the measurement of all forms of public health data.

The top five countries from OCTs, which increased the median of 27.7, were from Latin America and the Caribbean. Of these five countries, four are affiliates of the United Kingdom who engage with the Foreign Commonwealth Dominion Office. This further shows the magnitude of greater availability of CSAM data from Latin America and the Caribbean for OCTs when compared to those in the Pacific.



Figure 26 CSAM rate per 10,000 population in Overseas Countries and Territories, 2025

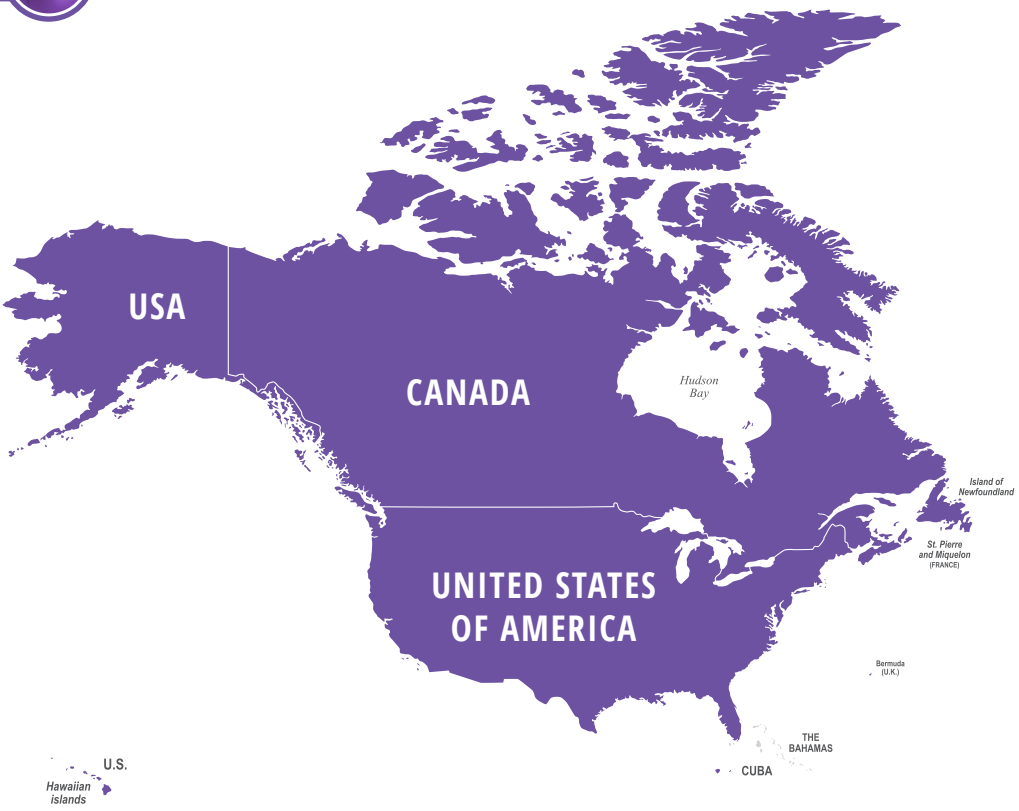


Note. Child Sexual Abuse Material (CSAM) figures and rate calculations reflect material detected or reported within each source's coverage and reporting arrangements. They do not measure national prevalence or provide a reliable basis for ranking countries by underlying levels of abuse. Low or absent recorded figures may reflect limited detection or reporting capacity rather than low levels of harm. Data are from INHOPE (2026), the 2025 CyberTipline Report (NCMEC, 2026) and UN (2025).

2.3 North America

The North America region includes two countries, namely the United States of America (US) and Canada according to the UNICEF regional classification. We have also examined St. Pierre and Miquelon (OCT) as it is regionally based closest to North America region. We have extensive data across these two countries and the OCT. For example, we were able to analyse 323 unique studies on survey data on CSEA victimisation with 279 of those studies coming from the United States. North America currently accounts approximately 3% of the world's population of children. (UNICEF, 2025).

Figure 27 Map of North America region



Note. From World Bank (2018).

Regional context

The North America region includes two countries, the United States (US) and Canada, according to the UNICEF regional classification. Childlight has also examined St. Pierre and Miquelon (OCT) as it is regionally based closest to North America region. The three jurisdictions vary significantly in population size: the United States having over 345 million people, Canada with nearly 40 million, and Saint Pierre and Miquelon with 6,000 (UNICEF 2025, UNCTAD 2026). Internet penetration is high in both the United States and Canada, at 95% and 94% respectively (World Bank 2026). No data exists for internet penetration in Saint Pierre and Miquelon (ibid).

Socio-political forces

Hidden populations	Colonial legacy	Political and social diversity	Decentralisation

Prevention and response landscape

The Into the Light Index and the Out of the Shadows Index (OOSI) provide complementary perspectives on countries' efforts to address CSEA. Across the two countries assessed in North America (Canada and the United States), the 2026 Out of the Shadows Index assesses national efforts to prevent and respond to sexual violence against children using 23 indicators across four areas: governance and accountability, prevention, healing and justice. Indicators covering laws, policies, strategies and services are combined into scores ranging from 0 to 100, with higher scores indicating that more of the assessed measures are in place. Across the two countries, the average score was 69.3 out of 100. Scores were highest for justice (76.5), followed by prevention (70.0), with lower scores for governance and accountability (59.7) and healing (57.5). This suggests comparatively strong legal and justice frameworks and prevention measures, alongside continuing gaps in the governance structures and services needed to support victims and survivors (Economist Enterprise & Together for Girls, 2026).

Data coverage

Figure 28 below shows the number of countries, SARs and OCTs included in the Into the Light Index (2026), by data area. The data measure child sexual exploitation and abuse (CSEA), technology-facilitated CSEA (TF-CSEA) and child sexual abuse material (CSAM).

Figure 28 Data coverage in the North America region

3 Jurisdictions with CSAM Data	**1** Public sector data sample country (US)	**2** Helpline data sample countries (US and Canada)
2 Countries with system strengthening survey responses and 1 interviews	**2** Countries with offline victimisation survey data and 323 unique studies (279 from the US)	**2** Countries with TF-CSEA victimisation survey data and 23 unique studies (21 from the US)

Note. Additional qualitative evidence and civil society data are available for this region, offering further context on the scale, nature and lived experiences of harms.



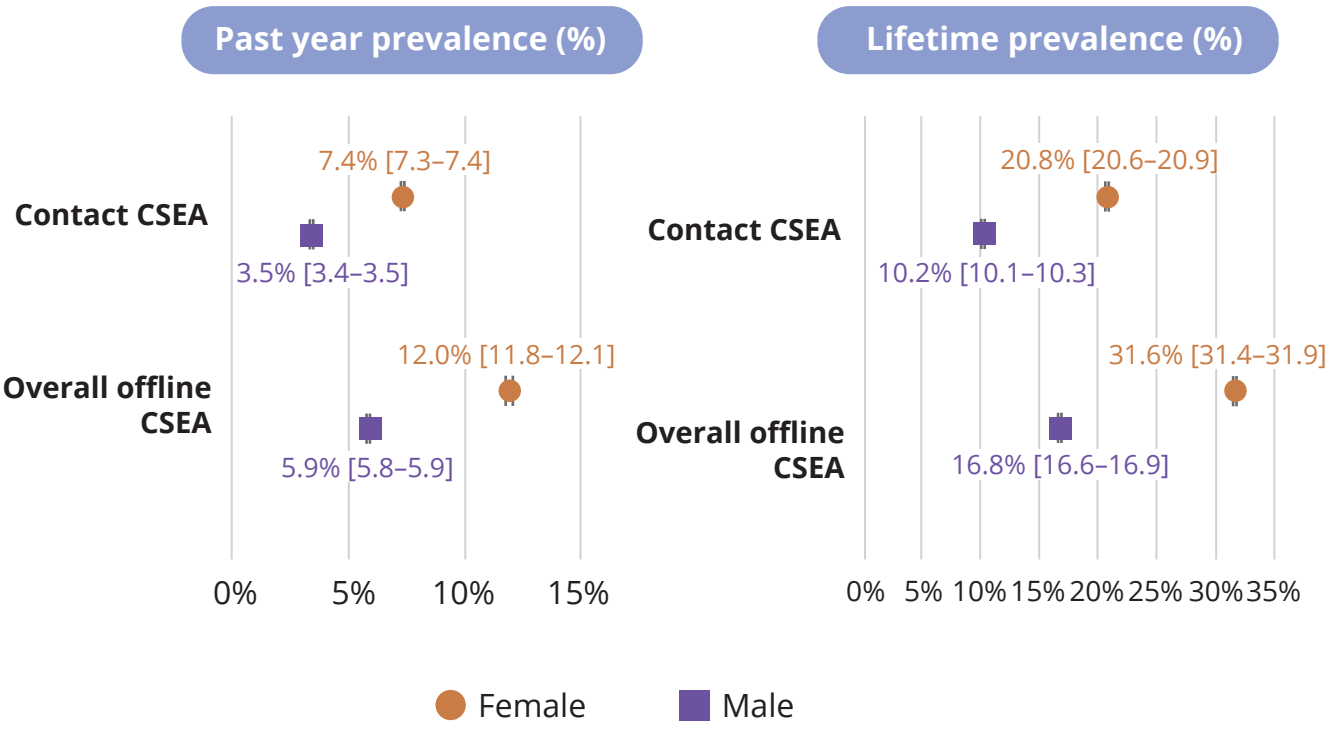
What do we know about victimisation?

Offline CSEA

A systematic review of studies published between January 2010 and August 2024 was conducted. Evidence from North America comprised 323 studies across two countries. Bayesian statistical models were used to estimate the regional prevalence of offline CSEA.

Regional estimates of offline CSEA disaggregated by sex and/or gender

Figure 29 **Prevalence estimates of offline CSEA in North America, by subtype, sex and recall period**



Note. Publication years of studies included in the meta-analysis: 2010–2024. Error bars show the uncertainty around each point estimate (95% uncertainty interval).

Across North America, females consistently had higher estimated prevalence of offline CSEA than males, regardless of recall period or CSEA type. In addition, prevalence estimates were higher for overall offline CSEA than for contact CSEA.

The estimated lifetime prevalence of contact CSEA was 20.8% (95% UI: 20.6–20.9) among females and 10.2% (95% UI: 10.1–10.3) among males. When contact and non-contact experiences were considered together, the estimated lifetime prevalence of overall offline CSEA increased to 31.6% (95% UI: 31.4–31.9) for females and 16.8% (95% UI: 16.6–16.9) for males.

A similar pattern was observed for past-year prevalence. Contact CSEA was estimated at 7.4% (95% UI: 7.3–7.4) among females and 3.5% (95% UI: 3.4–3.5) among males, while the estimated prevalence of overall offline CSEA was 12.0% (95% UI: 11.8–12.1) for females and 5.9% (95% UI: 5.8–5.9) for males.

Data beacon: National Surveillance systems (YRBS/BRFSS)

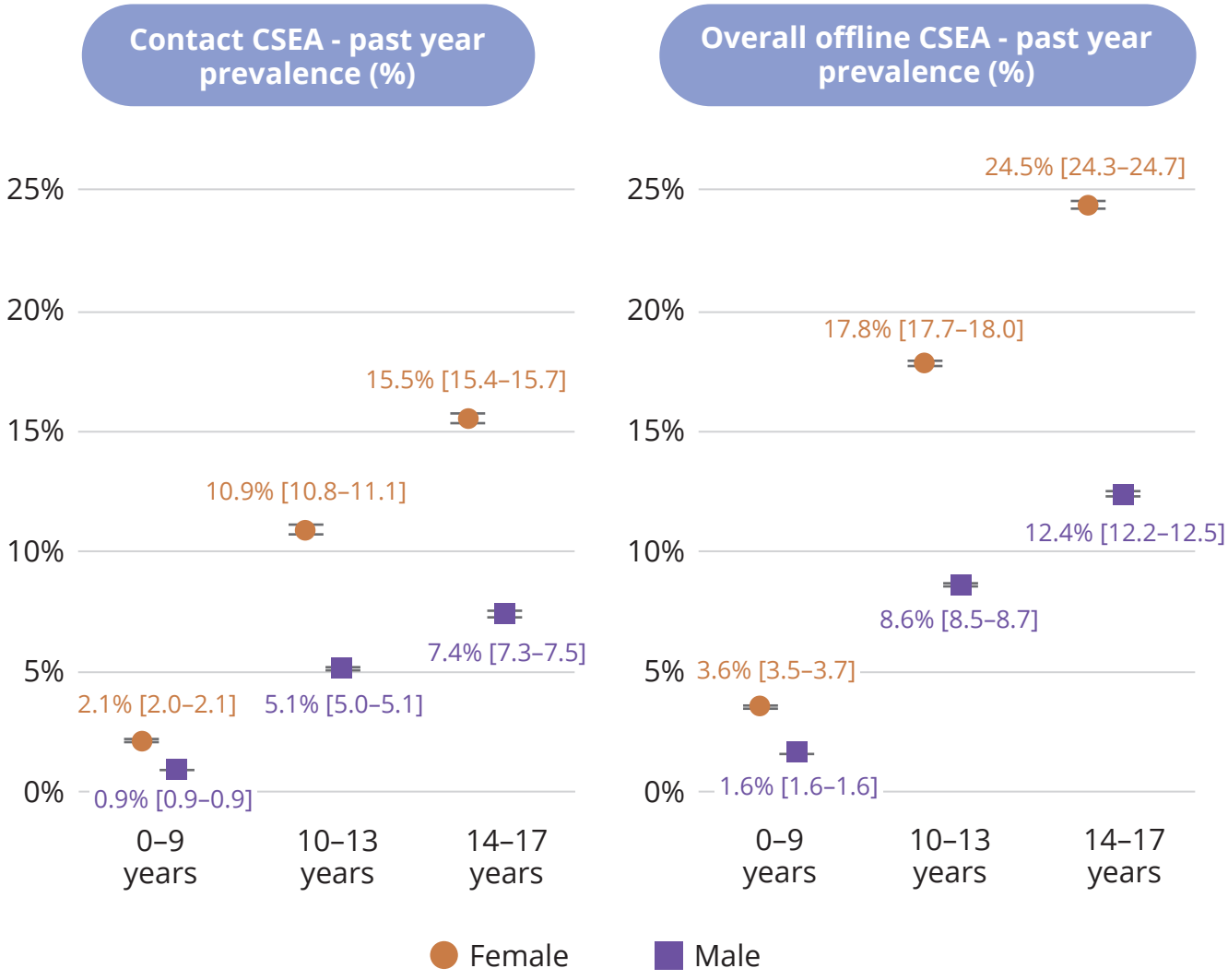


The Behavioral Risk Factor Surveillance System (BRFSS) is the largest continuously conducted health survey system in the United States, coordinated by the U.S. Centers for Disease Control and Prevention (CDC) in partnership with state health departments. It is an annual, population-based telephone survey of non-institutionalised adults aged 18 years and older that collects information on health conditions, health-related behaviours and adverse life experiences. The optional Adverse Childhood Experiences (ACE) module includes retrospective questions on childhood sexual abuse occurring before the age of 18 years. Respondents are asked whether, before age 18, an adult or someone at least five years older ever touched them sexually, made them touch another person sexually, or forced them to have sexual intercourse. These behaviourally specific questions provide estimates of lifetime contact CSEA experienced during childhood among both males and females. The ACE module has been implemented across multiple survey years (2009–2022), providing an important source of comparable population-based data for monitoring the prevalence of childhood sexual victimisation across the United States.

The Youth Risk Behavior Surveillance System (YRBS), developed by the U.S. Centers for Disease Control and Prevention (CDC), is a nationally representative, school-based survey conducted biennially among high school students in the United States. The survey monitors a wide range of health-risk behaviours affecting adolescents, including violence, sexual health, substance use and mental health. YRBS includes behaviourally specific measures of offline CSEA experienced by adolescents. Since 2001, the survey has collected information on lifetime forced sexual intercourse, providing nationally comparable estimates of lifetime rape among male and female high school students. Since 2017, an additional question has measured past-year experiences of forced sexual acts, including unwanted kissing, sexual touching and physically forced sexual intercourse, allowing estimation of past-year contact CSEA. As one of the few nationally representative surveys that measures both lifetime and recent experiences of sexual victimisation among adolescents, YRBS provides valuable evidence for monitoring trends in offline CSEA and informing prevention efforts in the United States.

Age-disaggregated past-year estimates

Figure 30 **Past-year prevalence estimates among 0-17-year-olds of offline CSEA in North America, by subtype, sex and age group**



Note. Publication years of studies included in the meta-analysis: 2010–2024. Error bars show the uncertainty around each point estimate (95% uncertainty interval).

Estimated past-year contact and overall offline CSEA prevalence increases sharply across childhood in North America, with the highest estimates among adolescents aged 14–17 years. It also highlights a substantial and consistent sex and/or gender gap at every age group, which widens from middle childhood onwards.

For contact CSEA, estimates rose from 2.1% (95% UI: 2.0–2.1) for females and 0.9% (95% UI: 0.9–0.9) for males aged 0–9 years, to 10.9% (95% UI: 10.8–11.1) and 5.1% (95% UI: 5.0–5.1), respectively, among those aged 10–13 years. Estimates were highest among adolescents aged 14–17 years, at 15.5% (95% UI: 15.4–15.7) for females and 7.4% (95% UI: 7.3–7.5) for males.

For overall offline CSEA, estimates increased from 3.6% (95% UI: 3.5–3.7) for females and 1.6% (95% UI: 1.6–1.6) for males aged 0–9 years, to 17.8% (95% UI: 17.7–18.0) and 8.6% (95% UI: 8.5–8.7), respectively, among those aged 10–13 years. Among adolescents aged 14–17 years, estimates reached 24.5% (95% UI: 24.3–24.7) for females and 12.4% (95% UI: 12.2–12.5) for males.

Perpetrators of offline CSEA

The systematic review was subsequently updated to include studies published up to December 2025. Additional random-effects meta-analyses were conducted for perpetrator categories where sufficient evidence was available, including any perpetrator, family members and peers (see Technical Note for additional details). Across the sex-specific and combined-sex analyses, the regional prevalence estimates for contact CSEA perpetrated by family members were approximately 55% to 57% of the corresponding estimates for contact CSEA perpetrated by any perpetrator. In the United States, the corresponding proportions ranged from approximately 54% to 61%. The available Canadian evidence was insufficient to support a separate perpetrator-specific meta-analysis. Further Canadian evidence is needed to assess whether these patterns are consistent with those observed in the United States and across the region. And these relative estimates are based on population-based survey data and should not be interpreted as the proportion of perpetrators among reported or administratively recorded cases.

Technology-facilitated CSEA (TF-CSEA)

Following the focus of this year's Index, a more granular region-focused analysis of TF-CSEA prevalence estimates was conducted for the North America region. The aim was to update Childlight's findings from the first Into the Light Index report (2024) by adding new studies published between September 2023 and January 2026 to explore variations across different forms of TF-CSEA, recall periods, and sex-related differences within this region.

Regional estimates of TF-CSEA

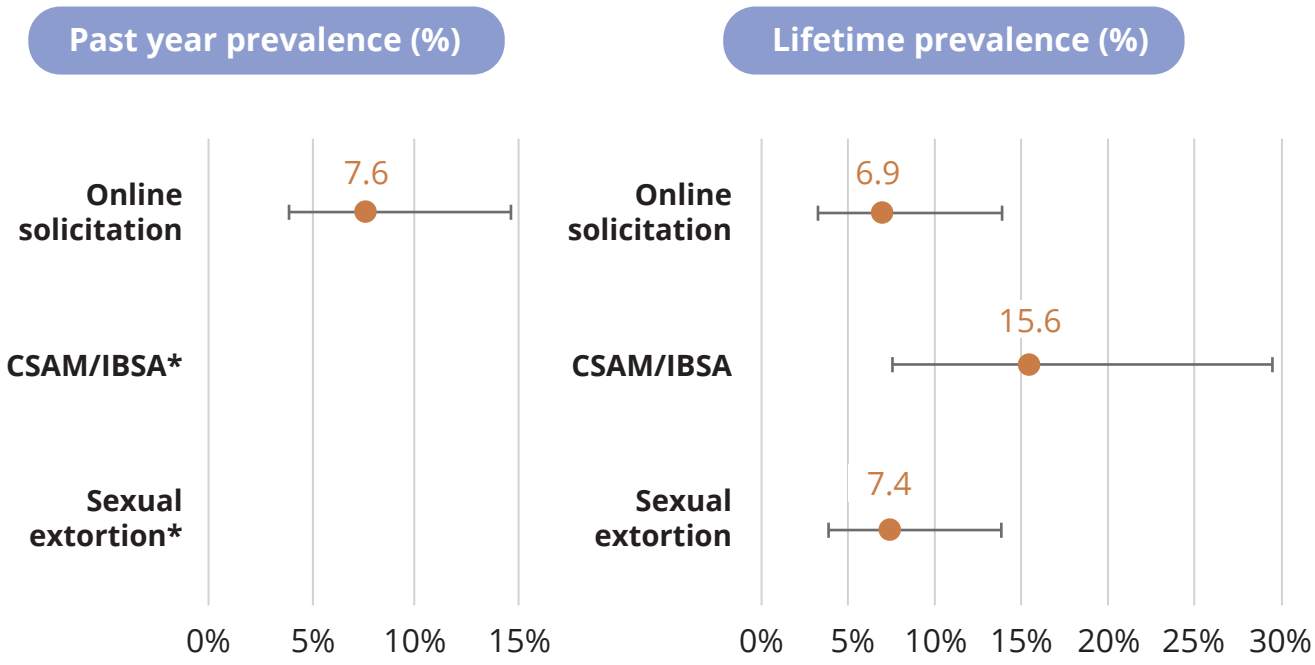
In total, 23 publications were selected for the North America region, including two studies providing prevalence data for Canada and 21 for the United States. These studies were published between 2011 and 2026 and conducted between 2006 and 2025. For the regional analysis, three TF-CSEA subtypes – online solicitation, child sexual abuse material/image based sexual abuse (CSAM/IBSA) and sexual extortion – had sufficient data coverage (that is, four or greater than four studies) for producing the updated estimates for North America.

By comparison with other regions, the self-reported experiences of online solicitation appear to be less frequently reported in North America, with 7.6% (95% CI: 3.8-14.7) and 6.9% (95% CI: 3.3-13.9) of children experiencing this type of TF-CSEA in the past year and lifetime, respectively (see Figure 31). Lifetime victimisation involving sexual abuse material or image-based abuse (CSAM/IBSA) had the highest prevalence as



compared to other subtypes (e.g., online solicitation, sexual extortion) identified in this region. It was estimated that 15.6% (95% CI: 7.5–29.7) of children experienced at least one form of image-based sexual abuse (for example, non-consensual taking images/videos of a child, non-consensual sharing of sexual images/videos of a child) before the age of 18. Seven surveys conducted in the region collected data on sexual extortion, a form of abuse which is frequently overlooked in existing survey instruments or incorporated into broader measures rather than examined as a distinct subtype of TF-CSEA. It was established that 7.4% (95% CI: 3.9-13.8) of young people at some point in their lives received threats or coercive demands where their sexual images or videos were used as leverage.

Figure 31 **Prevalence estimates of TF-CSEA in North America, by subtype and recall period**



* No data available

Note. Past year and lifetime estimates are based on different sets of studies. Publication years of studies included in the meta-analysis: 2011–2026. Error bars show the uncertainty around each point estimate (95% confidence interval).

Limited data sources were identified for exposure to unwanted sexual content in North America. Therefore, the results for this subtype are not presented in the main report.

Data beacon: The Crimes against Children Research Center: broadening the measurement of childhood sexual abuse



The Crimes against Children Research Center (University of New Hampshire, United States), has been instrumental in developing complementary approaches to measuring offline and technology-facilitated child victimisation. Through major studies such as the National Survey of Children's Exposure to Violence (NatSCEV) and the Youth Internet Safety Survey (YISS), the Center has demonstrated the value of examining children's experiences across both digital and offline contexts. NatSCEV uses the Juvenile Victimization Questionnaire to assess multiple forms of victimisation. YISS complements this work by examining online solicitation, unwanted exposure to sexual material, harassment and other internet-related risks. Together, these programmes show the importance of understanding online victimisation as part of children's broader victimisation experiences rather than as an isolated phenomenon, providing a methodological foundation for more integrated surveillance and prevention.

A recent national retrospective survey conducted by the Crimes against Children Research Center (University of New Hampshire, United States), illustrates how expanding the scope of measurement can affect prevalence estimates. Among 2,639 respondents aged 18–28 years, estimated childhood sexual abuse prevalence was 13.5% when based on two conventional sexual abuse questions, increasing to 21.7% when nine forms of online sexual abuse were also included. Estimates increased from 19.8% to 31.6% among females and from 6.2% to 10.8% among males. The inclusion of online sexual abuse also improved identification of survivors reporting high levels of current psychological distress. These findings reinforce the importance of incorporating online experiences into contemporary CSEA prevalence surveys to provide a more complete picture of victimisation (Finkelhor et al., 2024) the United States.



Regional estimates of TF-CSEA disaggregated by sex and/or gender

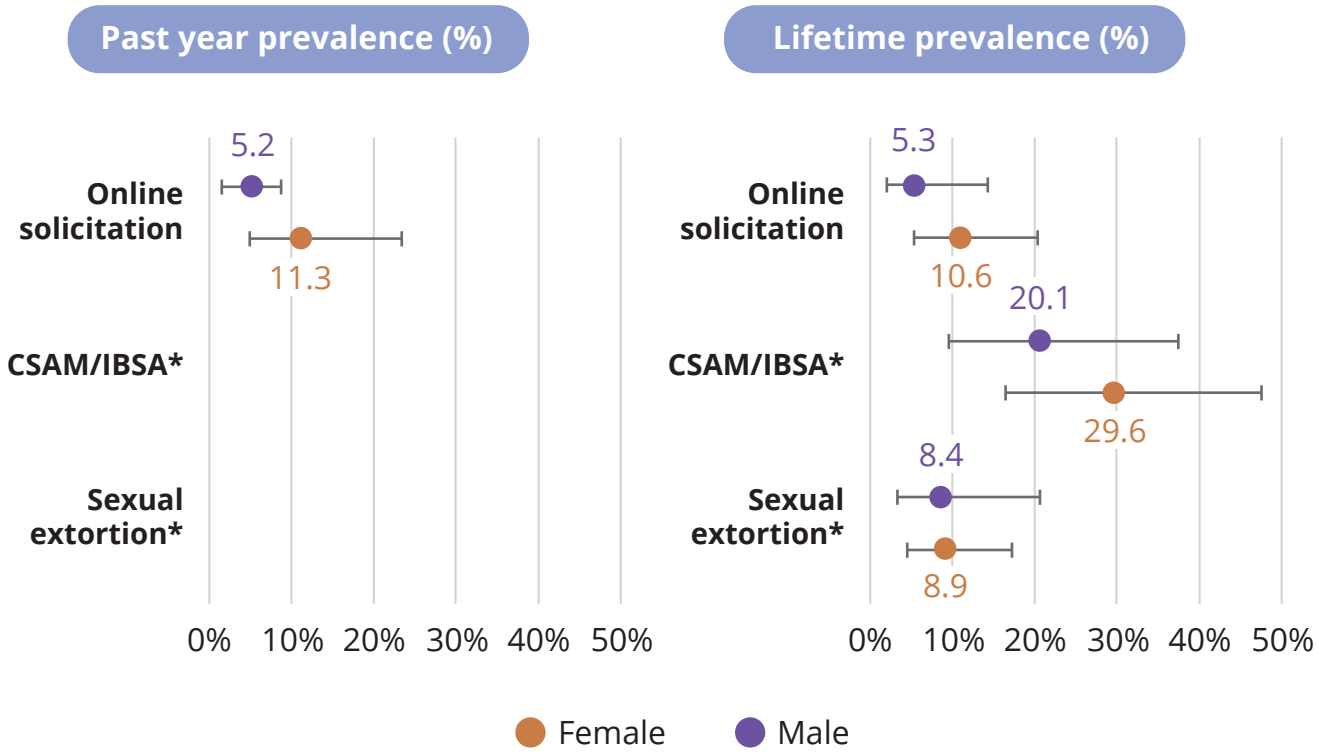
In total, 15 studies reported data disaggregated by sex. They were published between 2011 and 2026 and conducted between 2009 and 2025. Three TF-CSEA subtypes – online solicitation, child sexual abuse material/image based sexual abuse (CSAM/IBSA) and sexual extortion – had sufficient data coverage for producing the updated estimates for experiences in males and females in North America.

Experiences of online solicitation disaggregated by sex had relatively good data coverage (n=9), for both past-year and lifetime recall. Prevalence estimates of this type of TF-CSEA remain consistently higher among females than males, regardless of the recall window. Those sex differences were also similarly pronounced in both past-year (11.3% [5-23.4] and 5.2% [1.7-14.8]) for females and males, respectively) and lifetime (10.6% [5.3-20.2] and 5.3% [1.9-14.2]) for females and males, respectively). Estimates for CSAM/IBSA as stratified by sex were sufficiently covered by data for the lifetime recall only. Results based on four nationally representative surveys that reported sex-disaggregated data, showed that females (29.6% [16.4-47.4]) appear to be more affected than males (20.1% [9.6-37.3]) by this type of harm during the childhood (before the age 18). North America remains the only UNICEF region with sufficient data covering lifetime experiences of sexual extortion. Unlike other subtypes of TF-CSEA, a broadly comparable level of exposure was found among males (8.4% [3.2-20.5]) and females (8.9% [4.4-17.1]), although females had a slightly higher prevalence than males.

For exposure to unwanted sexual content and online sexual exploitation, prevalence estimates are still based on a very limited number of data sources (one to three studies), and therefore they are not presented in this report.



Figure 32 **Prevalence estimates of TF-CSEA in North America, by sex and/or gender, subtype and recall period**



* No data available

Note. Past year and lifetime estimates are based on different sets of studies. Publication years of studies included in the meta-analysis: 2011–2026. Error bars show the uncertainty around each point estimate (95% confidence interval).

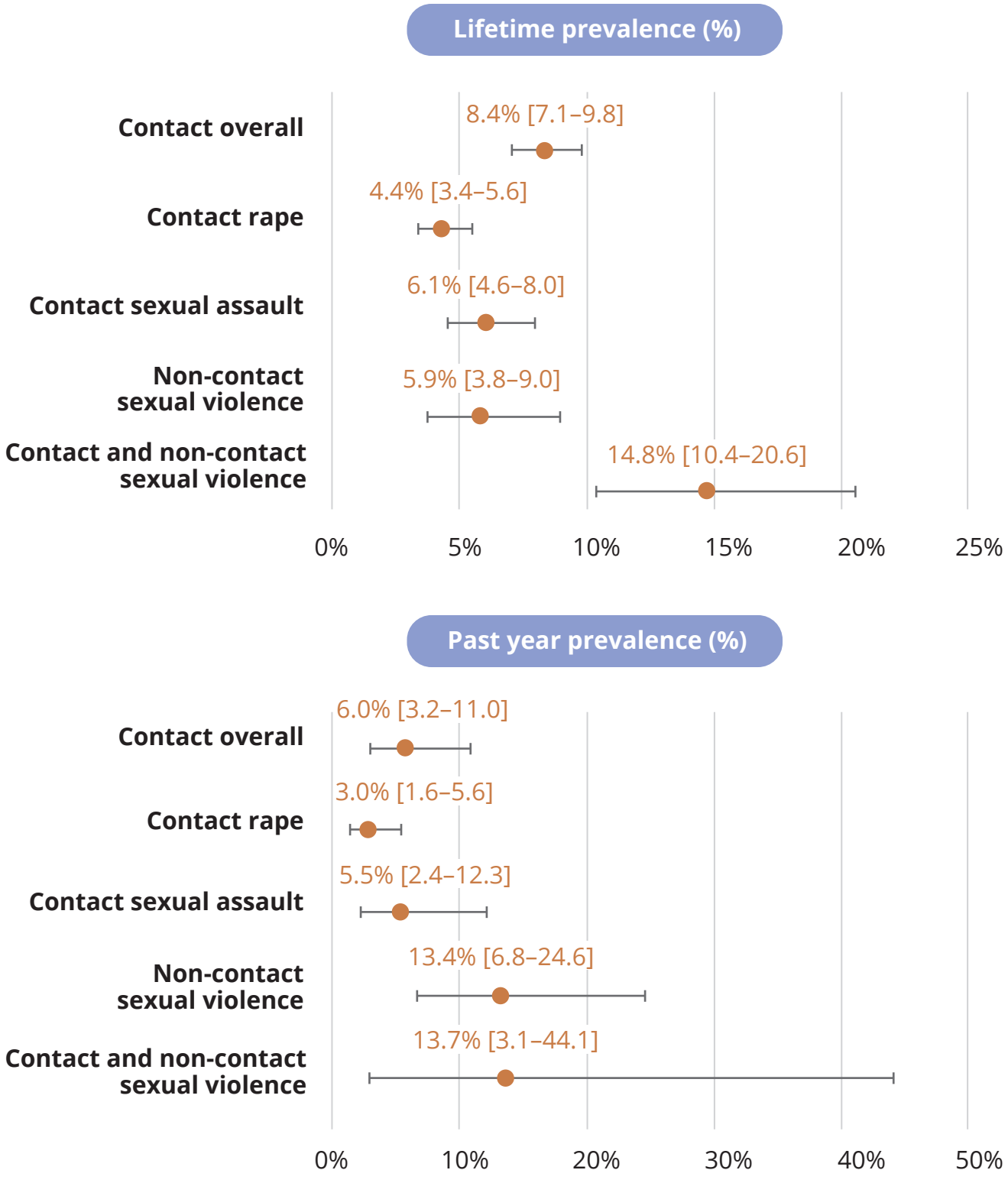
United States

In the United States, our systematic review identified 166 studies published between 2010 and 2025. Random-effects meta-analyses estimated the lifetime prevalence of contact CSEA at 4.2% (95% CI: 2.9%–6.0%) among males, 12.2% (95% CI: 9.4%–15.7%) among females, and 8.4% (95% CI: 7.1%–9.8%) for both sexes combined. For contact and non-contact CSEA combined, the estimated lifetime prevalence was 6.5% (95% CI: 2.6%–15.3%) among males, 20.2% (95% CI: 12.5%–30.9%) among females, and 14.8% (95% CI: 10.4%–20.6%) for both sexes combined.

Past-year estimates showed a similar pattern. The pooled prevalence of contact CSEA was 6.0% (95% CI: 3.2%–11.0%) for both sexes combined, while the corresponding prevalence of non-contact CSEA was 13.4% (95% CI: 6.8%–24.6%). Similar sex differences were observed, with females consistently showing higher prevalence estimates than males.

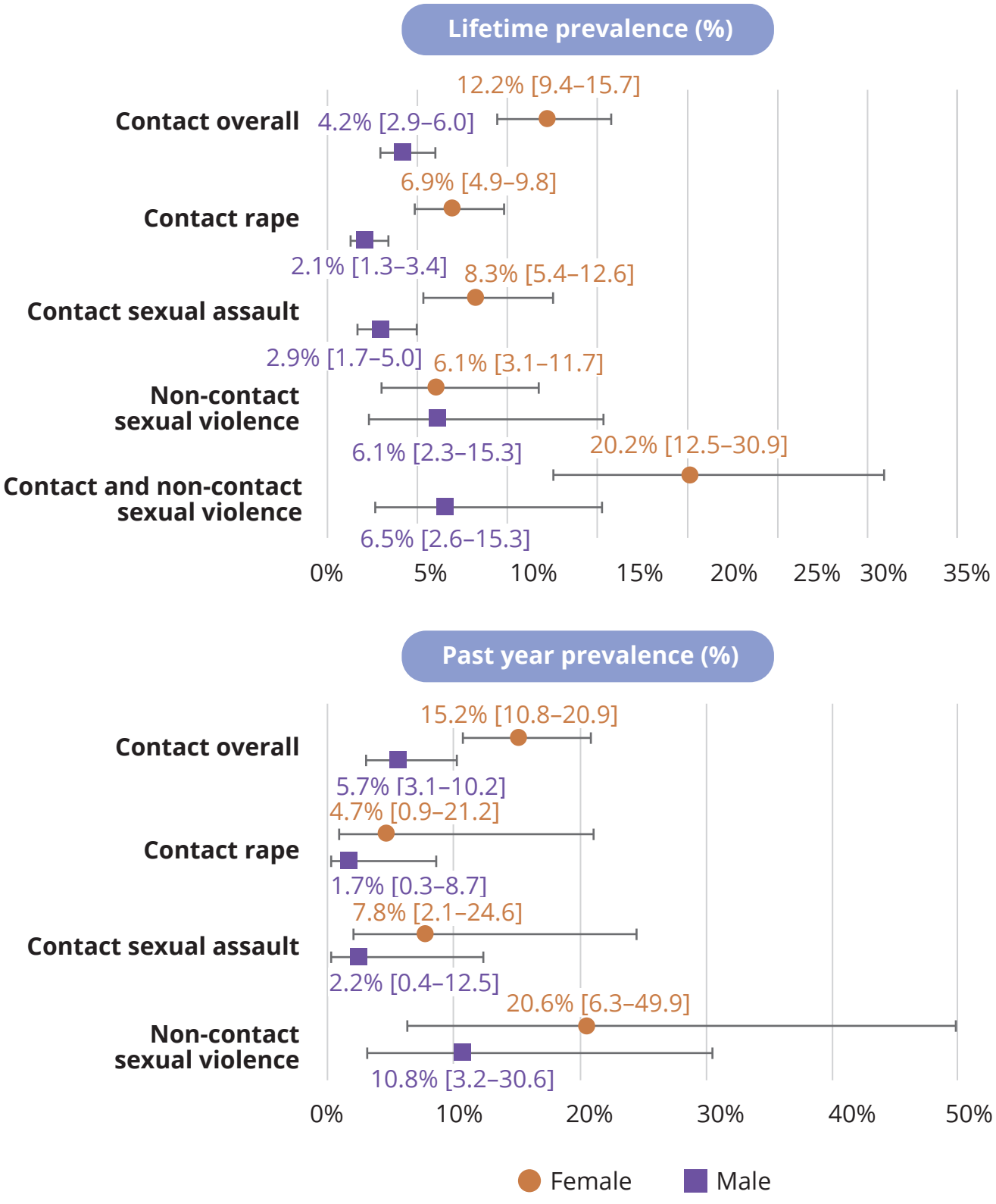
Overall, lifetime contact and non-contact CSEA combined affected approximately one in five females and one in seven individuals overall, highlighting the substantial burden of CSEA in the US.

Figure 33 Pooled prevalence of offline CSEA in the United States, by subtype and recall period



Note. Publication years of studies included in the meta-analysis: 2010–2025. Error bars show the uncertainty around each point estimate (95% confidence interval).

Figure 34 Pooled prevalence of offline CSEA in the United States, by subtype, sex and/or gender and recall period

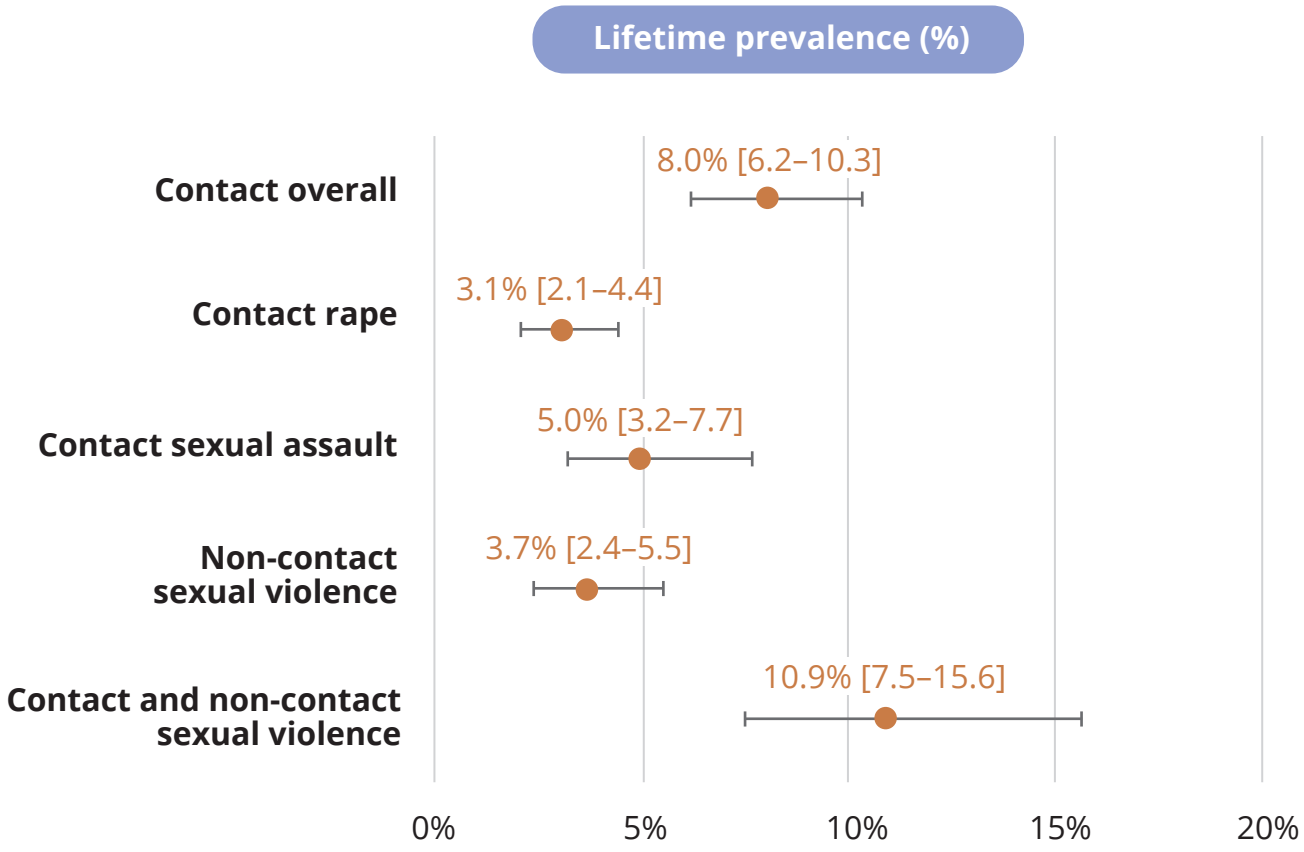


Note. Publication years of studies included in the meta-analysis: 2010–2025. Error bars show the uncertainty around each point estimate (95% confidence interval).

Canada

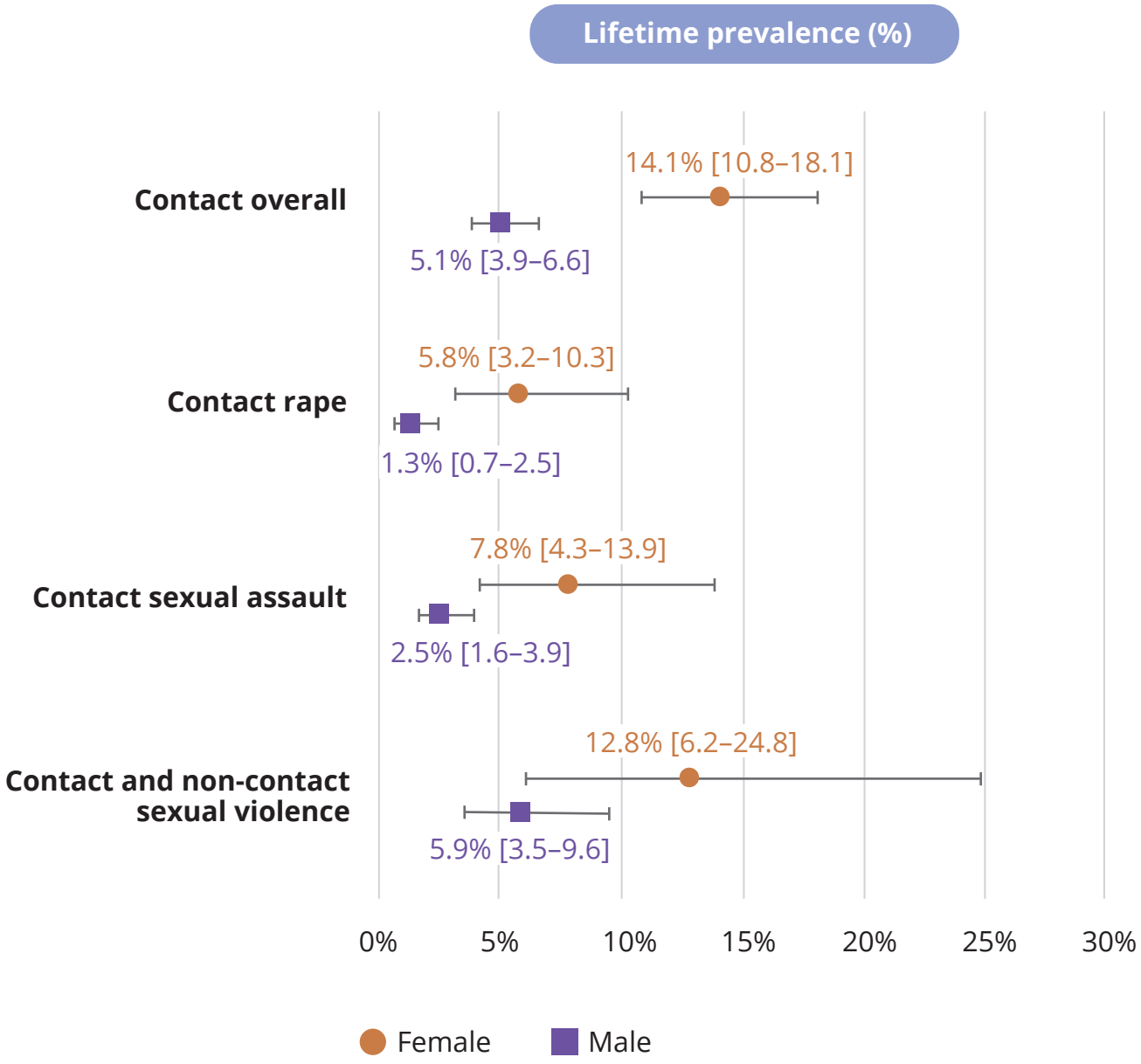
In Canada, our systematic review identified 35 studies published between 2010 and 2025. Random-effects meta-analysis estimated the pooled lifetime prevalence of contact CSEA at 8.0% (95% CI: 6.2%–10.3%; 22 studies), rape at 3.1% (95% CI: 2.1%–4.4%; nine studies), sexual assault at 5.0% (95% CI: 3.2%–7.7%; 11 studies), and combined contact and non-contact CSEA at 10.9% (95% CI: 7.5%–15.6%; 10 studies). Across contact CSEA outcomes, prevalence estimates were consistently higher among females than males.

Figure 35 **Pooled prevalence of offline CSEA in Canada, by subtype and recall period**



Note. Publication years of studies included in the meta-analysis: 2010–2025. Error bars show the uncertainty around each point estimate (95% confidence interval).

Figure 36 Pooled prevalence of offline CSEA in Canada, by subtype, sex and/or gender and recall period



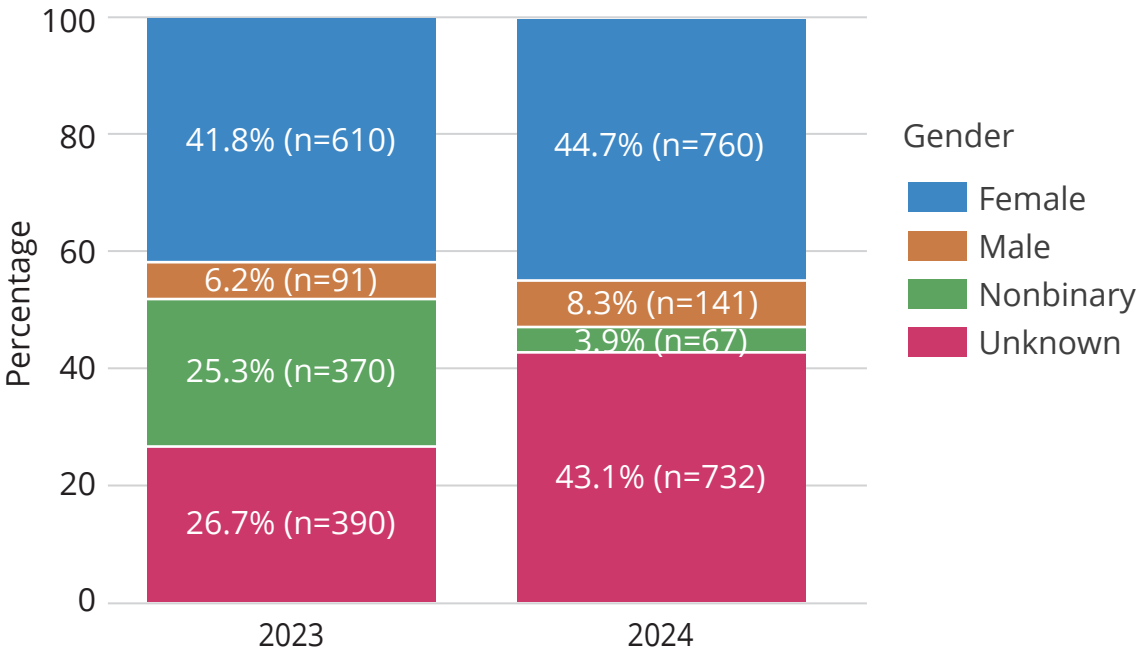
Note. Publication years of studies included in the meta-analysis: 2010–2025. Error bars show the uncertainty around each point estimate (95% confidence interval).

Data beacon: Canada's child helpline

Canada offers a clear illustration of how consistent, standardised child helpline data collection can strengthen national surveillance of CSEA. The helpline system captures real time information directly from children and young people, generating a dataset that is both sensitive to emerging risks and grounded in lived experience. As one practitioner emphasised: "What we bring forward, because it's directly from young people's voice, is seen as really powerful data." This recognition of helpline data as a credible evidence source is central to Canada's good practice model.

Between 2023 and 2024, Canada recorded 1,461 CSEA contacts rising to 1,700, a 16.4% increase. Rather than signalling a sudden surge in prevalence, practitioners view the increase as a reflection of improved awareness and strengthened help seeking pathways. Figure 37 shows stable patterns in the nature of harm: females consistently represented the largest proportion of victim/survivors (41.8% in 2023; 44.7% in 2024) for sexual violence (offline). These figures allow services to track gendered vulnerabilities and allocate resources accordingly.

Figure 37 **Percentage breakdown of tags for sexual violence in Canada, by victim gender**



Note. Data are from Child Helpline International (2026).

The qualitative evidence reinforces the value of this service. Children and young people frequently approach helplines before statutory agencies, largely because helplines offer anonymity and emotional safety. As one counsellor explained: "CYP go to helplines before statutory bodies due to anonymity." Another added: "There is a lot of mistrust that people have when it's child protection and police." This dynamic makes helplines a crucial early disclosure point, capturing cases that might otherwise remain invisible to formal systems. Without consistent data collection, these patterns of mistrust and alternative help seeking would be far harder to detect and respond to.

Canada's helpline practitioners also describe how standardised data help them identify systemic barriers. Even when children are believed, the legal threshold for action can be difficult to meet, leaving them feeling unsupported. One interviewee noted: "A young person can be believed, but then where's that legal threshold? And that can leave people feeling not believed." Because helpline data are collected uniformly, these recurring themes can be documented, analysed and fed into policy discussions about improving statutory responses.

Canada's approach is particularly strong because it has a strong data management culture. Staff are trained to record information consistently, using shared definitions and categories. This allows for reliable comparison across time and supports evidence informed planning. Patterns in gender, case volume and type of harm can be monitored, enabling services to adjust staffing, training and referral pathways. The helpline's commitment to trauma informed practice further enhances support as well as data quality: practitioners emphasise listening, validation and empowerment, with one noting: "Our role is to just be present and listen and validate and believe and support." This approach encourages fuller disclosure, resulting in better support and richer, more accurate data.

Therefore, Canada demonstrates how good data management can transform helpline information into a robust surveillance tool. It strengthens understanding of help seeking patterns, highlights gaps in statutory provision and provides policymakers with credible, actionable evidence. In doing so, Canada offers a strong example of how helpline data can be leveraged to improve national CSEA response systems and support strategic, evidence informed service planning.

Figure 38 Infographic illustrating standardised helpline data as a national CSEA surveillance tool in Canada



Note. Includes data from Child Helpline International (2026).

What do we know about Child Sexual Abuse Material (CSAM)?

CSAM Rate

Table 8 CSAM rates per 10,000 population in North America, 2023–2025

Country	2023	2024	2025
US	37.49	43.10	70.25
Canada	28.90	28.09	33.22

Note. CSAM rates calculated by combining reports and notices for CSAM and dividing by country population/10,000.

Child Sexual Abuse Material (CSAM) figures and rate calculations reflect material detected or reported within each source's coverage and reporting arrangements. They do not measure national prevalence or provide a reliable basis for ranking countries by underlying levels of abuse. Low or absent recorded figures may reflect limited detection or reporting capacity rather than low levels of harm.

Data are from the 2024–2026 CyberTipline Reports (NCMEC, 2026), INHOPE (2024–2026) and UN Population Data Portal (2023–2025).

CSAM rates in North America showed a marked divergence between the United States and Canada across the 2023–2025 period. The United States rate rose slightly between 2023-2024 and then substantially increased in 2025, showing roughly a 63% rise between 2024 and 2025. Canada's rate remained comparatively stable over the three years and has consistently been lower than the United States. This disparity grew substantially in 2025 with the United States' CSAM rate being over double that of Canada.

Furthermore, both countries have similar systems in that they are split regionally by states in the United States and provinces/territories in Canada. In the United States of America each state can have differing laws to each other but are bound to their country's overarching federal system. With this in mind, we explored CSAM rates by separate states and provinces. In the United States, Vermont was found to have the lowest CSAM rate of 31.46 in 2025 and Texas had the highest rate at 73.96. Conversely, Canada's provinces and territories, which are bound to a national criminal code, did not have such an extensive range with their lowest being Newfoundland & Labrador at 2.4 and the highest is Nova Scotia at 7.4 based on the data presented.

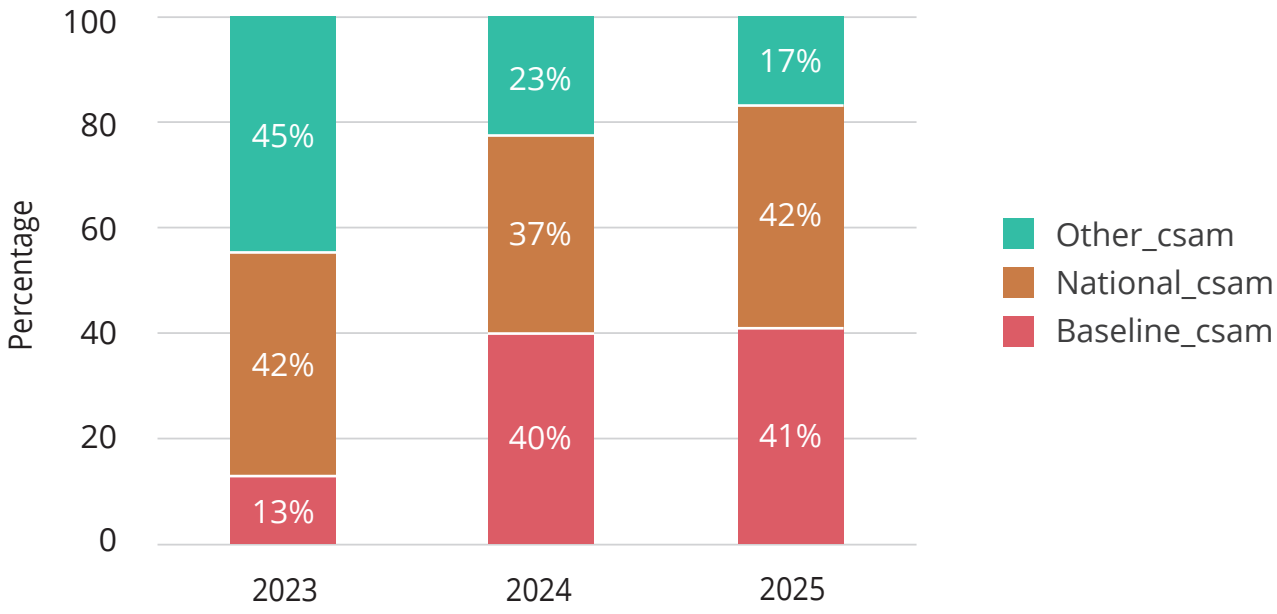
It is prudent to mention that the CSAM rate is calculated using NCMEC and INHOPE data and does not include Canada's own CSAM detection organisation Canadian Centre for Children's Protection (C3P). Thus, although Canadian ESPs do send reports to these organisations, most of their data are not included in calculating the CSAM rate.

Severity

The illegality of an image is determined by using severity classifications. For example, Class A is the most severe and Class C would still be harmful but least severe. By reporting what level of illegality an image is (using the definitions above), we can also deduce the severity of the abuse. The severity data comes from INHOPE who use the INTERPOL Baseline classification system outlined below.

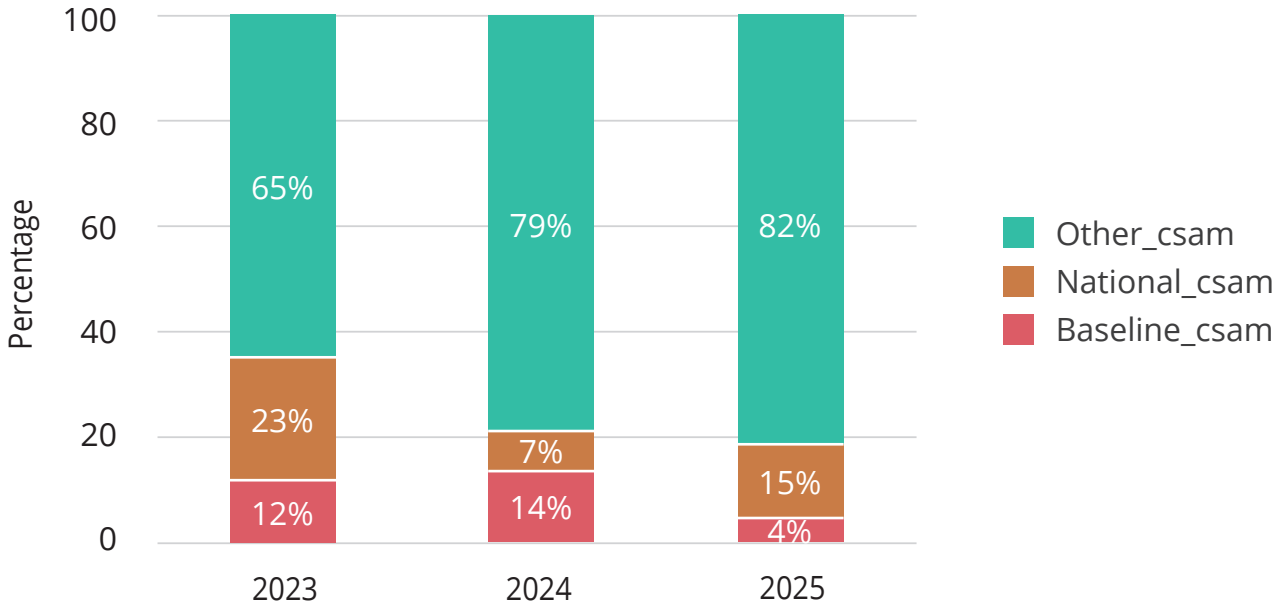
- Baseline - the proportion of CSAM content which meets the internationally set parameters of illegality.
- National - the proportion of CSAM content which meets the national standard of illegality but not the baseline
- 'Other'- the proportion of sexual content which is sexually exploitative or harmful to a child but may not be considered CSAM

Figure 39 CSAM severity classification in the United States, 2023–2025



Note. Data are from CSAM severity classification data (INHOPE, 2026).

Figure 40 CSAM severity classification in Canada, 2023–2025



Note. Data are from CSAM severity classification data (INHOPE, 2026).

As shown in the figures above, there is a markedly different classification proportion between Canada and the United States. Between 2023 and 2025, the majority of CSAM has been classified as 'other' and therefore not illegal under these standards. Conversely, in 2024 and 2025, both 'Baseline' and 'National' classification proportions have been increasing within the United States. This could point to divergence in the way that the rapidly growing volume of AI CSAM is being classified in the two countries. In the United States under the PROTECT Act (2003) the law is very clear about criminalising AI CSAM.

> **'...making a visual depiction that is a digital image, computer image, or computer-generated image of, or that is indistinguishable from an image of, a minor engaging in specified sexually explicit conduct'**

In contrast, Canada currently does not have any specific laws specifically pertaining to AI CSAM (Schidlow et al., 2025) though their criminal definition of CSAM can include this type of material, this could partially explain why such material would fall under the classification of 'other' rather than 'National'.

CSAM hosting and reporting trends

The regional proportions for hosting and reporting (INHOPE, IWF and NCMEC data) are all over 90% for the United States and the data from the Child Rescue Coalition for 2023 and 2024 is over 70%. In comparison, the global proportion has varied, increasing and decreasing depending on data source. As mentioned previously, this could be more to do with siloing of available data from across country's various sources.

NCMEC's referral volume is heavily influenced by the detection practises and legal reporting obligations of major electronic service providers (ESPs) and has a substantial influence on reporting trends in the United States.

Table 9 **Volume of CSAM reports sent by Electronic Service Provider in 2025**

ESP	Report volume
Facebook	4,907,710
Instagram	3,673,045
TikTok	3,623,177

Note. Data are from the 2025 CyberTipline Report (NCMEC, 2026).

All of the companies identified in Table 9 have US-domiciled headquarters which in turn has a concentrated effect on volume of NCMEC reports and consequently, the CSAM rate.

ESPs have been bound by law to report any instances of CSAM they detect or are made aware of for years now. However, the REPORT Act which was introduced in 2024 sought to improve reporting standards from ESPs as there were substantial volumes of reports with negligible information creating unnecessary back and forth and exponential workload for analysts.

What do we know about prevention and response capacity to TF-CSEA?

In collaboration with INTERPOL, Childlight conducted primary research to better understand how data on TF-CSEA moves to action within law enforcement as part of our system strengthening indicator area. This primary research included desk reviews as well as surveys and in-depth interviews with national law enforcement.

Among the two survey respondents from the region, both reported the presence of specialist CSEA investigative capability and dedicated online CSEA analysts. One reported that all personnel had received specialist training, and both reported that they are able to process all digital forensic cases within 12 months. They both also reported access to integral CSEA data sources.

The legislative review of the three countries/OCTs found that all had legislation criminalising CSAM, online grooming and requiring internet service providers (ISPs) to share data with law enforcement. However, only one of the three countries/OCTs (33.3%) had legislation requiring ISPs to retain data for a fixed period, while two (66.7%) did not. This finding suggests that, despite comprehensive legislative coverage across most areas examined, fixed-period ISP data retention legislation is an area of improvement for this region.



Part 3: PREVENT

This final section of the report focuses on moving beyond description and examining what the evidence tells us about preventing and responding to CSEA. Each section combines evidence from multiple data sources and is divided according to key themes and questions related to prevention including:

- Primary prevention: What does the evidence tell us about preventing CSEA before it occurs?
- Early identification and intervention: How can systems identify risk and intervene sooner?
- Response and protection: How can systems respond effectively once CSEA is identified?
- Governance, legislation and accountability: What policy and governance conditions support prevention and response?
- Future-facing prevention: How should prevention evolve alongside technological change?



3.1 Preventing harm before it happens

Primary prevention is focused on stopping CSEA before it occurs. Effective prevention requires an understanding not only of the overall scale of CSEA, but also of how patterns vary across childhood between different groups of children, across perpetrator relationships and within the contexts in which abuse occurs. Disaggregating evidence by factors such as age, sex and/or gender, perpetrator and context can reveal patterns that are not visible within aggregate estimates and help inform more appropriately targeted and developmentally responsive prevention approaches (Devries et al., 2018).

This section focuses on population-level patterns in the ITL Index 2026 data across age, sex and/or gender, perpetrator and context. In doing so, it draws on multiple sources of evidence, including population surveys, administrative and frontline data, helpline data and victim-identification sources. Together, they can help inform primary prevention interventions and highlight where future research is needed.

Age-related patterns

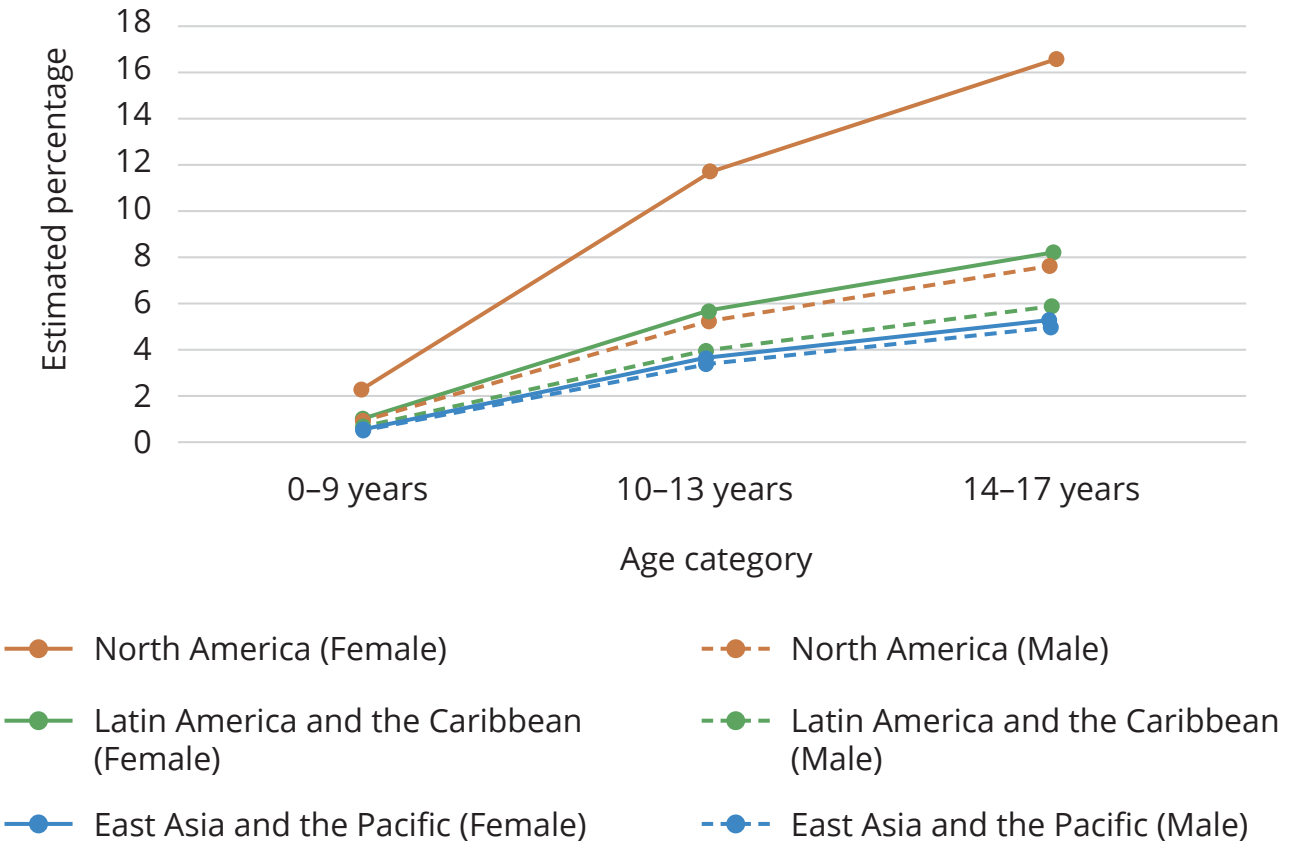
This section shows that age-related patterns in CSEA vary according to the data source. Survey estimates are generally highest among adolescents, although this may partly reflect their greater representation in research and greater ability to recognise and disclose abuse. Administrative, frontline and victim-identification data demonstrate that younger children also account for a substantial share of recorded cases and are prominently represented among identified victims of technology-facilitated CSEA. Understanding age-related risk therefore requires evidence from multiple data sources, and prevention efforts need to begin in early childhood rather than focusing only on adolescents.

Age patterns in survey estimates

Survey-based estimates indicate that past-year contact CSEA increases across age groups in East Asia and the Pacific, Latin America and the Caribbean, and North America, with the highest estimates observed among adolescents aged 14–17 years (see Figure 41). Female estimates were generally higher than male estimates, particularly in North America, although both females and males showed the same age-related pattern. These differences highlight the importance of examining age patterns using sex-disaggregated estimates and of considering the specific prevention and response needs of girls and adolescent girls. This is consistent with wider evidence showing higher pooled prevalence estimates in studies involving older children compared with younger children, potentially reflecting increased autonomy

during adolescence, greater exposure to violence in romantic relationships, and developmental differences in the recognition and disclosure of sexual abuse (Piolanti et al., 2025; Manay & Collin-Vézina, 2021). Higher reported victimisation during adolescence may reflect both increased vulnerability with age and the stronger evidence base for this group, as many school-based surveys focus on adolescents aged approximately 12–18 years or students in Grades 7–12, while younger children are less frequently represented.

Figure 41 **Past-year prevalence estimates of contact CSEA, by age group, sex and/or gender and region**



Note. Publication years of studies included in the meta-analysis: 2010–2024.



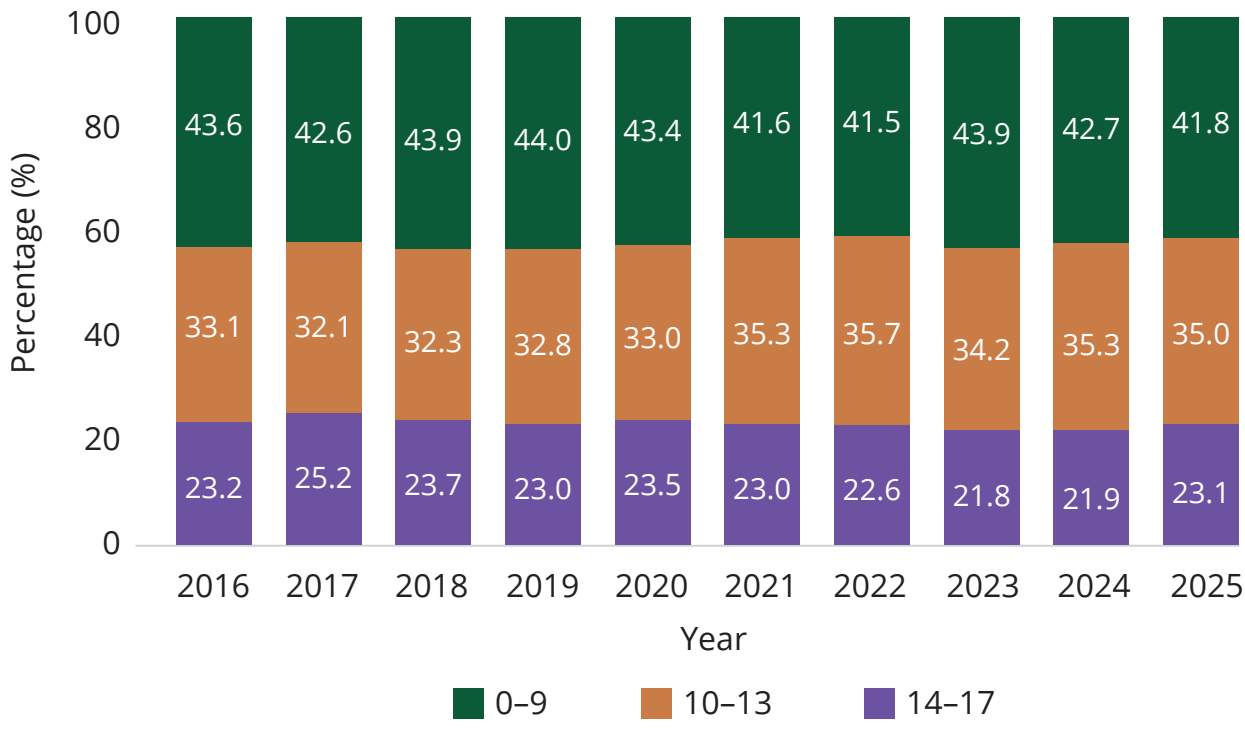
Evidence for children aged 0–9 years remains limited across the three regions, with only nine studies identified across four countries: Brazil, China, Canada and the United States. This limited evidence base is likely shaped by methodological, developmental and ethical challenges in measuring CSEA among younger children. Importantly, children aged 0–9 years are not a developmentally homogeneous group, and the ability to recognise, remember and communicate abusive experiences will vary substantially across this age range. Younger children may be unable to report directly, may not recognise an experience as abusive, or may be less able to disclose what has happened. Disclosure may also be constrained by fear, coercion, shame or dependence on the person responsible for the abuse. In many studies, information is provided by a proxy, typically a parent or caregiver, who may be unaware that the abuse occurred or may only become aware following disclosure; in some cases, the caregiver may themselves be implicated. Brief screening questions may also fail to prompt recall, and some early experiences may not be remembered or recognised (Finkelhor et al., 2015). As a result, estimates for this age group may reflect limitations in measurement, disclosure and proxy reporting, rather than an absence of victimisation. For this reason, survey findings for younger children should be considered alongside complementary administrative, frontline and victim-identification data.

Age patterns in reported cases

Across countries, public sector frontline data from the police, social services and health sectors generally show that reported cases of CSEA, including all cases that fall under any CSEA-related category in official statistics, are more common among older children. Data from police, health and social service systems in selected countries, including Brazil, Mongolia, Japan, the Philippines, Fiji, Australia and the United States, most often identify adolescence (approximately 10-17 years) as the age when reports peak.

However, data from Brazil (Figure 42) show that children aged 0–9 years consistently accounted for a substantial proportion of recorded CSEA cases, representing between 41.6% and 44.1% of cases annually between 2016 and 2025. In 2025, children aged 0–9 accounted for 41.8% of recorded cases, compared with 35.0% among those aged 10–13 and 23.2% among those aged 14–17. These findings demonstrate that younger children are highly visible within health-recorded cases, despite their limited representation in population-based survey evidence. Note that depending on national legislation and recording practices, online forms of abuse are not always fully included in official statistics. Please refer to our Technical Note for details on the complex interplay of factors that can influence the number of cases recorded by services.

Figure 42 **Annual percentage distribution of health-recorded CSEA cases by victim age group, Brazil, 2016–2025**



Note. Data are from the Notifiable Health Conditions Information System (SINAN) (Brazil Ministry of Health, 2026).

Data collected through the Philippines Women's and Children's Protection Units (WCPUs) provide insight into the age distribution of children presenting to health services following reported CSEA. Across all reported CSEA cases, including both contact and non-contact forms, cases were more commonly reported among older children and adolescents. Throughout the reporting period, children aged 10–17 years consistently accounted for a large proportion of all reported cases, increasing from 67.3% in 2017 to 76.9% in 2021. In contrast, children aged 0-9 years represented a smaller proportion of reported cases, declining from 32.8% in 2017 to 23.0% in 2021. Because these findings are based on administrative data, the observed shift towards older adolescents should be interpreted as a change in the composition of reported cases presenting to the WCPUs rather than evidence of increased age-specific incidence. Changes in disclosure, reporting, healthcare-seeking, referral pathways or other factors may account for the increasing proportion of reported cases, although this cannot be evaluated using the available data. Younger children's lower representation among reported CSEA cases should not be interpreted as indicating lower risk, as abuse involving younger children remains particularly difficult to identify because detection often depends on caregiver recognition or behavioural indicators rather than direct verbal reporting. These findings highlight the importance of implementing age-specific prevention strategies, including early childhood safeguarding and caregiver education along with adolescent-focused interventions promoting healthy relationships, online safety and early identification of abuse.

Technology-facilitated CSEA and pre-pubescent children

Global evidence from technology-facilitated CSEA also reinforces the need to consider younger children within prevention strategies. Existing evidence sources highlight the disproportionate representation of pre-pubescent children among identified victims of technology-facilitated CSEA, while also underscoring that these figures reflect detected and recorded cases rather than population prevalence. INHOPE reported that 91% of victims were aged 3–13 years in 2025, NCMEC's Child Victim Identification Program found that prepubescent and infant/toddler victims accounted for 37% of identified victims, and IWF reported that 82% of CSAM assessed in 2025 included a prepubescent child. The data are also influenced by the way in which CSAM is discovered or reported to the various sources, with certain approaches such as hash-matching or web crawlers prioritising the material most universally understood to be child sexual abuse material, often meaning the victims that are most clearly observed to be children.

Taken together, the evidence points to the need for a multi-data approach to understanding age-related risk. Survey data are valuable for identifying broad prevalence patterns, particularly among adolescents, but they may under-capture victimisation among younger children. Administrative, frontline and victim-identification data provide complementary evidence that younger children are present in recorded cases and should not be overlooked.



Prevention therefore needs to begin before adolescence, including pre- and post-natal care, early childhood development settings, primary schools, family-support systems and digital-safety interventions addressing technology-facilitated harms.

Sex and/or gender patterns

This section examines patterns related to gender and/or sex. Sex generally refers to biological characteristics or the sex recorded in a dataset, while gender refers to socially constructed identities, roles and norms. However, many of the data sources reviewed classify individuals only as female or male and do not clearly indicate whether this represents sex assigned at birth, recorded sex or gender identity. The terminology used by each source is therefore retained where possible, and any lack of distinction between sex and gender should be considered when interpreting the findings.

Examining CSEA by sex and/or gender can reveal differences that may be obscured within aggregate estimates, particularly when considered alongside the type of CSEA and the data source from which the evidence is drawn from.

Gender can shape who discloses — and who remains hidden

"In the cases we receive, the majority of children are adolescent girls, with the 13–15 age group particularly overrepresented. We observe that boys may be less likely to seek help or disclose experiences. Shame, fear of judgement, stigma and gender expectations around vulnerability may act as barriers to help-seeking. For this reason, the lower number of boys represented in the reported cases should not necessarily be interpreted as indicating lower levels of victimisation."

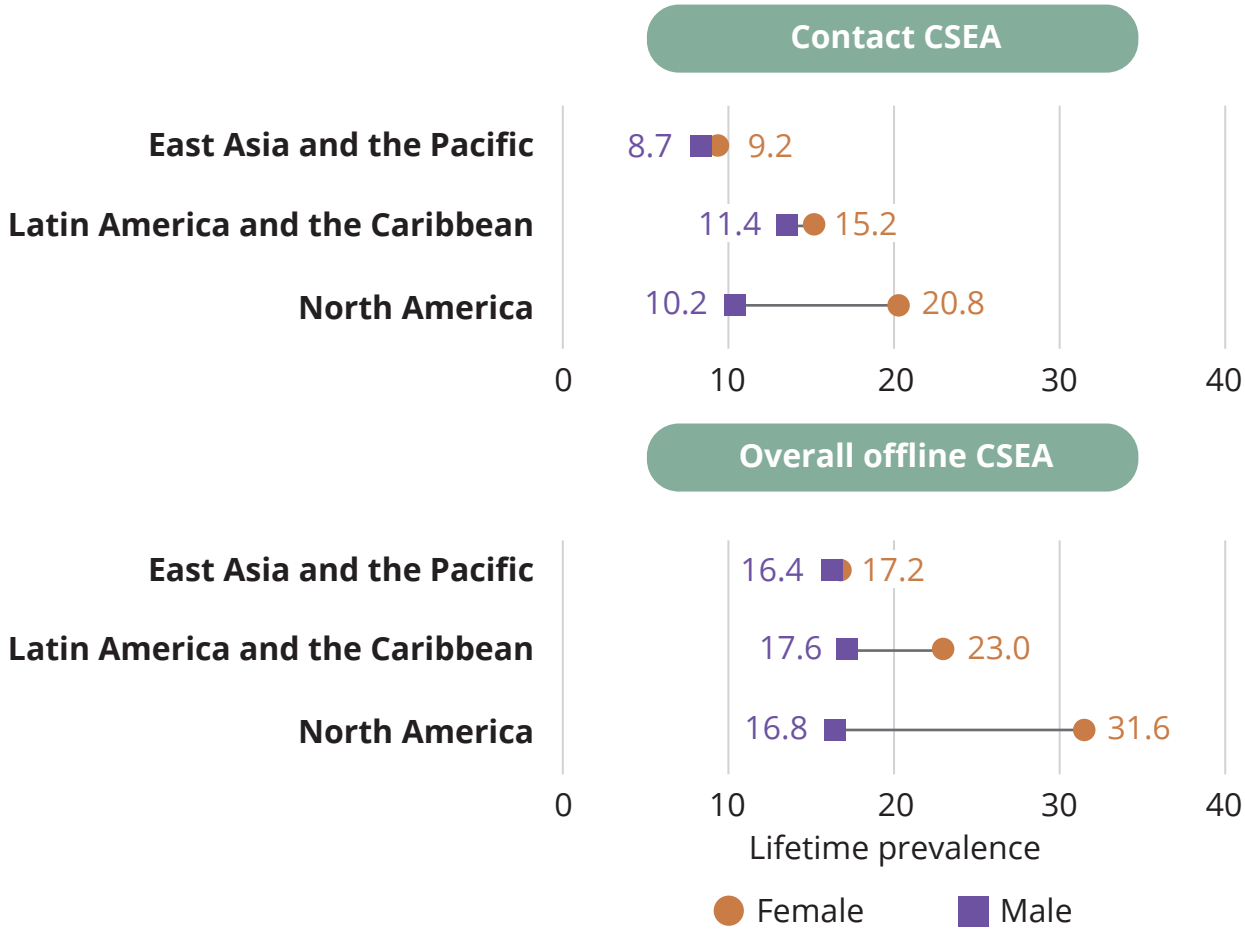
Stavroula Spiropoulou,
Psychologist and Coordinator,
The Smile of the Child

Sex and/or gender related patterns in survey estimates

As shown in Figure 43, offline CSEA estimates in East Asia and the Pacific were comparatively low and showed relatively little difference between females and males. This pattern should be interpreted with caution, as China contributed a substantial proportion of the regional evidence, including both school-based studies of adolescents and retrospective studies of college students, and therefore had a strong influence on the pooled estimates.

The apparent gender similarity contrasts with the larger female–male differences observed in many Western settings and may reflect regional differences in exposure, reporting and measurement. Estimates are likely to vary according to the behaviours included, the age groups surveyed and whether experiences are reported prospectively or retrospectively. Cultural understandings of CSEA, gender norms and willingness to disclose sensitive experiences may also influence observed sex differences. Consequently, the available evidence suggests that gender/sex patterns in offline CSEA may differ across regions, highlighting the importance of considering local social and cultural contexts when interpreting prevalence estimates.

Figure 43 **Lifetime prevalence estimates of offline CSEA, by subtype, sex and/or gender and region**



Note. Publication years of studies included in the meta-analysis: 2010–2024.

Gendered patterns in TF-CSEA victimisation surveys

Available disaggregated estimates suggest that gender patterns in TF-CSEA vary by subtype rather than following a single consistent pattern. Table 10 shows that females had higher estimated prevalence of online solicitation in both East Asia and the Pacific and North America across both lifetime and past-year measures. Female estimates were also higher for CSAM/IBSA in North America, while sexual extortion estimates were similar for females and males. In contrast, males had higher estimates of CSAM/IBSA and exposure to unwanted sexual content in East Asia and the Pacific. Overall, these findings indicate that gender differences in technology-facilitated CSEA are subtype- and context-specific.

However, the evidence base remains limited, particularly in Latin America and the Caribbean. Therefore, the results for this region are not included in the table below.

Table 10 **Prevalence estimates of TF-CSEA, by sex and/or gender, subtype, recall period and region**

Subtype	UNICEF region	Lifetime Female %	Lifetime Male %	Past-year Female %	Past-year Male %
Online solicitation	East Asia and the Pacific	21.2	13.4	10.0 –	8.7
	North America	10.6	5.3	11.3	5.2
CSAM/IBSA	East Asia and the Pacific	1.4	1.9	1.4	2.4
	North America	29.6	20.1	–	–
Sexual extortion	North America	8.9	8.4	–	–
Exposure to unwanted sexual content	East Asia and the Pacific	1.6	2.7	4.3	6.1

Note. Publication years of studies included in the meta-analysis: 2011–2026.

Sex and/or gender patterns in reported cases

Across available frontline data, females account for the majority of CSEA victim/survivors identified through police, health and social service systems. This pattern is observed across countries, although the size of the gender difference varies by sector, age group and reporting pathway. Child helpline data provide an additional perspective by capturing children and young people who seek information, advice or support, and may therefore identify different groups of victim/survivors from those recorded in formal reporting systems. The differences between data sources highlight the importance of considering multiple pathways through which CSEA cases are identified and supported.

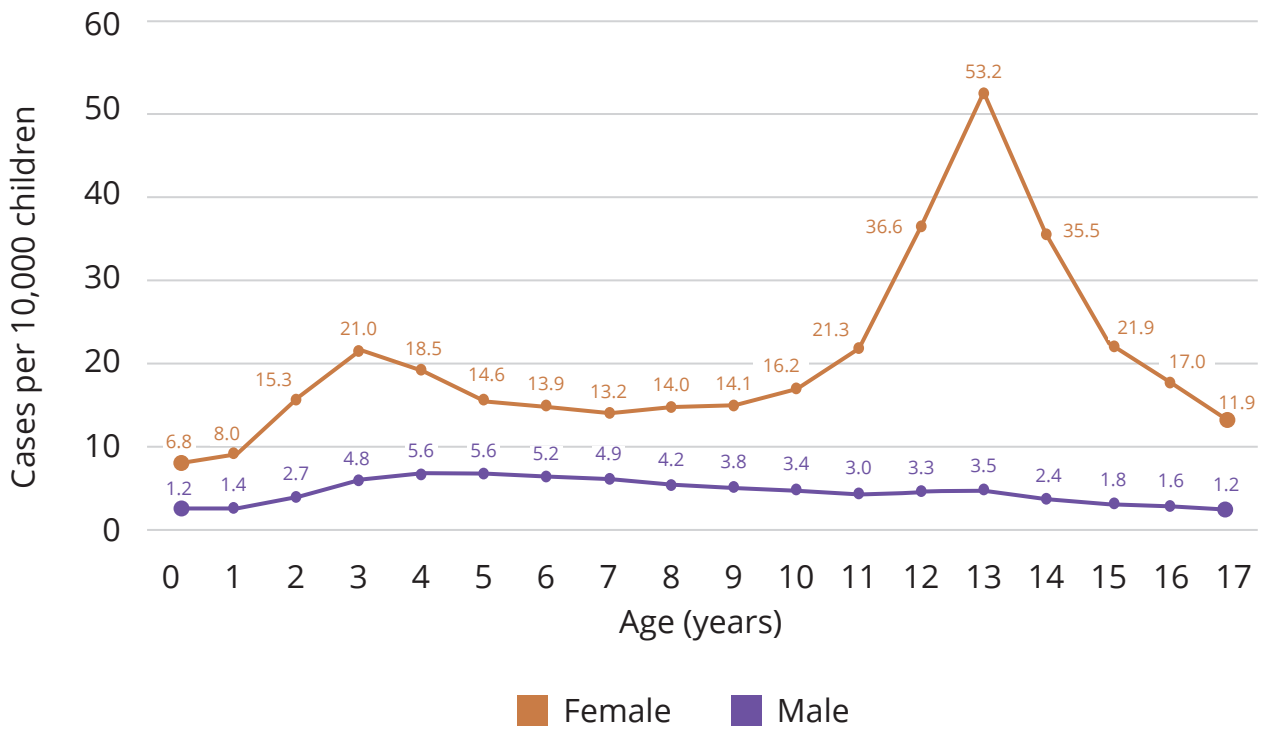
Helpline data can provide a different perspective on gendered patterns in reported CSEA. In Japan, police statistics show that approximately 95% of recorded sexual violence cases involve female victims, whereas boys accounted for 75.2% of the sexual violence contacts recorded by Child Helpline International in 2024. These differences suggest that the two data sources capture distinct populations and pathways to support. Police statistics reflect cases formally reported to law enforcement whereas helpline data capture children seeking information, advice or support. Consequently, the two datasets should not be interpreted as representing the same population, but rather as providing complementary perspectives on children's experiences and help-seeking behaviours.

Health sector data from Brazil provide individual case-level records, allowing reported CSEA cases to be disaggregated by single year of age and sex. These data indicate that age patterns in reported cases differ for boys and girls. For example, in 2025 among boys, reported cases increase during the early years of childhood, reaching the highest rate at age four (5.6 cases per 10,000 boys), and then gradually decrease with age (Figure 44).

Girls show a different pattern, with higher reported rates than boys across all age groups. Reported cases are already high in early childhood, reaching an early peak at age three (21.0 cases per 10,000 girls). After a slight decline during middle childhood, reported rates increase sharply from around age 10, reaching the highest level at age 13 (53.2 cases per 10,000 girls), before declining during later adolescence.

These findings show that, while data from different countries and sectors often point to early adolescence as the period when reported cases are most common, age patterns differ for boys and girls. For boys, reported cases are most frequent during early childhood, while for girls, the highest levels occur during early adolescence. Looking at data by individual age and sex helps reveal these differences, which may be missed when children are grouped into broad age categories.

Figure 44 **Number of health recorded CSEA cases per 10,000 children by victim age and sex and/or gender in Brazil, 2025**



Note. Data are from the Notifiable Health Conditions Information System (SINAN) (Brazil Ministry of Health, 2026).

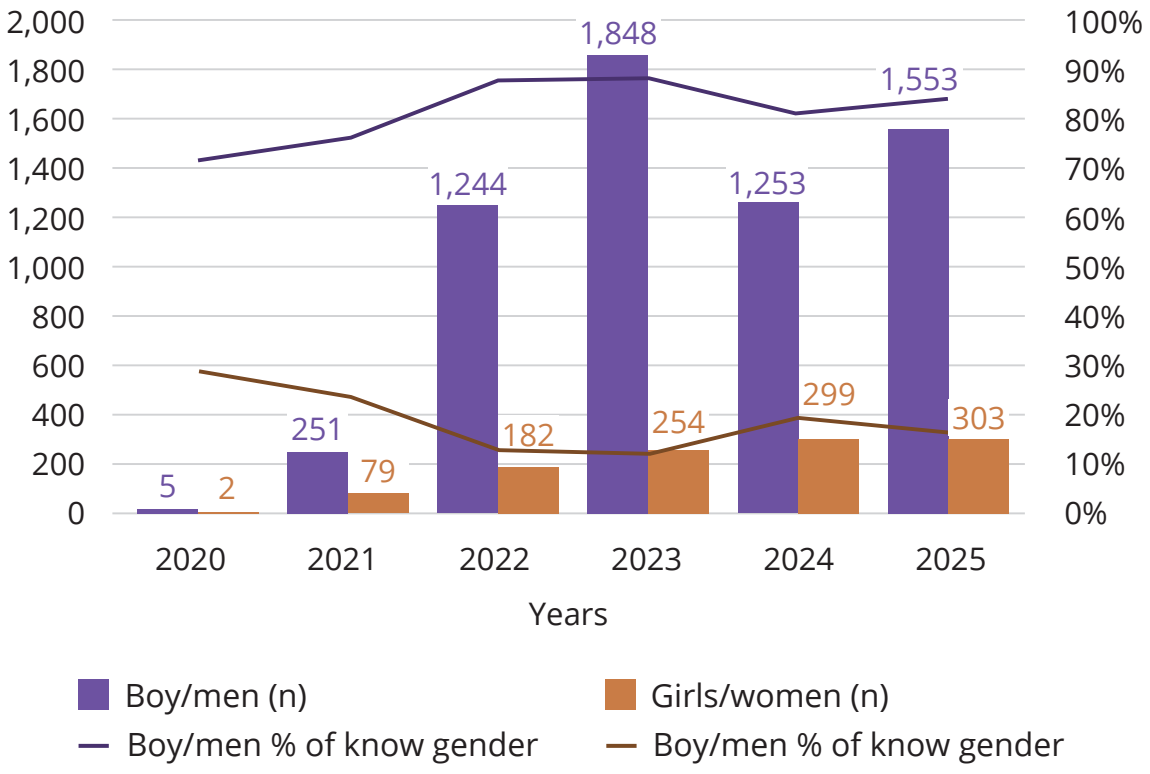
Data Beacon: Gendered patterns in reported sexual extortion: Insights from the Canadian Centre for Child Protection (C3P)

The Canadian Centre for Child Protection (C3P) operates several services which aim to support those impacted by technology-facilitated child sexual abuse. Project Arachnid is a set of victim-centric tools that includes a web crawler that searches for known images of child sexual exploitation and abuse and issues takedown notices. C3P also operates Cybertip.ca, Canada's national tipline for the reporting of online child sexual abuse and exploitation, as well as a support service which provides short-term aid to survivors of online child sexual exploitation and/or abuse called NeedHelpNow.ca.

Through operating these services, C3P offers a victim-centred approach that reduces the online availability sexual content of children and offers support to both the children and their families during this process with the immediate impacts to their well-being.

C3P data suggests that sexual extortion and image-removal services are used disproportionately by older adolescent boys (see Figure 45). Males accounted for the majority of reported sexual extortion cases with known gender, rising from 76.1% in 2021 to 87.9% in 2023 and remaining high at 83.7% in 2025. The gendered pattern of reported sexual extortion described above highlights the importance of platform responses designed to reach adolescent boys, which is also evident in reports of victim reporting services operated by NCMEC and IWF with Take It Down and Report Remove respectively.

Figure 45 **Gender comparisons of sexual extortion reports in Canada, 2020–2025**



Note. Data are from "Sextortion" Reports (Canadian Centre for Child Protection, 2020–2025).

Across data sources, CSEA data suggest gendered but context specific patterns that vary by type of victimisation, region and reporting pathways. Females constitute the majority of victims/survivors identified in most police, health and social service data, although comparatively small female-male differences were observed in pooled offline CSEA estimates for East Asia and the Pacific. In contrast, males, particularly adolescent boys, are disproportionately represented in reported financial sexual extortion cases, accounting for more than three-quarters of C3P cases with known gender between 2021 and 2025. Overall, findings demonstrated that aggregate estimates may obscure important gender differences across specific forms and contexts of CSEA, highlighting the need for prevention strategies and interventions that recognise the risks experienced by both males and females as well as gender-diverse children.

Perpetrator and contextual patterns

Evidence on perpetrators of CSEA remains more limited than evidence on victimisation, particularly within population-based surveys. Available survey and administrative data nevertheless provide insight into several factors that are important for prevention, including peer-perpetrated CSEA, victim–perpetrator relationships and the age and sex of recorded perpetrators. The following sections consider these different forms of evidence and what they contribute to understanding where prevention efforts may be needed.

Peer-perpetrated CSEA and harmful sexual behaviour by peers

Evidence on peer-perpetrated contact CSEA was available from East Asia and the Pacific, Latin America and the Caribbean, and North America. In East Asia and the Pacific, the evidence comprised five studies from two countries (China and Indonesia). In Latin America and the Caribbean, seven studies from seven countries (Brazil, Chile, El Salvador, Haiti, Honduras, Peru and Suriname) contributed to the lifetime estimates, while four studies from four countries (Chile, Haiti, Peru and Suriname) contributed to the past-year estimates. In North America, eight studies from two countries (Canada and the United States) were identified. However, the pooled regional estimates were associated with extremely wide uncertainty intervals, limiting the interpretability of the regional estimates.

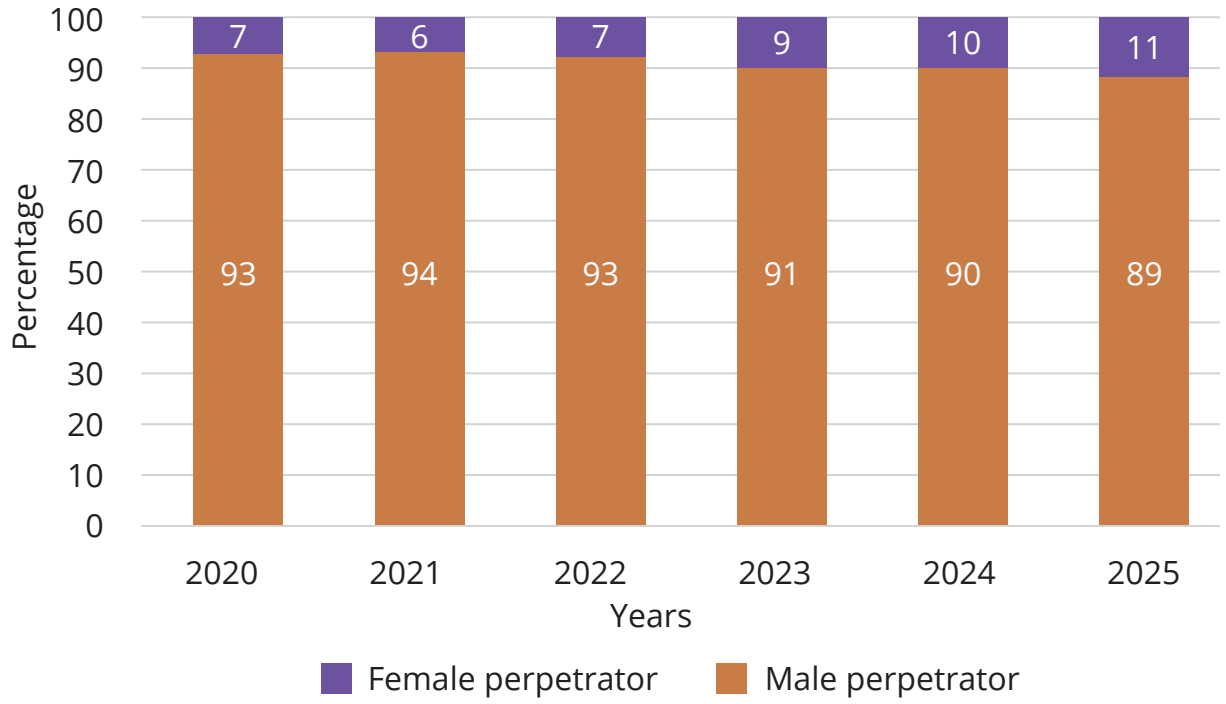
Country-specific meta-analyses provided more stable estimates where sufficient evidence was available. In China, the pooled past-year prevalence of peer-perpetrated contact CSEA was 1.8% (95% CI: 0.4%–8.9%), based on five studies. In the United States, the pooled lifetime and past-year prevalence of peer-perpetrated contact CSEA was 2.4% (95% CI: 1.8%–3.2%; five studies) and 2.6% (95% CI: 0.8%–8.2%; seven studies), respectively. Although the available evidence suggests that peer-perpetrated CSEA is not uncommon, particularly in adolescent populations, the limited evidence base and inconsistent reporting across countries restrict robust regional comparisons. Expanding perpetrator-specific surveillance in population-based surveys would strengthen future global and regional estimates.

Data from Chile's Public Prosecutor's Office (PPO) reveal a substantial and increasing proportion of cases of suspected harmful sexual behaviour against children by peers who are themselves under 18 years of age. Between 2020 and 2025, the proportion of suspected harmful sexual behaviour by peers rose from 10.5% to 17.6% of all sexual offence cases processed, representing an increase from 1,945 to 4,768 cases annually. Males consistently accounted for approximately 89-94% of cases, while females represented a smaller but growing share, increasing from 6.8% in 2020 to 10.8% in 2025.

The percentage of suspected harmful sexual behaviour by peers within the 14-17 age group highlights the need for particular attention from a developmental and intervention perspective. Across the period 2020-2025, most peers ages 14-17-years-old suspected of harmful sexual behaviour were males, accounting for between 90.0% and 94.4% of cases. Females represented a much smaller proportion, ranging from 5.6% to 10.0%. While males consistently accounted for most identified perpetrators, the proportion of females increased slightly over time, from 5.6% in 2021 to 10.0% in 2025.

Intrafamilial cases constitute a relatively small proportion of peer-on-peer harmful sexual behaviour cases, ranging from 3.2% to 5.7% between 2020 and 2025. In the large majority of these cases (88-100%), the perpetrating peer is male. The gradual increase in harmful sexual behaviour by females within intrafamilial contexts, from 0% in 2020-2021 to 13% in some years, may reflect improved recognition and reporting of abuse by females rather than an actual increase in prevalence. These findings underscore the importance of developing gender responsive prevention and intervention strategies that address the distinct pathways to harmful sexual behaviour among male and female adolescents.

Figure 46 **Annual percentage breakdown of harmful sexual behaviour by peers under 18 in Chile, by perpetrator gender**



Note. Data are from the Open Data Portal (Chile Ministry of Education, 2026).

It is important to note that some behaviours involving young peers may not be sexually motivated and may reflect age-appropriate exploration rather than abusive conduct. However, behaviours involving coercion, repetition, power imbalances or other abusive elements may still meet the threshold for CSEA or sexual offences (Convivencia Activa, 2024).

Victim-perpetrator relationship

Administrative data show that the reported relationship between victims and perpetrators varies across countries and sectors. Police and social service data from selected countries, including Australia, Brazil, Japan and the United States, identify a relatively higher proportion of reported cases involving family members. In contrast, health sector data from Brazil and social service data from the Philippines more frequently identify perpetrators who are known to the child but are not family members. These differences may reflect variations in reporting pathways, case definitions and the populations captured by each administrative system.

Health data from the Philippines provide valuable evidence on victim–perpetrator relationships. Across the reporting period between 2016 and 2024, the 10 most frequently reported perpetrator relationships documented in the annual Women and Children Protection Units (WCPU) reports for CSEA cases were more frequently

extrafamilial (outside of the family), accounting for 56.4% to 63.1% of reported perpetrator relationships, while intrafamilial (within the family) perpetrator relationships comprised approximately 36.9% to 43.6%. However, by 2025 the distribution had become nearly equal, with extrafamilial and intrafamilial perpetrator relationships accounting for 50.1% and 49.9% of reported relationships respectively. Although extrafamilial perpetrators were more frequently reported, the proportion of intrafamilial perpetrators increased from 38.7% in 2016 to almost 49.9% in 2025. As these findings are derived from the 10 most frequently reported perpetrator relationships rather than all reported perpetrators, they should be interpreted with caution. Nevertheless, the increasing representation of intrafamilial perpetrators may reflect improvements in the recognition, identification and reporting of abuse occurring within families rather than a true increase in the occurrence of intrafamilial CSEA, as indicated through expert consultations conducted as part of this research. Despite this trend, extrafamilial perpetrators, including acquaintances, neighbours, classmates and intimate partners, remained the most common offender group reported between 2016 and 2024, highlighting the need for prevention strategies that address risks occurring both within the family environment and children's wider social circle.

Findings from qualitative interviews conducted with child helpline practitioners in the Philippines, as part of the research underpinning the Index, provide additional insight into factors that may contribute to the underreporting of intrafamilial abuse. One respondent noted: "Most of the perpetrators of that facilitated students are relatives and parents of the children here. So, it's difficult for them to report their own parents." The same respondent explained that children may wish to return to their parents even after being removed from abusive situations because they fear "their family is falling apart". These findings illustrate how emotional dependence, family loyalty and economic pressures can create significant barriers to disclosure and formal reporting when abuse is perpetrated within the family.

Brazil: Age, sex and victim–perpetrator relationships

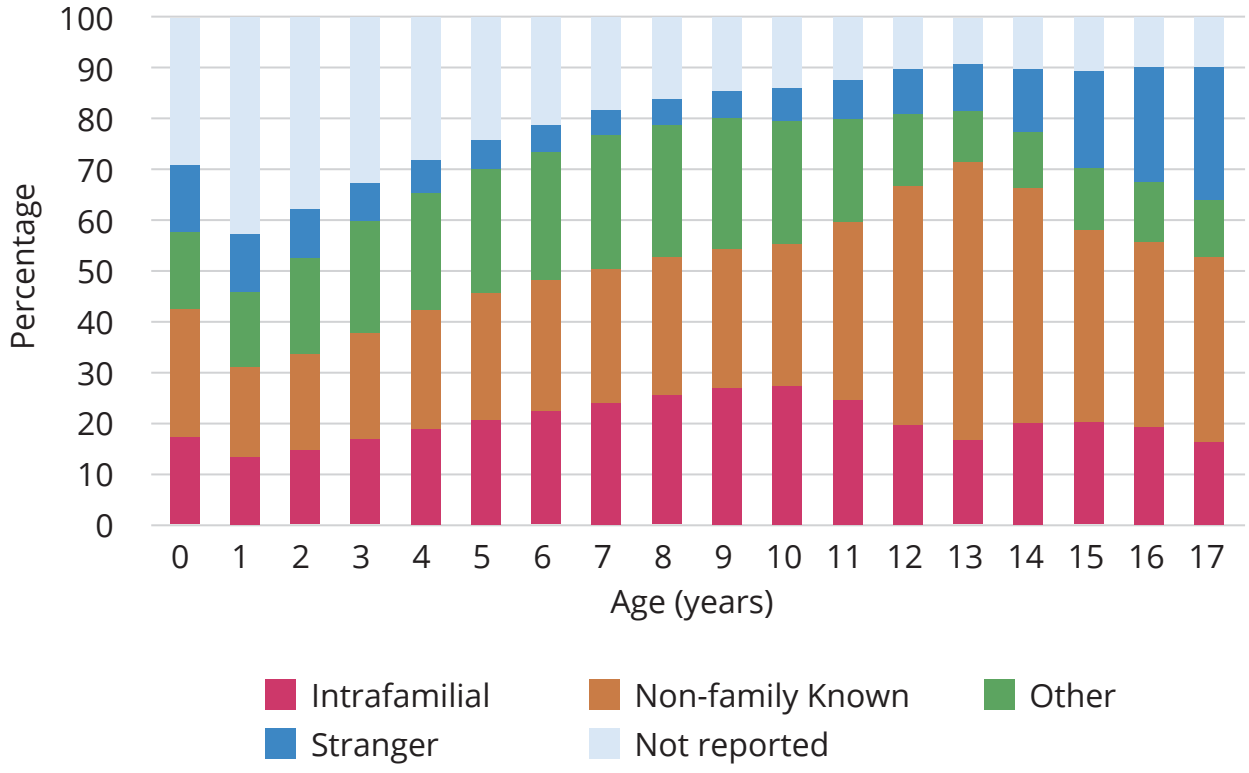
Among the data sources for Brazil, health surveillance data provide the greatest level of detail. The system captures suspected and confirmed cases of sexual violence against children and adolescents treated in both public and private health services, recording information on the victim, the alleged perpetrator and the characteristics of the incident. Because the unit of observation is the individual notification record, the data can be analysed at the case level. Unlike the aggregated official statistics available from most other countries and sectors, these are individual case-level records, allowing reported CSEA cases to be examined by the victim's age, sex and relationship to the alleged perpetrator. This makes it possible to identify patterns that would otherwise be hidden within broad age groups or aggregated categories.



Analysis of health sector records covering the period 2016-2025 shows that the reported relationship between children and perpetrators varies by both age and sex. Because a single case may involve more than one reported perpetrator, the figures represent reported perpetrator relationships rather than individual cases.

Figure 47 shows the distribution of perpetrator groups by single year of victim age among girls. The proportion of perpetrators reported as known to the child but not family members increase markedly with victim age. This group accounts for around one-quarter of cases in early childhood before rising sharply from age 11 and peaking at 54.7% of cases at age 13. In contrast, the proportion of intrafamilial perpetrators remains relatively stable throughout childhood, peaking at 27.3% at age 10 before declining during adolescence. The proportion of cases involving strangers also increases during adolescence, rising from around 5-7% in childhood to 26.4% at age 17, although it remains lower than the proportion involving perpetrators known to the child.

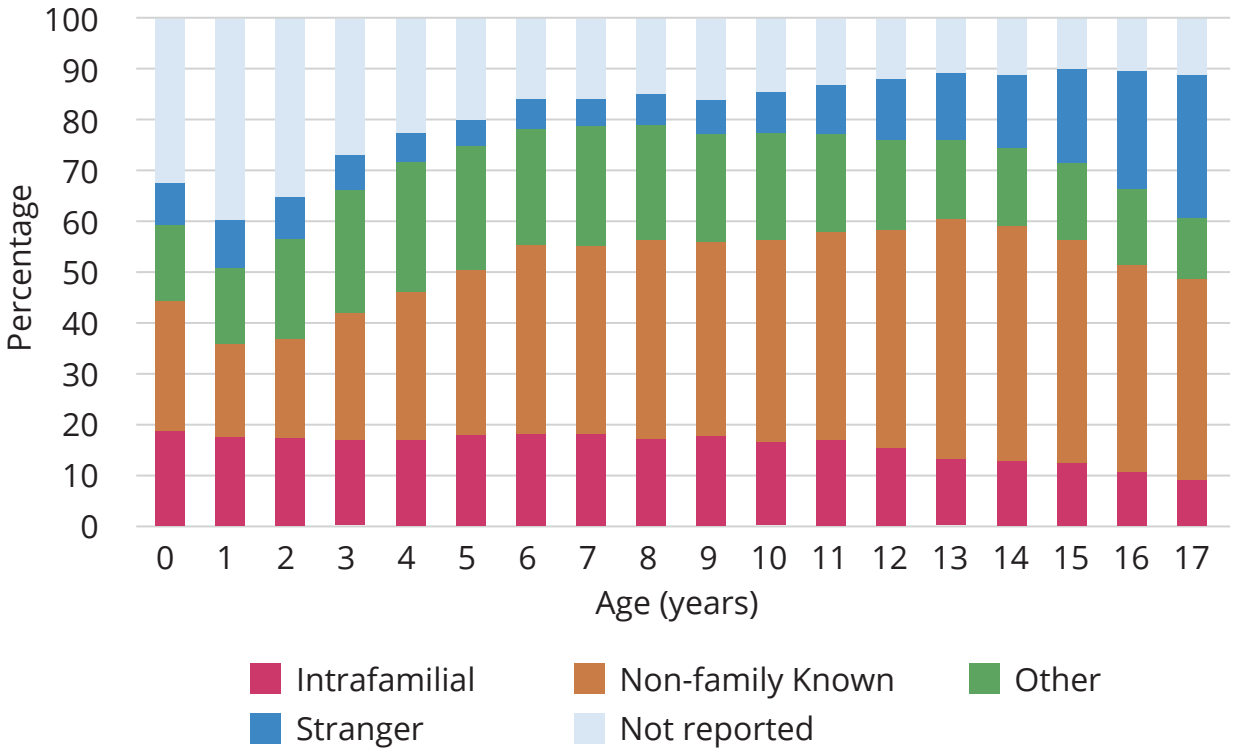
Figure 47 **Percentage breakdown of health recorded female CSEA cases by victim age and relationship to perpetrator in Brazil, 2016–2025**



Note. Data are from the Notifiable Health Conditions Information System (SINAN) (Brazil Ministry of Health, 2026).

For boys, the pattern is different slightly (Figure 48). The estimated proportion of perpetrators reported as known to the child but not family members is the largest across almost all ages. This group accounts for around one-quarter of cases in infancy, increasing steadily throughout childhood to peak at 47.2% at age 13 before declining slightly during later adolescence. In contrast, the estimated proportion of intrafamilial perpetrators remains relatively stable at around 16 to 18% throughout childhood before gradually declining to 9.0% at age 17. The estimated proportion of cases involving strangers also increases with age, rising from around 5 to 10% in childhood to 28.1% at age 17, although it remains lower than the estimated proportion involving perpetrators known to the child.

Figure 48 **Percentage breakdown of health recorded male CSEA cases by victim age and relationship to perpetrator in Brazil, 2016–2025**

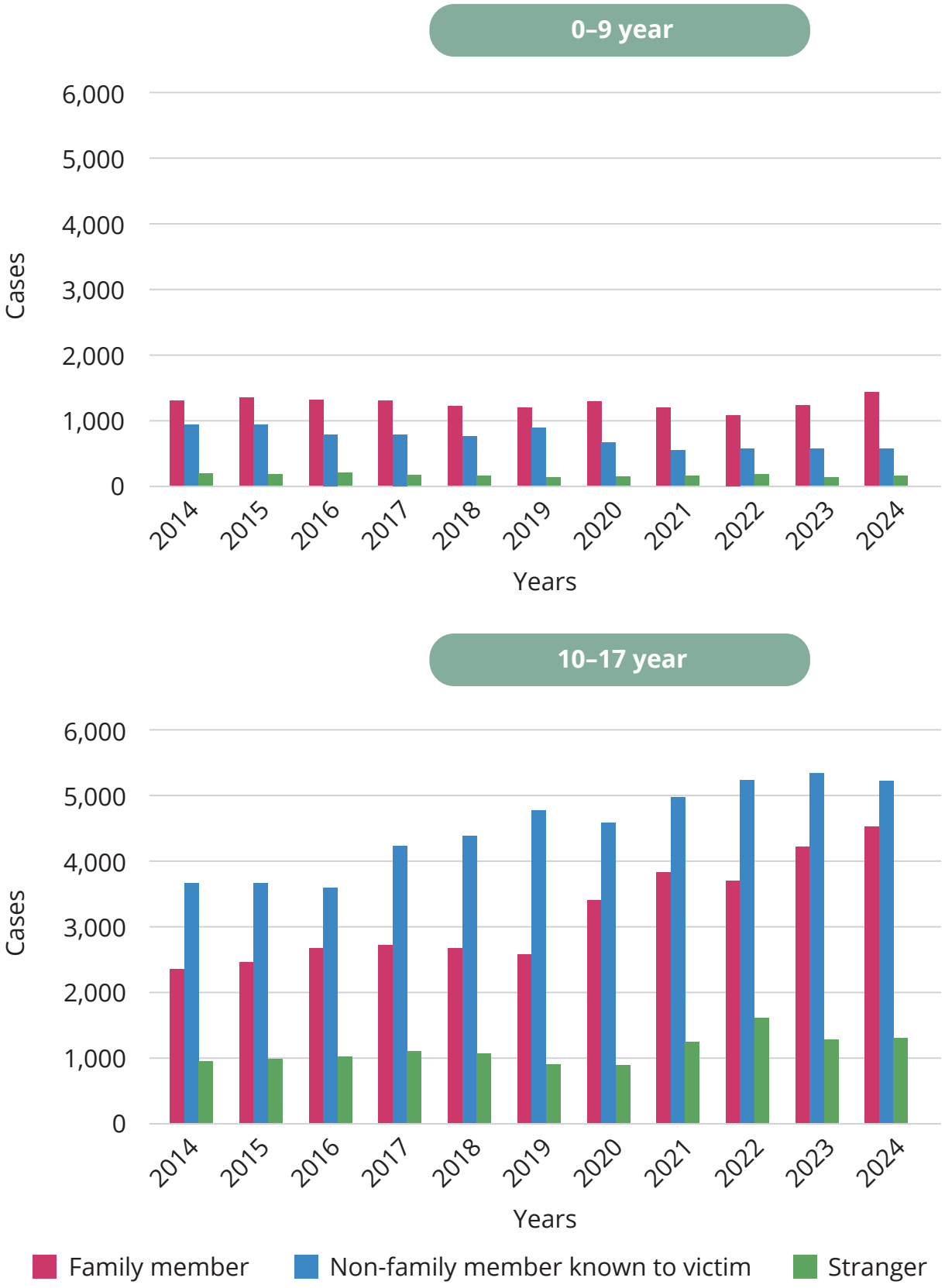


Note. Data are from the Notifiable Health Conditions Information System (SINAN) (Brazil Ministry of Health, 2026).

Australia: Example of victim-perpetrator information from police data

Australian Bureau of Statistics (ABS) police recorded data also provide insight into relationships between victims and alleged perpetrator across all States and Territories excluding Western Australia. Victim-perpetrator relationship categories are not mutually exclusive, meaning a single incident may include multiple alleged offender relationship types.

Figure 49 **Annual number of police recorded CSEA cases by victim-perpetrator relationship and victim age group in Australia**



Note. Data are from "Recorded Crime - Victims" (Australian Bureau of Statistics, 2026).

Figure 49 shows clear differences by age group in the relationship between victims and perpetrators. Relationship data are based on the victim's perception of the alleged perpetrator's relationship to them at the time of the offence. For victims aged 0-9 years, incidents are more likely to be recorded as involving family members, while recorded cases involving non-family members known to the victim decrease over the 10-year period. Stranger-perpetrated incidents remain low and relatively stable among 0-9-year-olds. For victims aged 10-17 years, strangers are also the least common offender relationship type, although there is a small spike in incidents involving strangers in 2022. In contrast to the younger age group, victims aged 10-17 are more commonly recorded as victimised by a non-family member known to them. Notably, however, incidents involving family members show the sharpest increase over the 10-year period for 10-17-year-olds, including a marked rise between 2019 and 2020.

Across the Philippines, Brazil and Australia administrative records consistently indicate that most recorded cases involve perpetrators known to the child, with the recorded balance between intrafamilial and known non-family perpetrators varying by age and by sector. Brazil and Australia both point to age-related shifts in recorded perpetrator relationship patterns, while Philippine WCPU reporting highlights the prominence of known non-family perpetrators in recorded data alongside qualitative evidence that intrafamilial abuse can face additional barriers to disclosure and formal reporting. Taken together, these patterns support prevention and response approaches that focus on children's everyday trusted environments, strengthen safe disclosure options where family dynamics inhibit reporting, and improve consistent documentation of victim to perpetrator relationships, noting that these administrative sources reflect service and justice system contact rather than prevalence.

Perpetrator age and sex

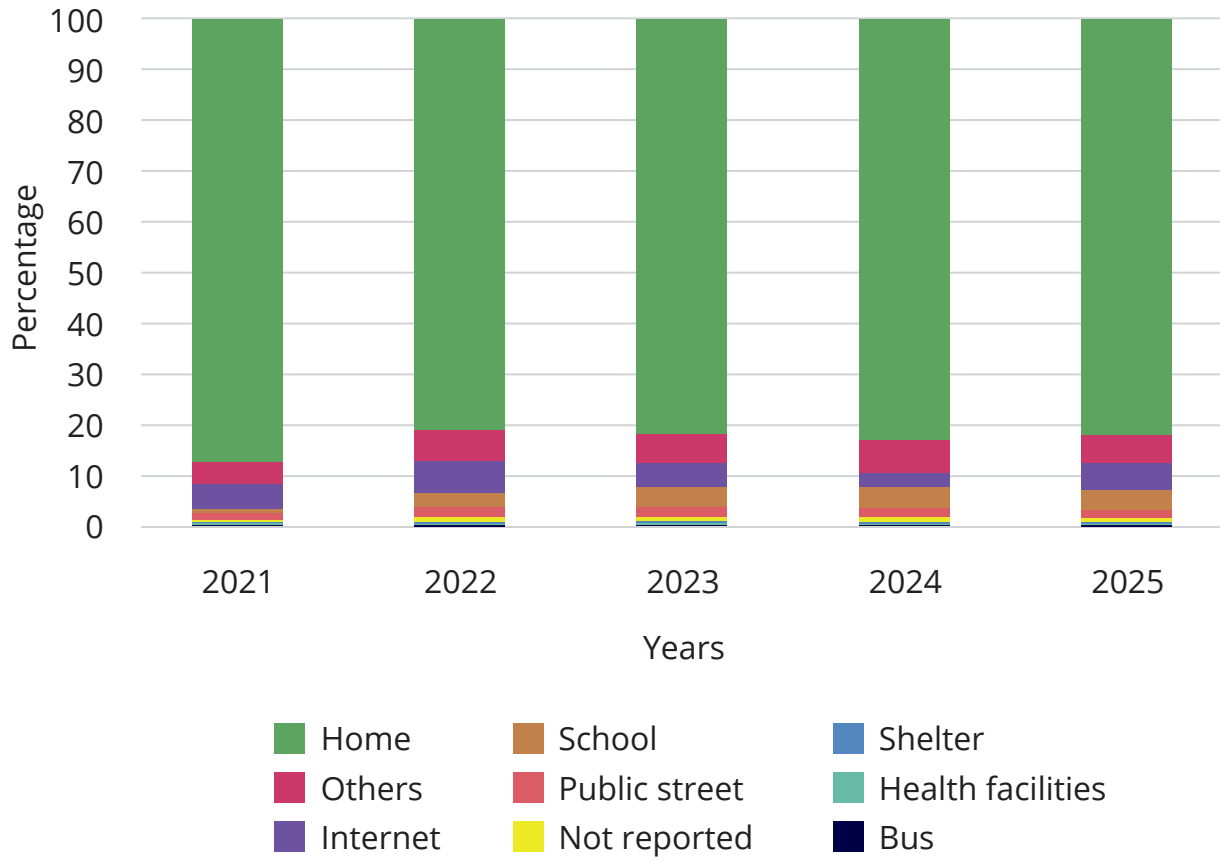
Information on the age and sex of recorded perpetrators of CSEA is available from public sector frontline data sampled in Brazil (health and social service), Chile (police), Japan (police and education), Fiji (police) and the United States (police and social services). Across these countries and sectors, data consistently show that most recorded perpetrators of CSEA are male and adults. Where perpetrator age is available, the largest share of recorded perpetrators typically falls within adult age groups (most commonly 25 to 59 years, or equivalent national categories), although the specific age categories vary across national reporting systems. Adolescents and young adults also account for a notable proportion of recorded perpetrators in several countries. The age distribution of recorded perpetrators of CSEA should be interpreted carefully, as it may be influenced by differences in criminal responsibility legislation, justice system processes, reporting practices and administrative recording systems. As a result, children below the age of criminal responsibility may be underrepresented or absent from administrative data. Also note that depending on national legislation and recording practices, online forms of abuse are not always fully included in official statistics. Please refer to our Technical Note for details on the complex interplay of factors that can influence the number of cases recorded by services.



Location of recorded CSEA

Across analysed data sources in selected countries, recorded CSEA cases mostly occurred in a home setting. Police data from Japan and Brazil, as well as health and social service data from Brazil, identify homes as the most frequently recorded locations of abuse. For example, Brazil's social service (national hotline) data (Figure 50) show that home-related locations accounted for approximately 82% of recorded reports involving children under 18 in 2025. Other locations, including schools, public spaces and online environments, accounted for smaller proportions of recorded reports.

Figure 50 **Annual percentage breakdown of social services recorded CSEA cases by location of abuse in Brazil**



Note. Data are from the Human Rights Hotline (Brazil Ministry of Human Rights and Citizenship, 2026).

Online risk environments: high levels of online solicitation and exposure to unwanted sexual content

Population trends

Evidence from nationally representative surveys and global research initiatives across North America, East Asia and the Pacific, and Latin America and the Caribbean indicates that high levels of online solicitation and exposure to unwanted sexual content appear to be shaped by characteristics of children's digital environments rather than by region-specific factors alone. Across the three regions, these two forms of technology-facilitated child sexual exploitation and abuse (TF-CSEA) consistently show high prevalence rates and are the most frequently reported types of online sexual victimisation (for example, Mitchell et al., 2013; Stoilova et al., 2021; UNICEF Innocenti, 2026).

A common feature across regions is children's increasing participation in highly interactive online environments, including social networking platforms, messaging applications, online gaming, livestreaming services and video-sharing platforms. These platforms enable communication with both known and unknown individuals, facilitate rapid sharing of images and videos, and frequently recommend new contacts and content through algorithmic systems. Such platform features increase opportunities for unwanted sexual approaches as well as unintended exposure to sexually explicit material, with a substantial proportion of exposure occurring unintentionally through advertisements, pop-ups, spam, emails or links shared by others (Madigan et al., 2018; UNICEF Innocenti, 2026).

Across all three regions, the available evidence suggests that online solicitation and exposure to unwanted sexual content are driven less by any single technology but rather by a broader online environment in which children participate. Frequent engagement across multiple platforms, communication with unknown users, image- and video-sharing functions, and extended time spent online collectively increase opportunities for online solicitation and unwanted exposure to sexual content (de Melo Barreto et al., 2025; NetSafe, 2017; The National Information Society Agency, 2021). These findings support prevention strategies that combine children's digital literacy with stronger safety –by design measures, age-appropriate platform design, effective privacy protections and proactive moderation of harmful content (for example, eSafety Commissioner, 2021; Stoilova et al., 2016).



Shining a light where silence hides abuse

“Law enforcement data continues to highlight the exponential rise in online child abuse material and the link to the production and dissemination of such heinous material originating within families. However, there has never been targeted awareness campaigns or targeted policy and practice reforms addressing the marginalised majority: children sexually abused by a family member. Prevention requires every child to be platformed equally so that they are seen, they are heard, they are believed and they have educated adults and professionals who see them beyond the secrecy and the stigma that continues to ensure an entrenched blind spot when it comes to the detection, prevention and healing of children abused within their family. Every child has a right to a just life.”

Professor S. Caroline Taylor AM,
co-founder Brave Movement

Conclusion

Taken together, these findings strongly suggest that preventing CSEA requires an integrated, socioecological approach that addresses risk factors across the environments in which children live and interact, including interpersonal relationships, households, communities and digital contexts. Prevention should begin upstream, through societal and structural conditions that protect children, and continue in early childhood and adapt as children’s risks and social environments change. Although survey estimates are generally highest among adolescents, administrative and victim-identification data show that younger and pre-pubescent children must not be overlooked.

Disaggregating evidence by age, sex and/or gender, perpetrator relationship and context helps to reveal patterns that may be obscured within aggregate estimates and can support more targeted and developmentally appropriate prevention. Strategies should also respond to differing patterns among girls and boys, while recognising that these patterns vary across forms of CSEA, regions and reporting pathways.

The concentration of recorded offline CSEA cases in home settings, together with the involvement of family members, peers and others known to the child highlights the limitations of approaches focused primarily on strangers or children's self-protection. Prevention of offline CSEA should instead combine caregiver-focused interventions, comprehensive relationships and sexuality education, early responses to harmful sexual behaviour among peers, safer digital environments and stronger safeguarding across families, schools and communities. Technology-facilitated CSEA requires distinct attention. Although online and offline harms can intersect, digital environments introduce additional actors, mechanisms and rapidly evolving risks.

The findings also suggest the value of drawing on multiple sources of evidence. More consistent collection and reporting of age-, sex and/or gender, perpetrator and context-specific data across these sources is needed to identify emerging patterns and support appropriately targeted, evidence-informed prevention.

3.2 Identifying risk earlier

Introduction

The 'Perpetrator profiles' section of this report showed that, among recorded cases, CSEA frequently occurs in private settings, particularly within the home, and often involves family members or other known individuals. These characteristics make early identification especially challenging, as children may have limited opportunities to disclose abuse or seek help when the perpetrator is someone they know or depend on. This raises an important question: how can systems identify children at risk and intervene sooner?

Frontline data provide valuable insights into this question because they capture how children access different services. Although these data do not represent all children experiencing CSEA, they show the pathways through which abuse becomes visible to authorities and support services. By bringing together evidence from education, health, police, social services and child helplines, this chapter discusses where opportunities for earlier identification exist and how stronger coordination across sectors may support more timely intervention.

Every contact is an opportunity to protect a child

Because children interact with multiple services, every contact represents a potential opportunity to recognise signs and connect children with support. Frontline data demonstrate that education, health, police, social services and community reporting systems each contribute different opportunities for identifying children experiencing CSEA.

Schools: Key entry points for protection, identification and help-seeking

Schools occupy a unique position. They are among the few settings where children have regular contact with often trusted adults outside their families and where changes in behaviour, attendance, wellbeing or peer relationships may be observed. At the same time, school-related environments can also be sites where abuse and sexual harm occurs, including abuse perpetrated by education personnel and harmful sexual behaviours by peers.

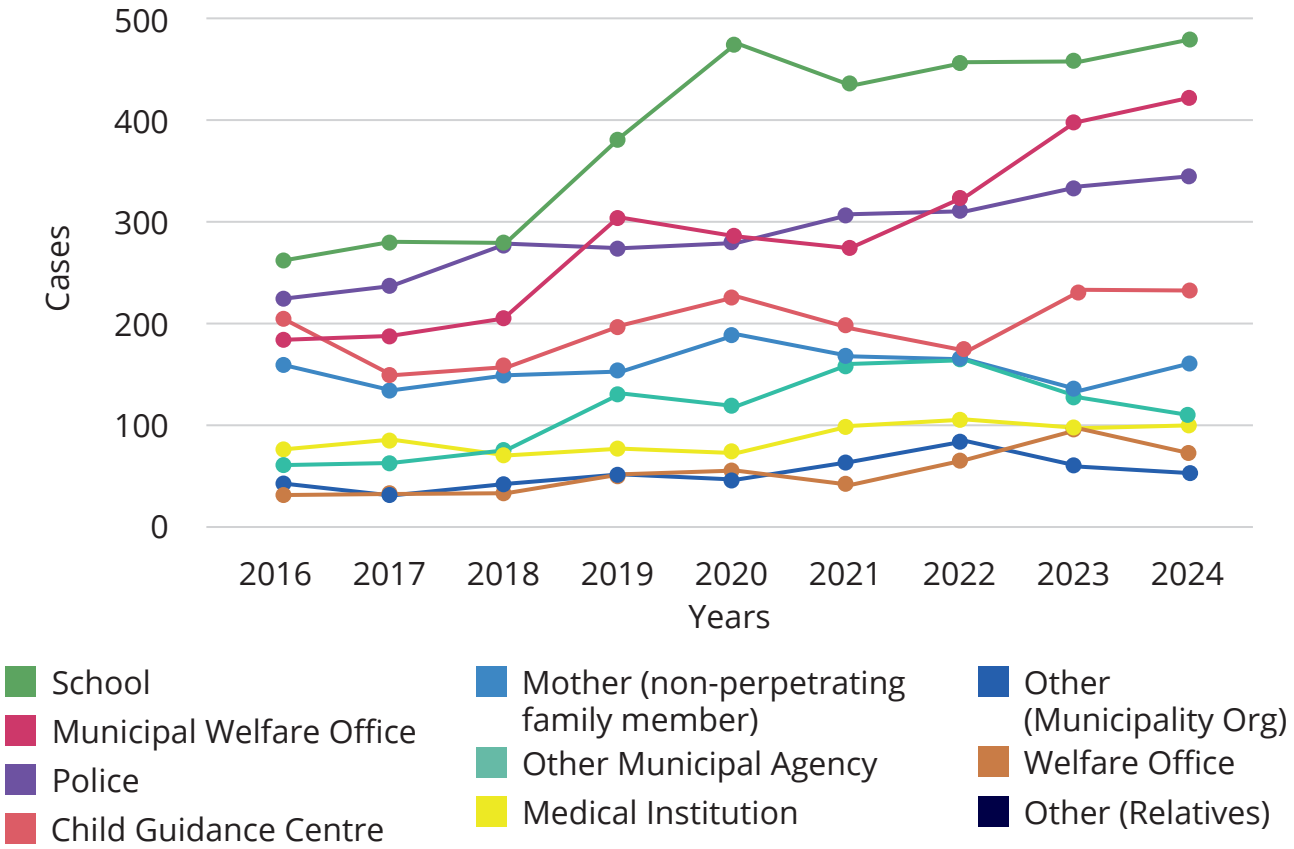
Data from Japan on misconduct involving education personnel demonstrate that school staff can be perpetrators of sexual harm against children, highlighting the need for robust safeguarding systems within educational institutions. The rate of education personnel disciplined for CSEA-related offences increased from 1.46 per 10,000 personnel in 2019 to a peak of 1.80 in 2023, before declining slightly in 2024.

Similarly, evidence from Chile on adult–on-student and peer-on-peer sexual harm in educational settings shows that children may experience CSEA-related harms from staff as well as other students within school environments. Between 2014 and 2021, adult-on-student cases accounted for between 45.5% and 69.5% of recorded cases, peaking during 2020 at 69.5%. From 2022 onwards, however, most reported cases involved harm by peers, accounting for around three-quarters of cases each year, at 76.0% in 2022, 72.2% in 2023, 73.8% in 2024 and 72.7% in 2025. Over the same period, incidents perpetrated by adults fell to around 27% of reported cases. These forms of harm may remain hidden due to fear, stigma, power imbalances, or uncertainty about whether and how to report.

At the same time, schools represent important opportunities for earlier identification and connection to support services. Data from Japan on reports received by child guidance centres show that schools were consistently among the leading reporting routes between 2016 and 2024. Reports originating from schools increased from 261 cases in 2016 to 481 cases in 2024, making schools the largest single reporting source in 2024 (Figure 51). This highlights the important role schools can play in recognising concerns and connecting children with child protection services.



Figure 51 **Annual number of social services recorded CSEA cases by reporting route in Japan**



Note. Data are from "The Welfare Administration Report Examples" (Japan Children and Families Agency, 2026).

Together, these findings illustrate the dual role of schools in child protection. While schools can be settings where CSEA-related harm occurs, they are also important places for recognising concerns and facilitating access to support. Strengthening school safeguarding therefore requires robust measures to prevent abuse, effective systems for identifying and responding to concerns and clear pathways for children to access protection and support.

Positive examples from countries in East Asia and the Pacific and in Latin America and the Caribbean highlight the role of law enforcement in school-based prevention efforts. In these contexts, law enforcement agencies have implemented prevention programmes and awareness campaigns, including school visits to engage students, parents and teachers. These initiatives aim to raise awareness of CSEA, improve understanding of risks, promote protective behaviours, and provide clear guidance on what should be reported and how to report concerns. Such programmes contribute to strengthening prevention, increasing awareness and improving reporting pathways, thereby supporting a more proactive and protective response to online CSEA within school communities.

Health services: Identifying children who may not disclose

Health services may encounter children experiencing CSEA through physical injuries, sexual and reproductive health needs, mental health concerns or routine healthcare contacts. Unlike police data, health systems may identify concerns independently of whether abuse has been formally reported to law enforcement, providing an important opportunity for earlier recognition and support.

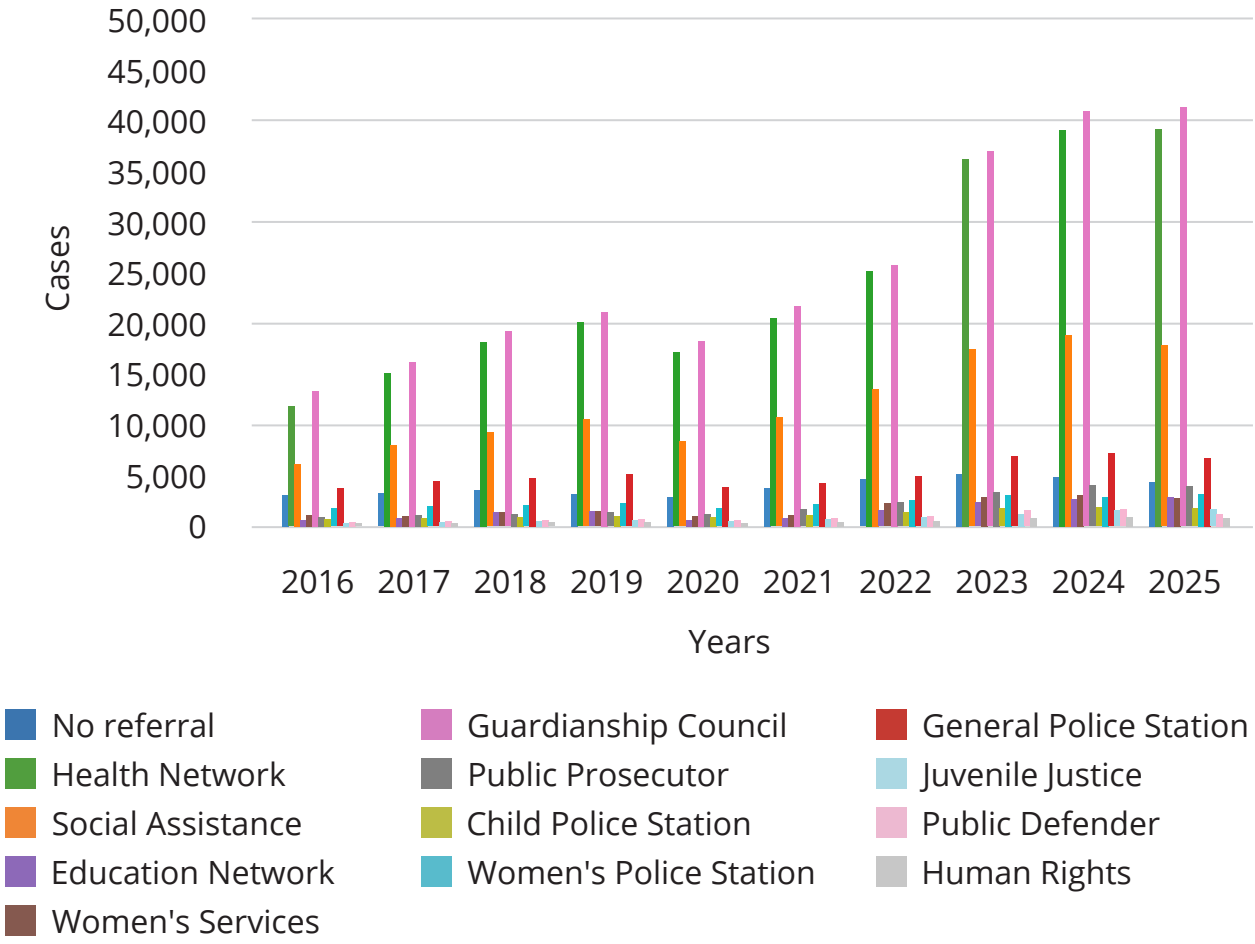
Brazil's national health surveillance system demonstrates the breadth of information that health services can capture, including victim characteristics, disability status, type of abuse, perpetrator relationship and location of abuse. The data also highlight the important role of health services within broader child protection pathways. Referrals through Brazil's health network increased substantially over time, from 11,490 recorded referrals in 2016 to 38,163 in 2025. During the same period, referrals to social services increased from 5,965 to 17,367, while referrals to guardianship councils increased from 12,984 to 40,187 (Figure 52). These patterns demonstrate that health services can be closely connected with wider child protection systems and can serve as an entry point for linking children with additional support and protection services.

Effective implementation also depends on professionals having the knowledge, confidence and clear procedures needed to recognise concerns, respond appropriately and make referrals. The experience of the Philippines highlights the importance of strengthening frontline capacity alongside reporting obligations. Initiatives within health services in the Philippines, including Child Protection Units, have focused on increasing awareness among health professionals and strengthening their ability to recognise signs of abuse, provide appropriate responses and facilitate referrals to child protection and justice services (see text box below).

These findings highlight that health services are not only places where children receive care after harm has occurred, but also critical entry points for earlier identification and support. For children who may be unable or unwilling to disclose abuse to the police, contact with health professionals can provide an opportunity for concerns to become visible and for appropriate support to be mobilised.



Figure 52 Annual number of health recorded CSEA cases by referral organisations in Brazil



Note. Data are from the Notifiable Health Conditions Information System (SINAN) (Brazil Ministry of Health, 2026).

Data Beacon: Women and Children Protection Units in the Philippines for earlier recognition within the health system



The Women and Children Protection Units (WCPUs) in the Philippines are a hospital-based health service model that strengthens the timely recognition, assessment and multidisciplinary response to suspected child abuse, including cases in which children are unable or not willing to disclose abuse. WCPUs bring together a multidisciplinary team that may include physicians, social workers providing case management, psychologists and psychiatrists delivering mental health services, and police officers who work within the units as part of the coordinated response to child protection concerns.

Children presenting with clinical findings, behavioural indicators, or disclosures suggestive of abuse during health visits are referred to WCPUs, where they undergo comprehensive medical, psychosocial and forensic assessment to determine whether findings are consistent with abuse and to guide clinical management and referral. Once abuse is identified, WCPUs intervene promptly, providing medical treatment, medicolegal examination, HIV and sexually transmitted infection prophylaxis, emergency contraception, psychosocial support, mandatory reporting and referrals to social welfare and law enforcement.

Through multidisciplinary coordination with social welfare, law enforcement and other agencies, the WCPUs facilitate safe environments, prevention of revictimisation, support investigation and prosecution, and facilitate long-term psychosocial care. Within the public health framework, the WCPUs primarily contribute secondary prevention through early identification and intervention after abuse has occurred, and tertiary prevention by reducing long-term physical, social and psychological consequences.

Administrative data from participating WCPUs provide valuable information on temporal trends, the demographic characteristics of children evaluated for abuse, perpetrator relationships and service utilisation. The data can also identify surveillance gaps and areas where WCPU coverage or reporting systems may require strengthening.



A safe place to be heard

“For a child who has experienced abuse, the Women and Children Protection Units can be a safe haven where they feel heard and supported. As a multidisciplinary team, we work together to address each child’s needs, minimising further distress for the child and family and promoting their recovery and well-being.”

Dr Sandra Hernandez, Consultant, Philippine General Hospital Child Protection Unit

Police: Identifying risk through coordinated responses

Police data generally represent cases that have reached formal reporting or criminal investigation. Although this often occurs later in the disclosure pathway, police can also play an important role in coordinating responses with child protection, health and social services.

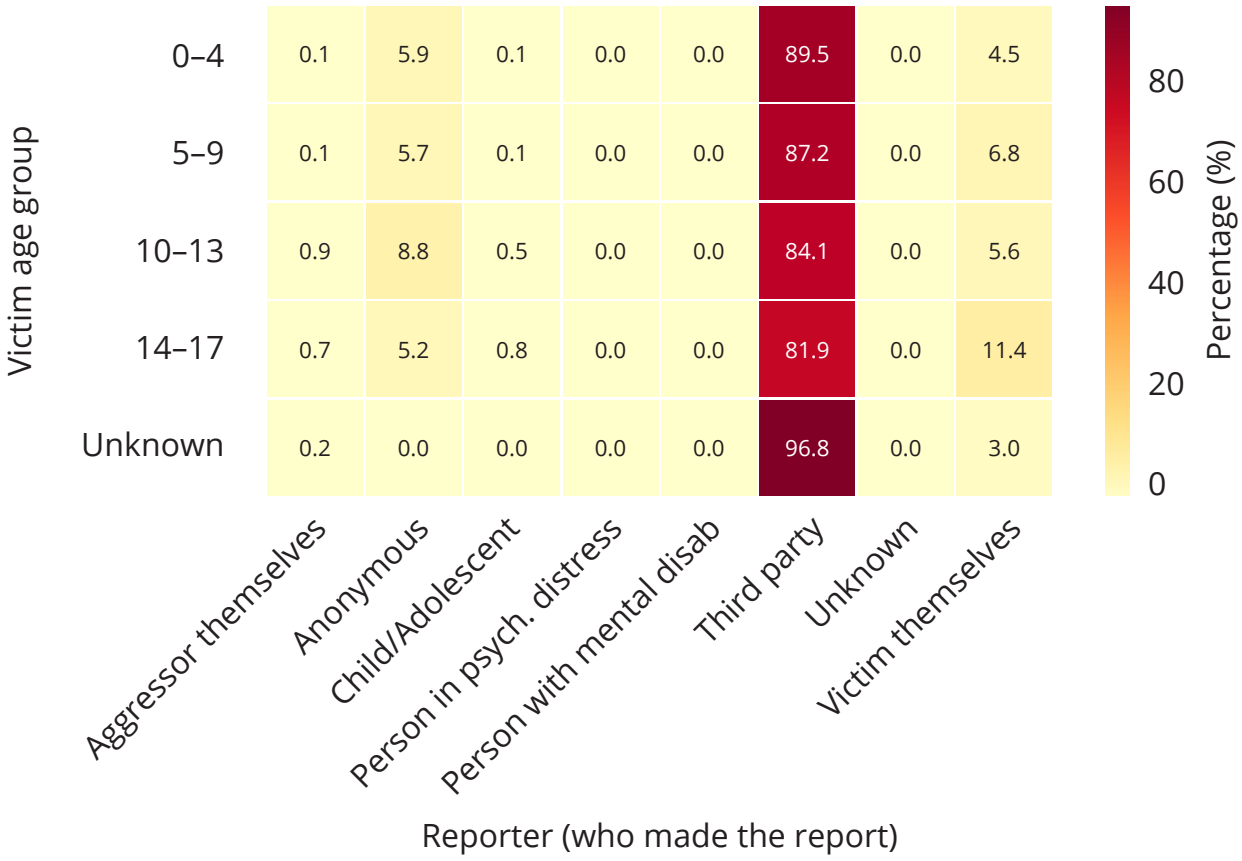
Across countries, police data provide detailed information on offence types, perpetrator characteristics and abuse circumstances that can support risk assessment. Coordinated multidisciplinary responses enable police information to contribute not only to criminal investigations but also to earlier protection of children who may remain at ongoing risk.

Communities: Bringing hidden concerns to light

Community members can play an important role in identifying children experiencing CSEA, particularly for younger children who may be unable to disclose abuse themselves or may not recognise that what they are experiencing is harmful.

Brazil’s national hotline data illustrate the importance of third-party reporting in bringing concerns to light. Across all age groups, most reports were made by third parties rather than by victims themselves. This was particularly evident among younger children. Figure 53 shows that among children aged 0 to 4 years, 89.5% of reports were made by third parties, compared with 4.5% by victim themselves. Similarly, third parties accounted for 87.2% of reports involving children aged 5 to 9 years and 84.1% among children aged 10 to13 years. Even among older adolescents aged 14 to 17 years, where self-reporting was more common, third parties still accounted for most reports (81.9%).

Figure 53 **Percentage breakdown of social services recorded CSEA cases by victim age group and reporter type in Brazil, 2021–2025**



Note. Data are from the Human Rights Hotline (Brazil Ministry of Human Rights and Citizenship, 2026).

These findings highlight the critical role of people around children, including family members, neighbours, professionals and other community members, in recognising concerns and initiating support when children cannot or do not report abuse directly. Strengthening community awareness, reducing stigma around disclosure and ensuring accessible reporting mechanisms are therefore essential components of earlier identification and response.

Limitations

Recorded frontline service data provide important insights into how CSEA is identified and reported across different sectors. However, these data only capture cases that come to the attention of services and should not be interpreted as a measure of the true prevalence of abuse. Instead, they show where children are being reached, how concerns are identified, and where gaps in detection, access or response may exist. For a more detailed discussion of the interplay of factors that influence the number of cases services record including legislation, recording rules, cultural aspects and service capacity, please refer to our Technical Note.

Conclusion

Identifying risks of harm and harm itself earlier requires multiple opportunities for children to seek help, professionals who can recognise signs of harm, services that are accessible and trusted, and coordinated responses across sectors. This is especially important for children who may face additional barriers to disclosure, including younger children and children with disabilities. By strengthening frontline systems and connections between them, countries can improve early identification and ensure children receive support sooner.

3.3 Identifying risk earlier

Responding to CSEA refers to actions taken by the systems, including law enforcement and other agencies, when abuse has been identified or reported. An effective response is essential because it directly impacts the protection of children – both known victims and potentially other future victims – and ensures potential offenders are identified and perpetrators held accountable.

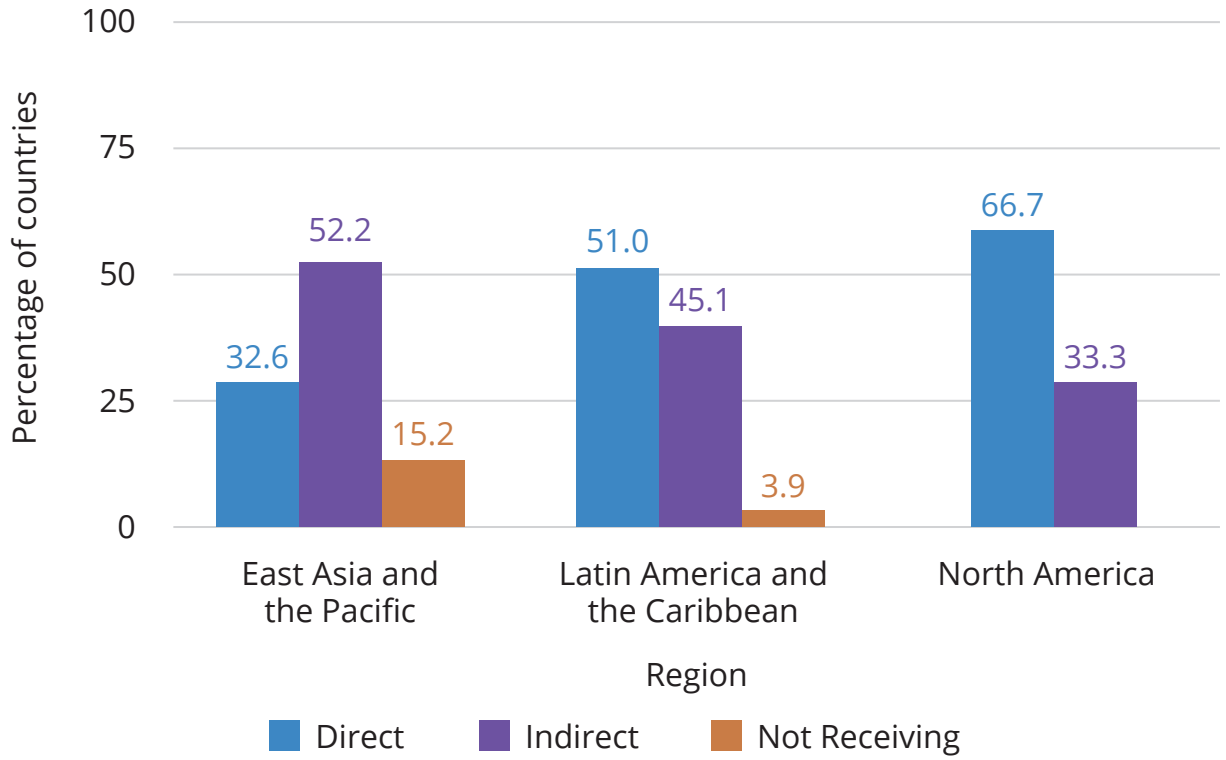
This section explores how law enforcement can respond effectively once suspected CSEA cases have been identified. Drawing on system strengthening data, it focusses on the two areas of law enforcement capacity and capability, including NCMEC reporting routes and specialist resources.

NCMEC direct and indirect routes

The National Center for Missing & Exploited Children (NCMEC) plays a central role in the global detection and reporting of online CSEA by receiving reports of suspected offences and disseminating referrals to law enforcement and other authorised partners worldwide. NCMEC has partnerships with law enforcement within countries, overseas countries and territories (OCTs) and special administrative regions (SARs), as well as collaboration with international organisations such as INTERPOL and Europol.

Two pathways of NCMEC disseminating CyberTipline reports were identified: direct and indirect routes. A direct route was regarded as reports routed directly from NCMEC to law enforcement in country through the Case Management Tool (CMT) or another similar mechanism. In contrast, an indirect route was regarded as reports routed to an intermediary organisation, regional body or external agency, such as Homeland Security Investigations (HSI), Federal Bureau of Investigations (FBI), an embassy or INTERPOL, before being transferred to law enforcement. ‘Not receiving’, which was an option in the survey, was identified where no pathway existed for NCMEC reports through either direct or formalised indirect arrangements.

Figure 54 **Access to NCMEC CyberTipline reports across three regions**



Across the total of all the 100 countries, OCTs and SARs included, 48.0% received CyberTipline reports through an indirect route, while 43.0% received referrals directly. In East Asia and the Pacific, only 32.6% of countries, OCTs and SARs received reports through the direct route. In contrast, 52.2% of countries, OCTs and SARs received reports through indirect route, while 15.2% were not receiving. In Latin America and the Caribbean, 51% countries and OCTs received reports directly, 45.1% relied on indirect routing and 3.9% were not receiving. In North America, 66.7% of countries and OCTs received reports directly, while 33.3% received reports indirectly.

Qualitative findings further illustrate the practical challenges associated with indirect routes. Country A in Latin America and the Caribbean received CyberTipline reports indirectly. Although NCMEC recorded more than 10,000 reports annually relating to the country, participants explained that only a small number of notifications ultimately reached the specialist unit each year and that they had no visibility over how intermediary organisations processed reports before they were disseminated to national law enforcement.

Similarly, in Country B in East Asia and the Pacific, respondents explained that all CyberTipline reports were initially received by another government agency, before forwarding to law enforcement. Although NCMEC recorded over 1,000 reports relating to the country each year, respondents reported that only a small number of reports reached investigators during 2025. As one participant explained: "*That's all we got. We don't know what they do with the reports before sending them to us. Maybe there is some initial triage or another process, but we don't know.*"

A similar concern was raised in Country C in Latin America. Although the country was classified as receiving CyberTipline reports through an indirect route and NCMEC recorded more than a dozen reports relating to the country, respondents stated that they had never received any referrals from NCMEC. Participants emphasised that direct access to CyberTipline reports was a significant unmet need, regardless of the number of reports involved. As one respondent noted:

"Even if there are only [number] reports, we would still like to receive them and understand what they are about, but we get nothing."

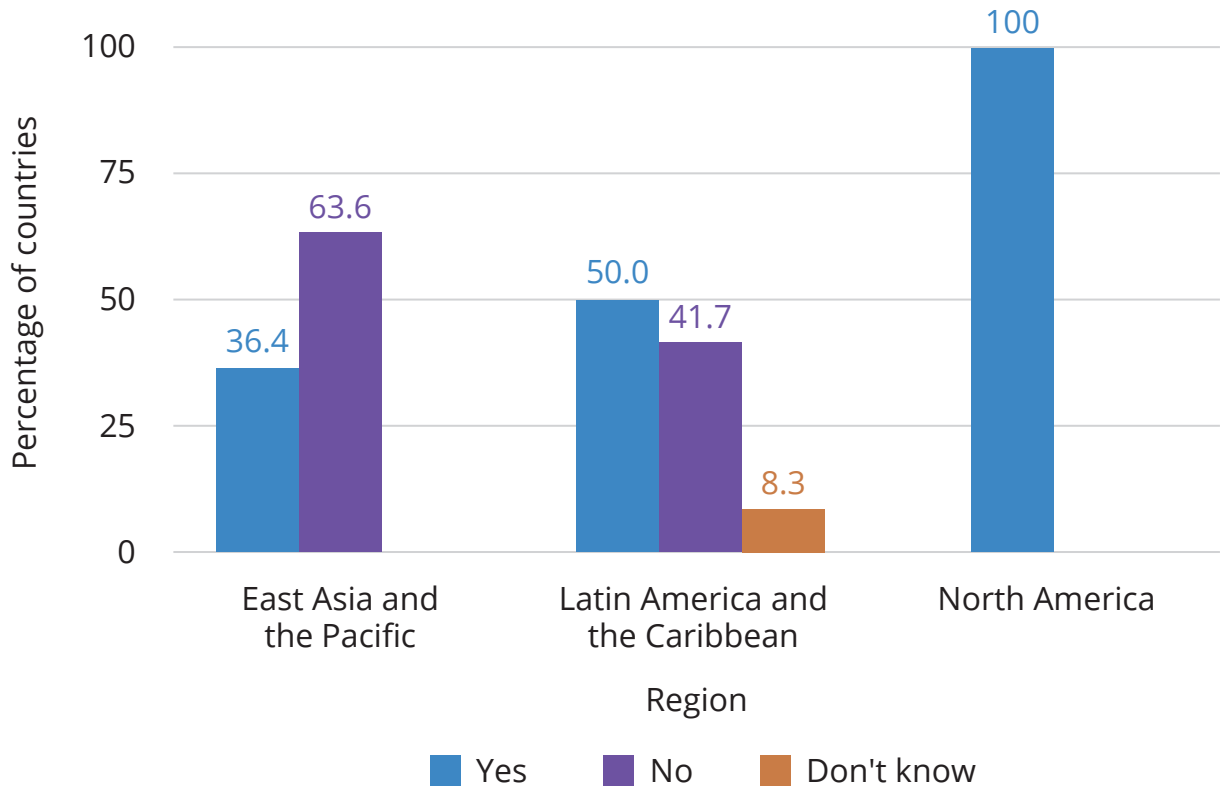
Interview respondents from countries, OCTs and SARs having indirect routes for CyberTipline reports described having limited visibility over how reports were triaged, prioritised, filtered or redistributed by intermediary organisations, creating uncertainty about whether all reports ultimately reached the appropriate law enforcement. The reported differences between the volume of recorded CyberTipline reports and the number received by law enforcement further reinforce these concerns. Therefore, the indirect route may reduce the ability of law enforcement to respond to CSEA investigations.

The findings suggest that NCMEC direct routes may need to be strengthened across countries, OCTs and SARs in all three regions, where appropriate and feasible. Where direct routes are not possible, the operational challenges associated with indirect routes may need to be addressed to ensure that reports can be effectively transmitted and received by the appropriate law enforcement.

Limited specialist resources

A recurring finding identified across countries/OCTs/SARs was insufficient specialist resources to respond effectively to CSEA. Resource constraints were reported during the survey and subsequent interviews across the measured dimensions of law enforcement capability, including specialist analysts, digital forensic capability and specialist training. These findings could suggest that countries face resource constraints that may affect different stages of the investigative process.

Figure 55 **Availability of dedicated analyst to support online CSEA investigations across three regions**



Survey findings from 37 countries, OCTs and SARs showed variation in the availability of dedicated online CSEA analysts. Overall, across all regions 48.6% of responding countries, OCTs and SARs reported having dedicated analysts, while 45.9% reported that they did not have dedicated analysts and 5.4% were unsure. However, there were regional differences. Dedicated analysts were reported by both survey respondents from North America, compared with 50.0% of respondents from 24 countries and OCTs in Latin America and the Caribbean, and 36.4% of respondents from 11 countries, OCTs and SARs in East Asia and the Pacific. Interview findings further suggest that, in many countries, OCTs and SARs, the analyst role may be integrated within broader cybercrime units or undertaken by personnel without specific expertise in online CSEA.

Although a proportion of countries, OCTs and SARs have dedicated analysts for online CSEA, the data indicate that a substantial number lack such capacity, particularly in East Asia and the Pacific. Online CSEA analysts play an important role in providing specialist analytical support through CSEA investigative process. Their responsibilities range from receiving, triaging and assessing incoming reports to analysing digital evidence and identifying offending patterns. Therefore, limited dedicated analytical capacity may constrain the ability of law enforcement to process and investigate online cases efficiently. As the volume and complexity of online CSEA increases, as will the need for dedicated analysts specialising in processing online cases.

Figure 56 Digital forensic capability for online CSEA investigations across surveyed countries, OCTs and SARs (n=37)

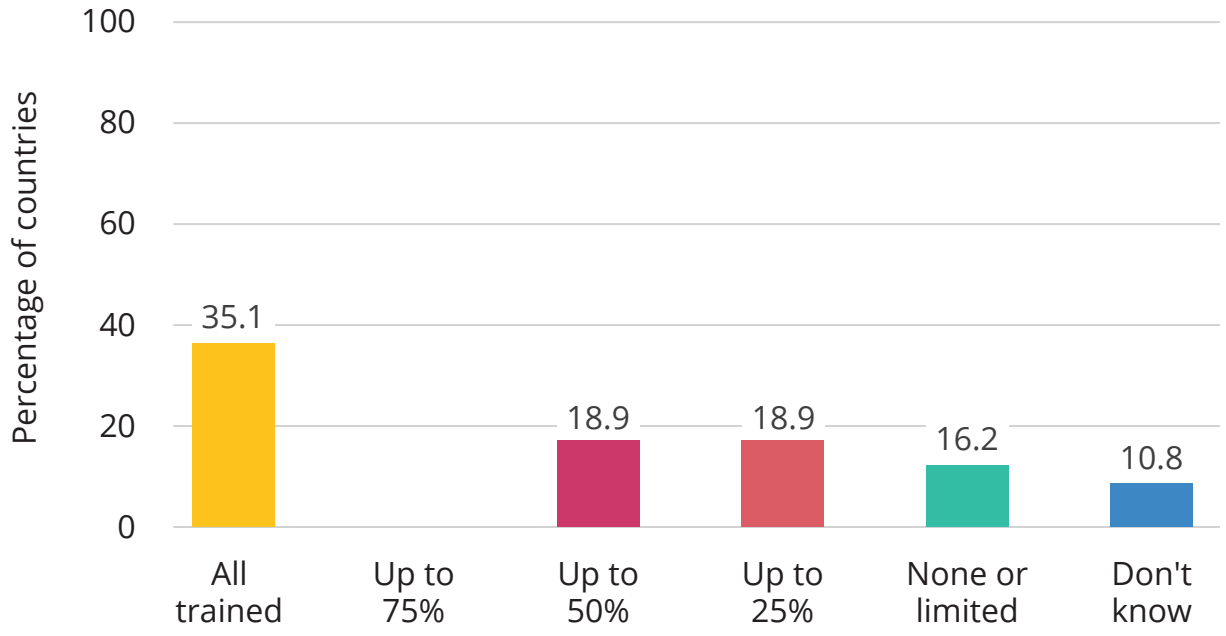
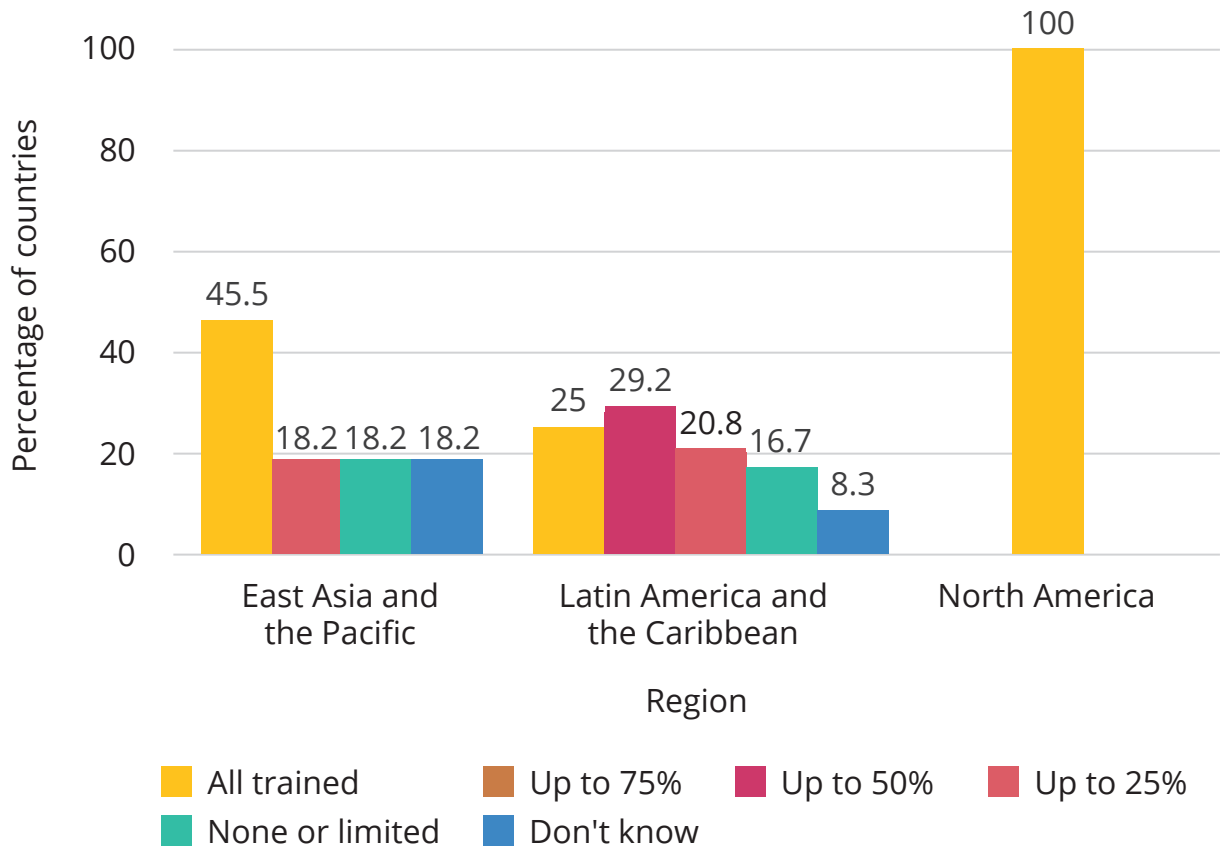


Figure 57 Digital forensic capability for online CSEA investigations across three regions



Across the 37 surveyed countries, 35.1% reported having digital forensic capability to support all online CSEA investigations within 12 months. In contrast, 18.9% reported having capability for approximately half of cases, 18.9% for up to one-quarter of cases, while 16.2% reported no or limited capability and 10.8% were unsure of capabilities. All survey respondents from North America reported sufficient digital forensic capability for all online CSEA investigations, whereas capability was more variable across East Asia and the Pacific and Latin America and the Caribbean, where many countries reported that forensic resources were available for only a proportion of investigations.

Many countries, OCTs and SARs have strong digital forensic capability, enabling them to process cases within 12 months, particularly in East Asia and the Pacific and North America. Digital forensic capability enables law enforcement to access, recover, preserve and analyse data from digital devices and online systems as part of CSEA investigations. It is essential for identifying offenders and victims, securing digital evidence and supporting criminal prosecutions.

However, this capability remains limited in Latin America and the Caribbean and some jurisdictions in East Asia and the Pacific. Where digital forensic capacity is constrained, law enforcement may face delays in accessing, processing and analysing digital evidence, which may hinder the online CSEA investigations. Interview findings further suggest that in many countries limited digital forensic capability could result in investigative backlogs, reducing the efficiency of responses to online CSEA cases.

Figure 58 **Availability of specialist training for personnel investigating CSEA across surveyed countries, OCTs and SARs (n=37)**

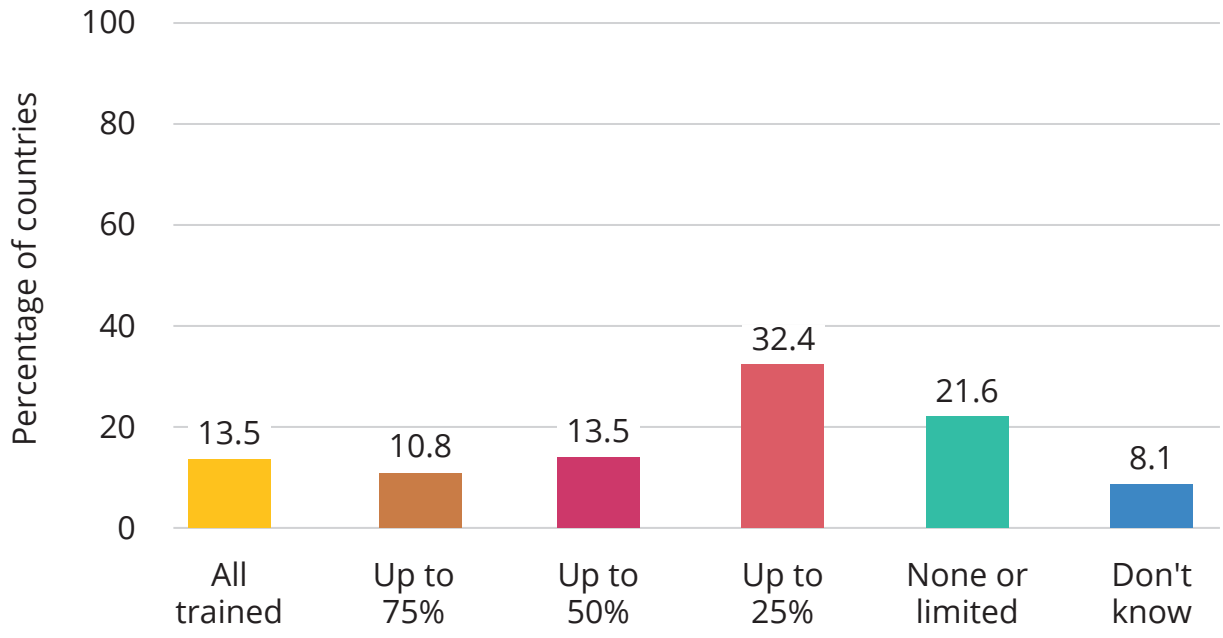
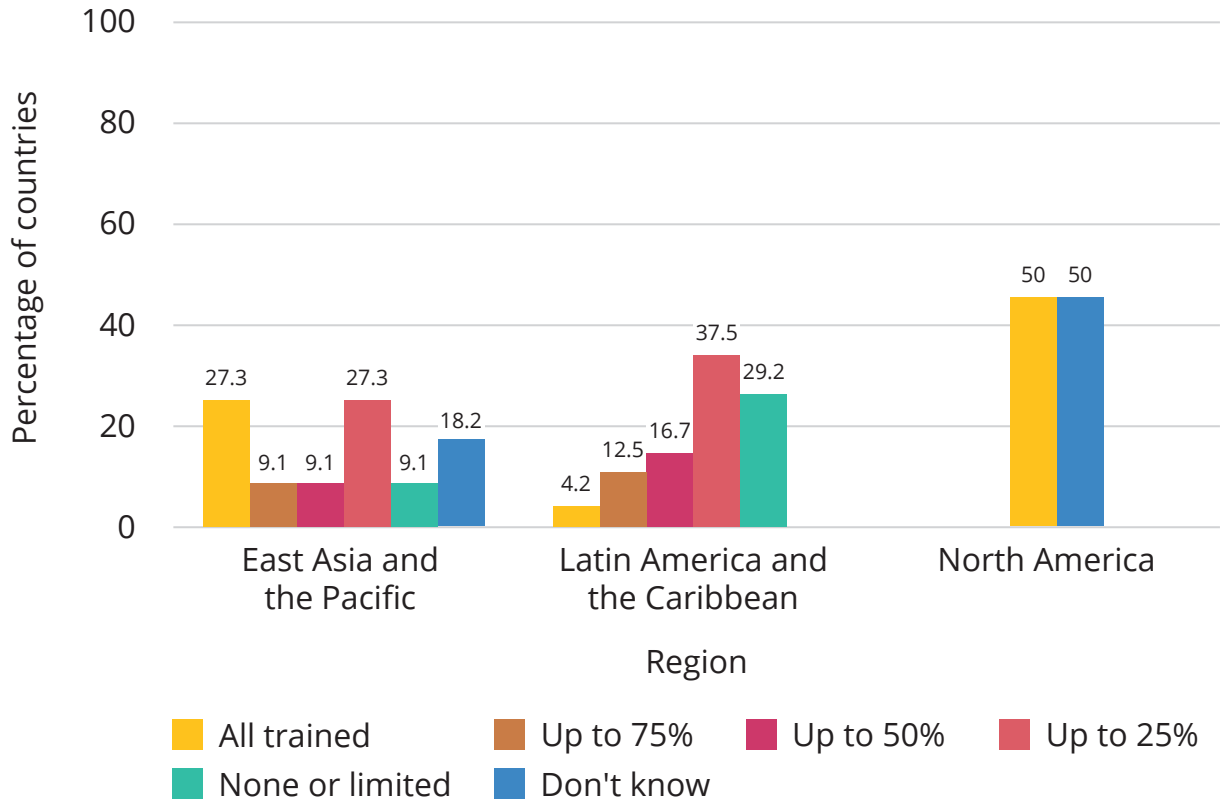


Figure 59 Availability of specialist training for personnel investigating CSEA across three regions



Survey findings from 37 countries, OCTs and SARs indicate considerable variation in the availability of specialist training for personnel investigating CSEA. Only 13.5% of responding countries, OCTs and SARs reported that all specialist personnel had received online CSEA training, while 32.4% reported that training had reached only 25% of specialist personnel. In addition, 21.6% of countries, OCTs and SARs reported providing no specialist training and 8.1% were unsure of national training coverage.

Regional variation was also evident. In 11 responding countries, OCTs and SARs in East Asia and the Pacific, 27.3% reported that all specialist personnel had received dedicated training, whereas 36.4% reported that training had reached 25% of personnel or fewer – or that no specialist training was available. In 24 responding countries and OCTs in Latin America and the Caribbean, only 4.2% reported training all specialist personnel, while 66.7% reported that training covered 25% of personnel or fewer, or that no specialist training was provided. Only one survey respondent from North America reported that all specialist personnel received online CSEA training.

The proportion of countries, OCTs and SARs with limited specialist training remains high across the three regions, particularly in East Asia and the Pacific and in Latin America and the Caribbean. Although a number of countries, OCTs and SARs in East Asia and the Pacific reported that all personnel have received specialist training, limited training coverage remains across the region. In Latin America and the Caribbean, a substantial number of countries, OCTs and SARs reported limited and no specialist training, indicating significant gaps in training coverage.

Specialist training goes beyond basic training by equipping personnel with the specialist knowledge and skills needed to investigate CSEA. It may include managing digital evidence, identifying victims and offenders, and responding to the legal, technical and safeguarding complexities of these cases. Therefore, limited specialist training may constrain the capacity of law enforcement to respond to CSEA investigations.

The right response requires the right training

"Investigating CSEA requires more than years of experience; it requires specialist training that equips officers to understand trauma, conduct sensitive interviews and protect the integrity of the investigation. As a detective investigating sexual assault cases, I believe every officer assigned to CSEA investigations should have the right training to ensure that every victim is treated with dignity, compassion and a truly victim-centred approach."

Romancia Jordon,
Detective Police Corporal, Royal Saint Vincent and the Grenadines Police Force



System strengthening country profile: Singapore



From a law enforcement perspective, Singapore demonstrates a mature and intelligence-led approach to tackling CSEA through strong multi-agency coordination, specialist capability and proactive international collaboration.

The police receive referrals from multiple sources and use a structured risk-based triage process to prioritise high-risk referrals. Investigators make extensive use of specialist tools, undercover online capabilities and international platforms to support cross-border investigations and victim identification. Specialist investigators focus on complex, technology-enabled and transnational cases, while lower-complexity investigations are managed by district officers, allowing resources to be directed where they have the greatest impact.

Overall, Singapore's approach reflects a well-coordinated, victim-centred and intelligence-driven model that could be considered international good practice.

In addition, Singapore has positioned itself as a regional leader in online CSEA investigations. In 2025, the Singapore Police Force led a five-week multinational operation with police agencies from Hong Kong, Japan, Malaysia, Republic of Korea and Thailand targeting online child sexual exploitation. The operation resulted in a large number of arrests and victim rescues, demonstrating Singapore's emphasis on coordinated cross-border enforcement. In 2023, the Singapore Police Force established the Cyber Guardian Lab within its Specialised Crime Branch as a dedicated facility for investigating CSAM. The lab integrates AI-assisted image screening, digital forensic tools and INTERPOL's ICSE database to improve investigative efficiency and victim identification, while its design incorporates specialist wellbeing measures to reduce the psychological impact on investigators exposed to CSAM.



Conclusion

Taken together, the findings indicate that NCMEC report indirect routes and limited specialist resources, including dedicated analysts, digital forensic capability and specialist training, remain evident across many countries, OCTs and SARs – particularly in East Asia and the Pacific and in Latin America and the Caribbean. Practical challenges associated with NCMEC indirect routes and gaps in specialist capacity may constrain the ability of law enforcement to respond efficiently to CSEA investigations. These findings highlight the need for countries, OCTs and SARs in East Asia and the Pacific and in Latin America and the Caribbean to prioritise strengthening specialist resources within law enforcement and NCMEC reports routes.

3.4 Creating enabling conditions for prevention

Preventing CSEA requires an enabling environment of which the foundations of legislation, governance and accountability are integral. These support responses to CSEA and clarify responsibilities, thereby creating enabling systems to operate in a coordinated and accountable manner.

In this section, the data draw on three core areas of legislations, including criminalising CSAM and grooming, as well as provisions on data retention for a fixed period and data sharing. These legal frameworks play a critical role in supporting the prevention and response efforts of law enforcement.

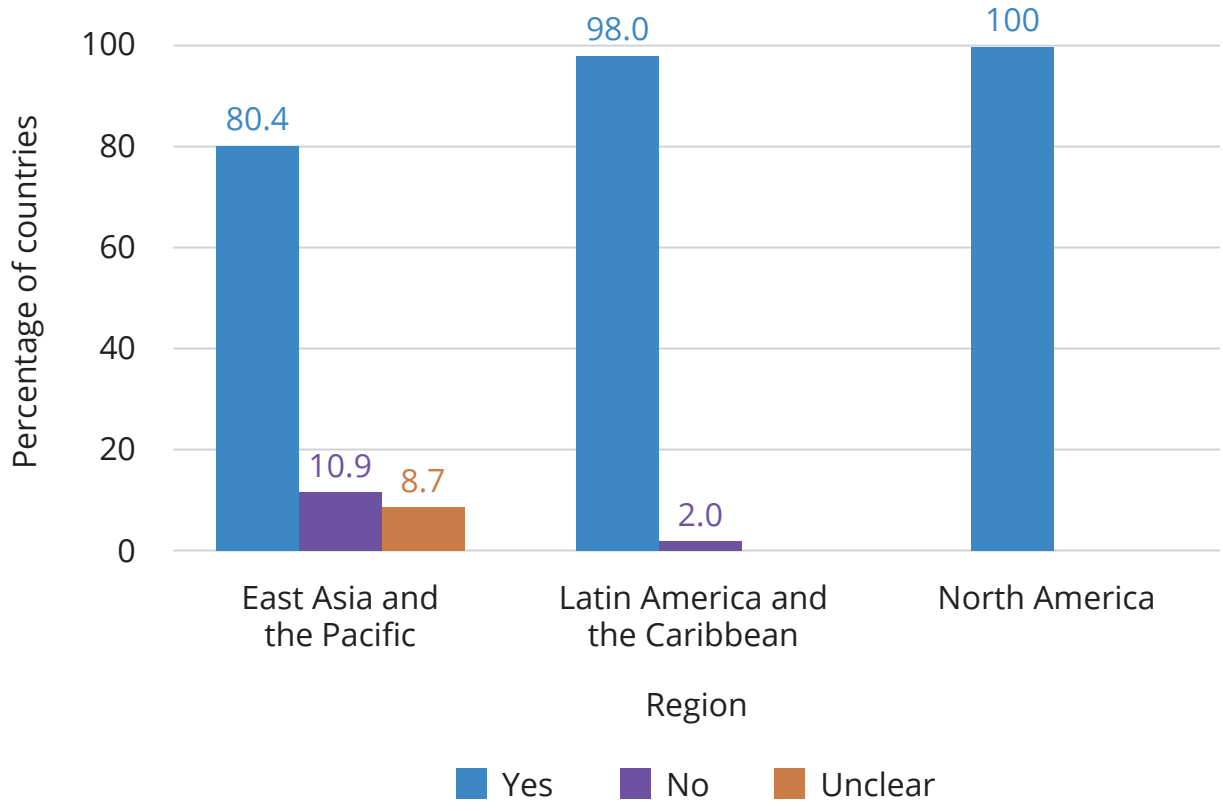
Legislative coverage of CSAM offences

CSAM legislation is vital as it provides law enforcement with the legal framework to protect children and prevent CSEA. The legislation criminalises activities involving child sexual abuse material, including its production, possession, distribution and sale. By defining these activities as criminal offences, the legislation enables law enforcement to identify victims and investigate and prosecute those responsible. The reviewed legislation for this study does not include legislation related to technology companies hosting CSAM.

The legislative review found broad coverage of offences relating to CSAM. Legislation criminalising the production, possession, distribution and sale of CSAM was present in 90.0% of the 100 countries/OCTs/SARs assessed. It was not identified in 6.0% and unclear in 4.0% because the available evidence did not allow a definitive determination.



Figure 60 **Percentage of countries with legislation criminalising the production, possession, distribution, and sale of CSAM across three regions**



All three jurisdictions assessed in North America had legislation covering the four CSAM-related acts. Coverage was also identified in 98.0% of 54 countries and OCTs in Latin America and the Caribbean. In 46 countries, OCTs and SARs in East Asia and the Pacific, coverage was lower at 80.4%, 10.9% did not have identifiable legislation covering all four acts, and the position was unclear in 8.7%.

The findings indicate that the legislation criminalising CSAM is widely established across all three regions. This broad coverage reflects a strong legal foundation for law enforcement to investigate and prosecute online CSEA. However, a proportion of countries, OCTs and SARs in East Asia and the Pacific still lack dedicated CSAM legislation. This legislative gap may limit the ability of law enforcement to respond effectively to online CSEA and safeguard children. Overall, the findings highlight the need to strengthen CSAM legislation coverage for countries, OCTs and SARs in East Asia and the Pacific.

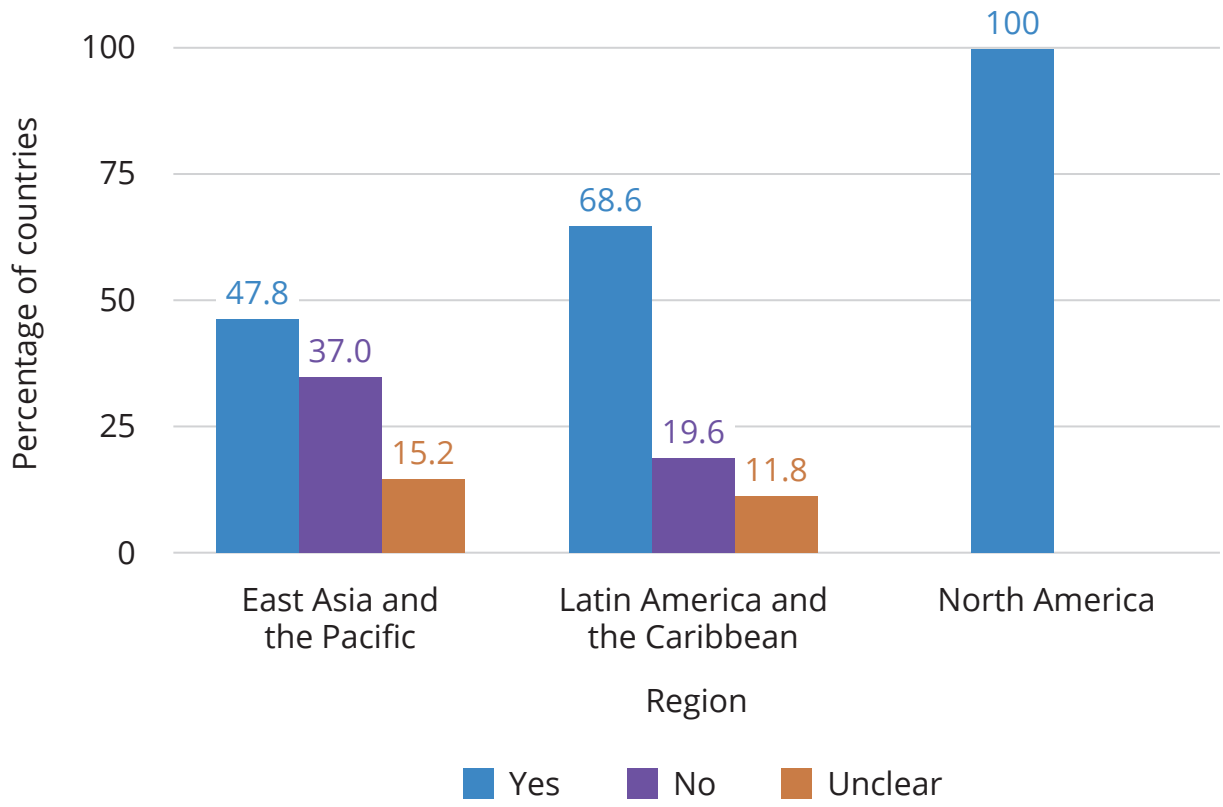
A finding was recorded as 'unclear' where the publicly available evidence reviewed was insufficient to determine definitively whether a country, OCT or SAR had legislation covering all four CSAM-related acts. Variations in legal terminology, legislative structure, language, publication practices and access to official legal documents may have contributed to this uncertainty.

Online grooming legislation

Based on definitions provided by the United Nations Office on Drugs and Crime (UNODC) and the United Nations Committee on the Rights of the Child (UNCRC), online grooming refers to the process by which an adult establishes contact with, builds trust in, or develops a relationship with a child through online or digital technologies with the intention of sexually exploiting or abusing them (United Nations Office on Drugs and Crime, 2020).

Of the 100 countries, OCTs and SARs assessed, 60% had established legal frameworks for online grooming, while 27.0% had no legislation specifically criminalising online grooming, and a further 13.0% were classified as unclear. Taken together, this indicates that 40.0% of countries, OCTs and SARs either had no specific legislation criminalising online grooming or there was insufficient publicly available evidence to determine whether such legislation existed. This highlights both gaps in legislative coverage and uncertainty arising from the available evidence.

Figure 61 **Percentage of countries with legislation criminalising online grooming across three regions**



Regional variation was evident. East Asia and the Pacific recorded the greatest legislative gap, with 37.0% of the 46 countries/OCTs/SARs lacking online grooming legislation and a further 15.2% classified as unclear. Consequently, less than half of countries in the region (47.8%) had clearly identifiable legislation criminalising online grooming. In Latin America and the Caribbean, 19.6% of the 54 countries and OCTs had no relevant legislation and 11.8% were classified as unclear. All countries and OCTs in North America had legislation criminalising online grooming.

Online grooming legislation criminalises the solicitation, enticement, luring or grooming of children for sexual purposes through online or digital means. This law enables earlier intervention and provides a legal basis for investigating and prosecuting grooming offences. A legislative gap in this area may limit the ability of law enforcement to respond to online grooming behaviours.

Rapid advances in digital technologies can create new opportunities for offenders to groom children across multiple online environments. Therefore, the need for sufficient legislation for online grooming is important. Countries, OCTs and SARs in East Asia and the Pacific and Latin America and the Caribbean lacking this legislation should improve their legal framework for online grooming or ensure the inclusion of the online elements to existing grooming frameworks.

Social media restriction legislation

Recently there has been a shift in online safety response legislation to take a preventative approach by barring access to certain online environments. In Australia legislation in December of 2025 has restricted access for those under 16 to social media platforms (eSafety Commissioner, 2025). Similarly in the East Asia and Pacific region both Malaysia and Indonesia have also enforced a social media restriction for children under the age of 16. In Malaysia this came into effect in January 2026 (Ng, 2026) and in March of 2026 (Martin, 2026) it was put in place in Indonesia. While similar legislation is being considered globally, these three countries have shown a commitment to addressing the issue as quickly as possible to protect children.

This type of safety response should be accompanied by on platform changes which ensure when child users are able to engage that the platform is safe and does not negatively impact their well-being. These types of preventative measures should be just one part of a larger safety by design plan.

System strengthening profile: eSafety Commissioner Australia



Since the establishment of the post in 2015, the Australian regulator, the eSafety Commissioner has been at the forefront of online safety (Martin, 2026). In 2021 Australia was the first government to pass a bespoke piece of legislation to address the risks to users in online environments with the Online Safety Act of Australia. This piece of legislation set up a template for how other governments would also respond to the risk. In their Online Safety Act, there was a clear governance structure with the assigning of regulatory powers to a named authority in the eSafety Commissioner. Since this act passed, we have seen similar legislation in the United Kingdom come into effect, as well as European legislation which has asked member states to manage online safety in a similar manner. Most recently the proposed Safe Social Media Act of Canada has also used this template in drafting their national response.

The eSafety Commissioner has been active in attempting to ensure the compliance of all platforms operating in Australia, holding large companies such as X accountable through judicial proceedings and monetary penalties. The eSafety Commissioner has advocated for social media age restrictions, which the Australian Government began to implement in December 2025 (eSafety Commissioner, 2026). Regional governments in East Asia and the Pacific have called for similar social media restrictions following Australia's lead, including in Indonesia, Malaysia and Fiji. Furthermore, recent work with application store environments shows a greater understanding of the various points of intersection where governance is needed to ensure the safety of users but especially children online (eSafety Commissioner, 2026). The eSafety Commissioner consults widely with survivors and young people.

The eSafety Commissioner is in a unique position where they act as the representative hotline of Australia for INHOPE as well as working alongside global regulators as part of the Global Online Safety Regulatory Network. This allows them the opportunity to share their best practice with other global actors and further their positive influence in creating safety not only for Australia children but for all children online. The eSafety Commissioner provides a template for international actors. However, the role can still be further developed especially in relation to integration with statutory child protection systems, preventative strategies and ensuring penalties for large multi-national companies are reflective of the harm caused.

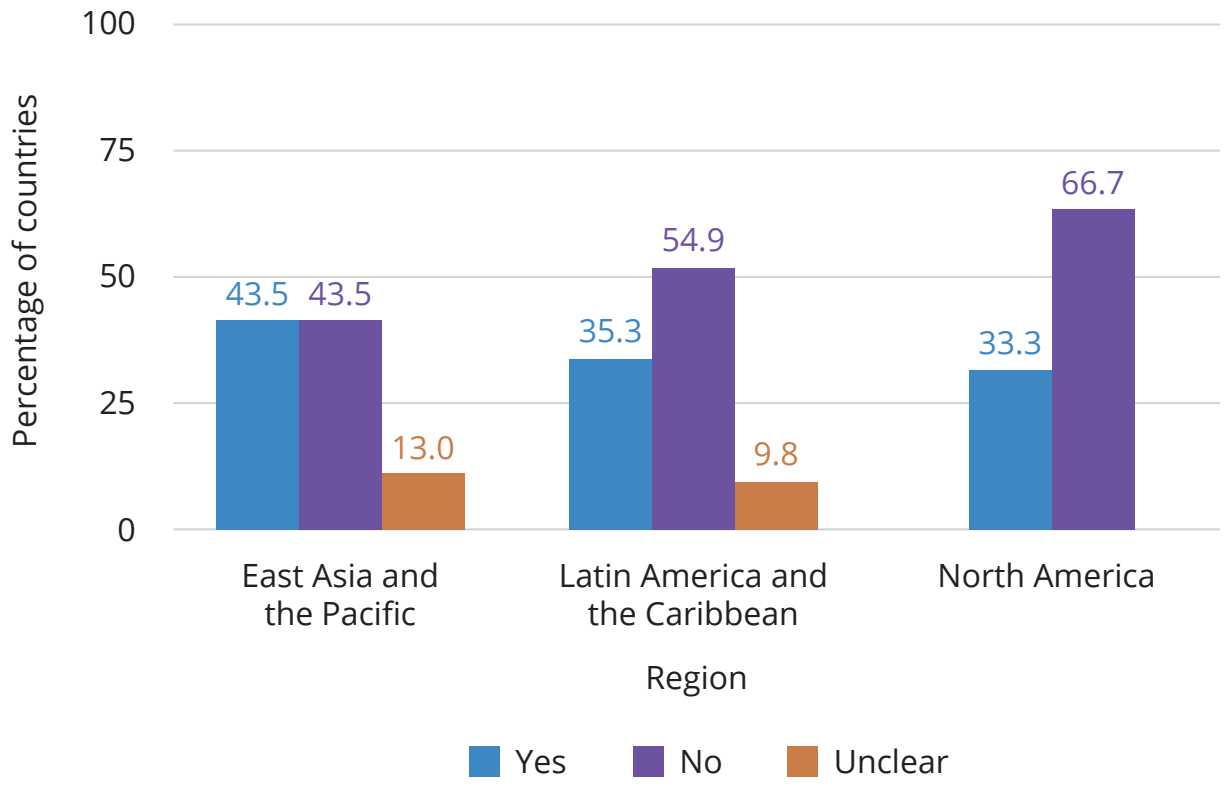


Lack of legislation requiring ISPs to retain data for a fixed period

Legislation on internet service provider (ISP) data retention and data sharing provides the legal framework for preserving and accessing digital evidence in online CSEA investigations. Fixed-period data retention legislation requires ISPs to retain subscriber and connection data, such as IP address allocation records and connection logs, for a defined minimum period before deletion. The retained data enables law enforcement to identify users and attribute online activity to individuals. Data-sharing legislation enables law enforcement to lawfully request and obtain these records. Together, these provisions support the identification of offenders, attribution of online activity and cross-border investigations.

Across the 100 countries, OCTs and SARs included, 50.0% had no legal requirement for fixed-period data retention, while 39.0% had such legislation in place and for 11% it was unclear whether legal requirements existed.

Figure 62 **Percentage of countries with legislation for Internet Service Providers to retain data for a fixed period across three regions**



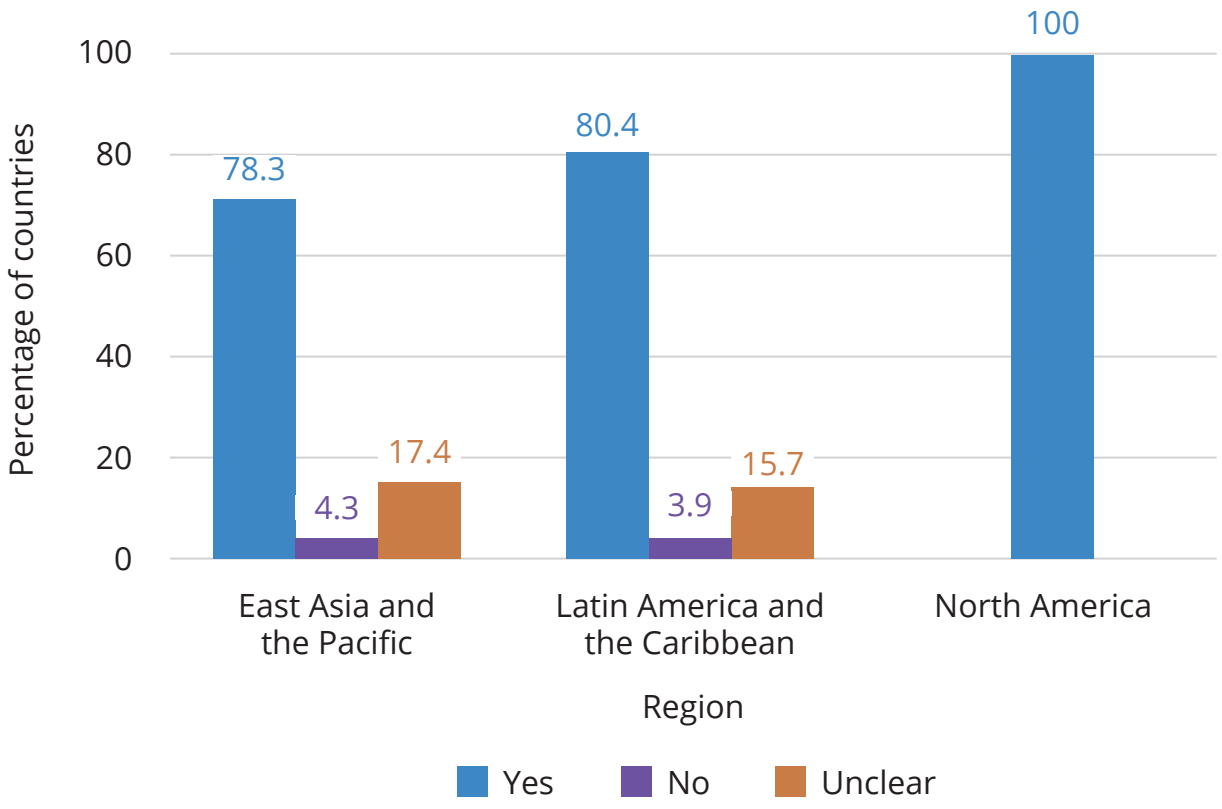
This gap was evident across all three regions. In East Asia and the Pacific, 43.5% of the 46 countries, OCTs and SARs lacked fixed-period data retention legislation. The proportion increased to 54.9% among the 54 countries and OCTs in Latin America and the Caribbean and reached 66.7% among the three countries and OCTs in North America.

The findings suggest that a substantial proportion of countries, OCTs and SARs across all three regions lack legislation requiring fixed-period data retention, particularly in North America, and Latin America and the Caribbean. The absence of such legislative requirements may reduce the availability of digital evidence, limiting opportunities to identify offenders, locate victims and progress investigations.

Despite the relatively limited legislation for fixed-period ISP data retention, legislation requiring ISPs to share data with law enforcement was considerably more common across all countries, OCTs and SARs.

Among 100 countries, OCTs and SARs included in the analysis, 80.0% had legislation requiring ISPs to share data to law enforcement. By contrast, 4.0% of countries, OCTs and SARs had no data sharing legislation, while the legislative position was unclear in 16.0% of countries, OCTs and SARs.

Figure 63 **Percentage of countries with legislation for Internet Service Providers to share data with law enforcement across three regions**



Regional variation was relatively limited. Legislative provisions requiring data sharing were identified in all three countries and OCTs in North America, 80.4% of 54 countries and OCTs in Latin America and the Caribbean, and 78.3% of 46 countries, OCTs and SARs in East Asia and the Pacific. However, in both East Asia and the Pacific (17.4%) and Latin America and the Caribbean (15.7%) were classified as unclear, indicating that relevant legislative provisions could not be determined from the available evidence.

The discrepancy between data-sharing legislation and data retention requirements may create practical loopholes. Where providers are not legally required to retain data for a specified period, obligations to share information may have limited effect as the relevant evidence may no longer exist by the time it is requested.

In this respect, data retention and data-sharing legislation should be viewed as complementary components of the legal framework, with the effectiveness of one dependent on the presence of the other. Therefore, the lack of data retention provisions may undermine the overall effectiveness of the legal framework intended to support online CSEA investigations.

The findings highlight an urgent need for countries, OCTs and SARs across all regions to address gaps in data retention legislation. Strengthening such provisions can enhance law enforcement's ability to access timely and relevant digital evidence, thereby supporting more effective investigations and prosecutions of online CSEA offences.

Conclusion

Taken together, the findings indicate that while legislative frameworks addressing CSEA are established in many countries, OCTs and SARs across the three regions, important gaps remain. These gaps limit prevention, are not sufficiently supportive for law enforcement responses and ultimately impact on the protection of children. Strengthening prevention requires a strong and cohesive legislative foundation which explicitly address both offline and TF-CSEA. It also requires the effective implementation of these laws and a supportive governance and judicial structure.

3.5 Future-facing prevention

Technological innovation frequently outpaces safety by design. This has created a recurring cycle in which new technologies are developed without sufficient consideration of their potential risks and are subsequently misused to cause harm. This cycle is further reinforced by commercial incentives that often deprioritise safety by design measures during the development process within a legal vacuum and without sufficient inputs from communities in general. Most recently this has been evidenced through the creation and roll-out of artificial intelligence (AI) across platforms and online spaces. AI represents a new way of computing and, much like similar innovations before it, such as social networking, online messaging and cloud computing, there are ways in which this innovation causes harm. Unless this cycle is addressed, retroaction and response will continue to exist one step behind rather than forming a truly preventative approach.

AI CSAM

On such way in which technology, specifically AI, can be misused is through its ability to generate novel content based on requests by users. This content is at its source a cumulation of human generated data available online, which as previously noted includes illegal images, videos and recordings of child sexual abuse. CSAM generated or manipulated by AI continues to be an insidious threat that is growing exponentially. These modalities introduce ontological ambiguity: the viewer cannot reliably determine when victim identification is possible based on the children depicted, whether the content is a modification of existing abuse material, or whether synthetic elements obscure identifiable victims. Therefore, a dedicated classification framework is required to differentiate these categories systematically and to articulate the distinct harms associated with each.

The IWF has released specific reports on AI alongside their annual updates and states that in 2025, 8,029 videos/images were assessed as showing realistic child sexual abuse.

”AI CSAM is increasingly extreme and sophisticated: Realistic full-motion AI video content is now commonplace. 65% of videos (2,233 in total) identified by the IWF last year were classified as Category A, the most extreme classification.”

(IWF, 2026)

The emergence of AI modified CSAM has challenged legislative understanding even further and has resulted in Childlight studies into individual countries' legislative coverage, specifically in Australia, New Zealand, Canada and the United States of America (Gaitis et al., 2025).

NCMEC's annual CyberTipline reports show that reports of AI-related reports of CSAM grew from 4,700 in 2023 to 400,000 in 2025 (NCMEC, 2025). Given the pressure that this places on analysts' time and resources, it is understandable that organisations may be inclined to group all CSAM, whether AI-generated or not, into a single category. From a harm-reduction perspective, this is a reasonable position as all CSAM contributes to harm and suffering. However, Childlight argues that there are significant benefits to disaggregating these classifications. Of the 21.3 million CSAM reports submitted to NCMEC in 2025, 1.1 million came from Amazon AI in relation to content located by its own model, and none were classified as containing 'actionable offender- or victim-related information'. Without delving deeper into the data, this could easily be misinterpreted as an extreme spike in AI generated CSAM, when in fact it was an unusual reporting practice. By contrast, further investigation of other reported AI-generated images has, since 2023, led NCMEC to identify 275 victims and classify 158,000 images as AI CSAM. These distinctions would not have been possible if all CSAM images had been aggregated into a single category.

The need for an AI CSAM classification framework

The rapid proliferation of artificial intelligence technologies has reshaped the production, modification and circulation of CSAM. The extent to which global legislation adequately addresses these harms is yet to be determined though indications in this report suggest that 90% of countries have the ability to incorporate these harms within the current configuration. AI-generated and AI-modified CSAM creates new challenges for existing classification systems. Traditional systems were mainly designed for images depicting real children. AI-generated material can take several different forms, and these forms may have different implications for victim identification, investigation and removal.

A useful classification system should therefore distinguish between:

- fully synthetic images that do not depict an identifiable child
- altered or "deepfake" images based on photographs of identifiable children
- material combining real and synthetic elements
- stylised or cartoon-like AI-generated material

Clear distinctions between these categories would help practitioners and investigators decide what action is required and would make reporting more consistent. Because AI technology is developing rapidly, any classification system would also need to be reviewed and updated regularly. Furthermore, these classifications and their disaggregation can contribute to improving how these images are distinctively harming populations.

CSAM classification systems serve two interdependent functions:

1. Protecting children by enabling rapid removal of harmful content.
2. Supporting law enforcement agencies by providing structured intelligence for victim identification and offender disruption.

Removal of CSAM and repeat victimisation

Many factors can influence CSAM discovery and availability, including frontline logistics. This has a direct impact on the amount of content that is removed and the speed at which it is removed.

As an organisation, although NCMEC deals with by far the highest volume of reports, it is not responsible for removal of CSAM itself. Following analysis of the report, a take-it-down notice is sent to the appropriate Electronic Service Provider (ESP). The average take down time is 2.6 days, but not all notices end up in removal, despite several contact attempts.

Table 11 **Notice removal rates by Electronic Service Providers in 2025**

	Count
Number of notices sent resulting in removal within 12 days	147,904
Number of notices sent NOT resulting in removal within 12 days	19,366

Note. Data are from NCMEC (2026).

INHOPE does removal directly through trusted flagging rather than take-it-down notices and has found an efficacy of on average just over one day for removal in places with a hotline and closer to 41 days for those without one.



"A hotline can be operated by a governmental institution, a non-profit organisation, an association of internet service providers, a domain registry, or a department of the police (...) Hotlines differ in size as well, some with more than 30 analysts and others with just one analyst."

(INHOPE Annual Report, 2018)

INHOPE's network of hotlines removal times has seen a substantial slowing from 2024 to 2025, something that it highlighted in its 2025 report. Having oversight of these removal rates allows us to understand one potential reason for such prolific repeat CSAM. Although across all jurisdictions INHOPE has seen an increased period of time to first removal. Findings from its 2026 annual report suggest that this data may be influenced by those countries where CSAM is discovered but no hotline exists. INHOPE recently reported that in countries where there is a member hotline present, CSAM removal is first achieved after an average of 1.4 days. This is noticeably swifter than the total reported removal times in the same report. This is likely because for the remaining countries where CSAM was found to be hosted the average time to first removal was 41 days, a nearly 40-day difference, further highlighting the value of this service and trusted sources in reporting of CSAM for every country (Woolfe & Zografska, 2026).

Table 12 **INHOPE URL removal times, 2024–2025**

	1 day or less	2–7 days	over 7 days
2024	33%	70%	100%
2025	10%	21%	69%

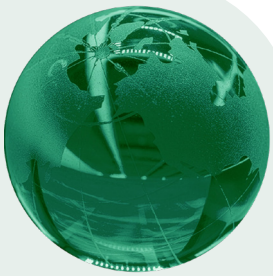
Note. Data are from INHOPE (2025-2026).

In the 2026 Into the Light index Data Update (Stevenson et al., 2026), there was also a discussion around the volume of repeat or known CSAM which is discovered annually. This has prompted exploration into the lasting efficacy of CSAM removal. Studies have been conducted on individual cases which have seen routine dissemination within offender communities, however there are still only a handful of studies (Jane Doe, Known Victim Series Studies). More research is needed in this area particularly around AI-CSAM removal and "self-generated" CSAM. Both of which are more associated with novel CSAM which means that removal and assessment of these files will require more time as it is likely the first instance of analysis.

What removal figures are not able to share is the duration of removal. This is a critical element as the previous data shows that CSAM can often have a longer life even after posting first removal. Understandably, this is difficult for any process which requires human analysis for removal. Programmes like Project Arachnid, IntelliGrade and other web crawlers may possess the answer to this problem in the automated ability to detect content on previously assessed webpages.

This additional analysis would better measure the ongoing harm that CSAM presents. Without this, we continue to rely upon surrogate measures of known CSAM proportions and time to first removal. This data would also assist in assessing the impact of legislation on lasting CSAM removal, which should be the expectation placed upon platforms and webpages.

Data Beacon: The Internet Watch Foundation's victim centred analysis approach



In 2021, IWF launched their Report Remove service which allows children to submit CSAM images of themselves for hashing and removal. As well as removal of material, it has also provided IWF with demographics data regarding the age, sex and content of children who utilise the service. Not all removal services collect this information, in part to preserve users' anonymity. However, demographic data can be valuable for evaluating the impact of these services and tailoring awareness-raising and messaging to reach those who may need them. In a similar way to Helpline data, knowing the population that is utilising these services helps to improve delivery while also guiding changes to increase the reach.

Analysis of the Report Remove data for 2024 and 2025 data shows that children who identified as boys submitted over 60% of all reports. Boys were also increasingly represented in the images submitted, with the proportion rising from 49% (989 images) in 2024 to 79% (2,334 images) in 2025. From the most recent Report remove (2025) data, more than 1100 (1143 out of 1210) reports were made by children identifying as between 14-17 years old.

This data suggests that teenage children view this as a useful resource in having their images prioritised and removed. It may also point to the need for similar services in helping to address the systemic issues created in CSAM analysis focusing on younger children (IWF, 2026).

Another element of victim-centred analysis is regarding how demographics are being counted from CSAM analysis at the front end of the process. In the 2025 Into the Light Index, Childlight highlighted the value of



tagging all children in CSAM when more than one is present. This approach was novel in the sector which has historically focused on the youngest child present and most overt form of abuse in CSAM analysis. There are multifaceted factors for this focus where the CSAM analysis and removal sector have increased pressure to remove CSAM while simultaneously seeing more CSAM to analyse overall. This is on top of ongoing challenges in funding to these organisations, balanced with receiving more attention due to global legislation focusing on online safety. These factors taken together mean that time spent by analysts on image analysis must be highly efficient or else the system becomes overwhelmed.

The approach of identifying and counting every child helps to show the impact CSAM has on all the children depicted, not just the youngest or the most severe abuse. Prior report analysis has shown that images cannot be viewed on a 1:1 ratio of images to children harmed due to the volume of reoccurring 'known' CSAM. While 'known' content still makes up a large proportion of CSAM reported annually, this does not represent the totality of the challenge. Previous work has addressed this from the perspective of victim series, repeat content and video stills which increase CSAM volumes, but the data has often missed the situations and circumstances when multiple children are harmed simultaneously (IWF, 2026). The practice of counting multiple children has led to an additional 70,000 children tagged in CSAM in its first year, and has now reached over 100,000 children in two years. In 2025, just over 10% of the 370,000 children identified by IWF were counted due to multi-child analysis practices. While these are not all unique children as some children unfortunately are featured in more than one image, it provides a truer and victim focused view of the harm that CSAM presents to those whose abuse is depicted.

Conclusion

The information detailed above documents how retroactive and response services have been developed to address technology. This, however, does not deal with the larger challenge of prevention: the apparent need for an AI-considered classification framework and hotline response in every country act to counter existing harm. As technology, and specifically AI, becomes more integrated into online connectivity, the opportunity to have a preventative approach to safety remains present. These technological innovations can improve safety for users by taking all the data and response techniques on board and using it so that it can alert, block or prevent actions which seem to sexually exploit children. Instead of having data be used to extrapolate the scale of technology-facilitated sexual abuse, this same data could be used to prevent technology-facilitated child sexual exploitation and abuse in the first instance.

Part 4:

OUR RECOMMENDATIONS

This final section of the report focuses on the recommendations arising out of the ITL 2026 Index evidence. While the evidence presented is immense with many possible actions, Childlight has focused the recommendations on where the impact may be most possible within the Childlight framework of pathways to impact.



The 2026 ITL Index provides a wide range of global data on CSEA with specific insights into both the prevalence and scale but also what needs to be done to strengthen systems and prevent violence from happening in the first place.

For the ITL Index 2026 data we have prioritised the following nine evidence-based recommendations that we feel will make the biggest impact for children across these three regions. These recommendations follow Childlight's pathways to impact model (see Figure 64). This model is built around three core aims that reflect the findings from the ITL Index 2026 data.

What we recognise, we can count.
What we can count, we can prevent.

The Into the Light Index helps countries recognise CSEA, count its scale and prevalence, and strengthen efforts to prevent and respond to harm.

Figure 64 How Childlight drives change

Our aims	Our partners	Knowledge for action	What changes
CSEA is recognised as a preventable public health issue	Governments, regulators, practitioners, law enforcement, people with lived experience, funders, framers (e.g., programmers, advocacy groups)	Governments understand the scale, impact and cost of CSEA	**Evidence improves** Data collection Data creation Data products
The size and nature of CSEA harm is counted to hold people and organisations to account		Public services gain evidence, tools and proven approaches	**Knowledge is mobilised** Translation and dissemination Relationship building Co-production
Decisions on resources, budget and prioritisation are taken so CSEA is prevented		Countries identify data gaps and strengthen evidence systems	**Data systems are strengthened** Training Tools Standards Blueprints
		Survivors understand support, compensation and reporting pathways	

Child sexual exploitation and abuse is prevented

We have grouped our Into the Light Index 2026 recommendations across these three core areas as follows:

Recognise CSEA

1: Recognise CSEA as a preventable public health issue

Countries should recognise child sexual exploitation and abuse (CSEA), both technology-facilitated and offline, as a preventable public health issue. A public health approach to CSEA is coordinated through a multi-sectoral response across indispensable sectors such as health, child protection, education, justice and technology, supported by sustained political commitment and dedicated investment. Childlight will continue working with countries on public health framing, particularly for incorporating TF-CSEA into this framing.

2: Modernise legal frameworks for TF-CSEA

The Into the Light Index 2026 highlights that many countries do not have legislation that responds to TF-CSEA harms that children may be facing, making it difficult for child protection actors to safeguard and identify victims but also to hold perpetrators and facilitators to account. The Into the Light Index 2026 data particularly point to enhancing legislation on online solicitation and fixed period CSAM data retention by Internet Service Providers as two areas that can have a significant impact for children. Childlight will also continue to be at the forefront of legislative analysis around artificial intelligence (AI) accountability and how to ensure future-facing and technology-neutral and/or agnostic legislative frameworks (for example legal and regulatory approaches that focus on regulating outcomes, conduct, or underlying principles rather than particular technologies, platforms, or technical means).

3: Recognise commercial determinants of CSEA

Governments should recognise that TF-CSEA is shaped not only by individual behaviours but increasingly by the digital environments, social determinants and commercial actors. Together, these shape thinking about prevention and response, recognising that individual and community behaviour change interventions will not be successful if the overarching commercial determinants and structural systems that facilitate harm, particularly online harm, are not addressed.



Count CSEA

1: Make CSEA measurement consistent

Develop internationally agreed definitions and data standards for both offline and TF-CSEA to improve data capture and comparability across countries and over time, along with enough data disaggregation at a country level to be policy responsive. This recommendation seeks to build on international efforts such as the International Classification of Violence Against Children on survey data and to expand for clearer specificity related to CSEA data. Similarly, Childlight will focus work on frontline and CSAM data classifications and minimum data standards to improve these crucial administrative data systems, learning from the promising practice highlighted in the Into the Light Index 2026.

2: Make CSEA measurement visible

Governments and intergovernmental organisations, such as the World Health Organization (WHO) and United Nations (UN) agencies, should strengthen the measurement of CSEA, including technology-facilitated CSEA, and use that evidence to drive effective prevention and response. This includes expanding both nationally representative prevalence surveys but also strengthen routine frontline data information systems by making this data routinely collected and publicly available for both technology-facilitated and offline CSEA. Childlight will seek to assist key stakeholders in this area based on learning from the Into the Light Index.

3: Make CSEA data useful

Data systems, including typologies and measurement approaches, need to be designed to inform prevention and response rather than existing solely for monitoring or research purposes. Childlight will assist in convening policy-forward dialogues that translate evidence into practical policy and action between researchers, practitioners and central policy decision makers around data systems for CSEA.

Prevent CSEA

1: Strengthen the evidence on what works to help prevent all types of CSEA

Major global prevention frameworks such as INSPIRE (for violence against children) and RESPECT (for violence against women and girls) should explicitly synthesise evidence on preventing TF-CSEA to guide investment in effective interventions and to understand how all types of CSEA are linked and interact. Childlight will advocate with the World Health Organization (WHO) and other pivotal actors, such as Safe Futures Hub, who lead these global synthesis efforts on what works for preventing violence to ensure TF-CSEA interventions are included.



2: Start prevention earlier

The Into the Light Index 2026 data highlight that primary prevention should begin in early childhood rather than later in adolescence and also include parents to be, families and communities overall, reflecting evidence that many children first encounter both online and offline risks from birth to well before secondary school (despite disclosure often coming later). Core sectors such as early childhood development should be brought into multisectoral conversations and programming around prevention.

3: Address commercial determinants of CSEA through government policy levers

The Into the Light Index 2026 aims to be a comprehensive source of data on CSEA prevalence and scale. These data increasingly point to the urgent need to address commercial determinants through specific government and industry policy levers. These include regulation, market-shaping strategies that address safety by design and even policies such as procurement, taxes and levies and other approaches that can improve accountability and transparency but also change the larger structural drivers of TF-CSEA by design.

4. Respond and Protect from the consequences of CSEA

The Into the Light Index 2026 also highlights the importance of improving response and protection systems with a special focus on law enforcement activities. Improved efficiency and effectiveness in response and protection are integral to safeguard children who have been previously exposed to CSEA.





Glossary

This section sets out definitions of key terms used through this report. We draw from agreed terminology in the field following the Second Edition of the *Terminology Guidelines for the Protection of Children from Sexual Exploitation and Abuse* (Greijer & Doek, 2025) as well from key definitions in the International Classification of Violence Against Children (UNICEF, 2023). We also include definitions and recommendations for data enhancement in the CSEA field drawing on work by the UK Statistics Authority Inclusive Data Taskforce (UKSA, 2021) and from the independent Sullivan Review of data, statistics and research on sex and gender (Social Research Institute, 2025). More details on all these definitions, including underpinning conceptual frameworks, can be found in our Index Technical Note.

Baseline CSAM

A term created by INTERPOL, the international policing body, to define what is considered internationally illegal child sexual abuse material (CSAM).

Bayesian hierarchical model

A statistical approach that estimates prevalence by modelling variation across countries or studies within a common hierarchical framework. It allows information to be partially shared across countries or studies, improving estimation where data are sparse while accounting for uncertainty and between-group heterogeneity.

Canadian Centre for Child Protection (C3P)

The organisation responsible for receiving and triaging reports of technology-facilitated CSEA in Canada.



Child

A term which means every human below the age of eighteen.

Child helpline tags

With Child Helpline International (CHI) data, we present child helpline tags, or how the child helpline staff document the contact (which can be calls, text or other forms of communication), into categories (for example sexual violence) within their data system. A contact does not always translate to a case, as there may be multiple contacts (such as calls) from one child or someone contacting the helpline on behalf of a child, which may be tagged into different categories. The tags are the number of times that helpline staff tag a category (one contact may be represented by multiple tags or categories, as the contact may report multiple issues). These data are directly reported by child helplines members to the umbrella organisation, CHI, via an annual survey.

Child Rescue Coalition

A non-profit organisation that supports the rescue of children from sexual abuse by building technology for law enforcement, to identify, arrest and prosecute child predators.

Child sexual abuse material (CSAM)

Images, image collections, videos and stills that capture the sexual exploitation and abuse of children. This material represents the evidence of past sexual abuse, as well as ongoing harm to the children and survivors depicted in the material.

Child sexual abuse material/image-based sexual abuse (CSAM/IBSA)

For survey data, this combined term captures non-consensual image or video making, taking and/or sharing by an adult or another child. It refers to having sexual images taken when a child was unconscious, intoxicated, distracted, or unable to consent. This subtype also includes non-consensual sharing of images/videos of a child via mobile phone or internet. It could also include so-called deepfake images in which a child's head or likeness was imposed on a sexual image of someone else, as well as AI-generated images. We decided to use the CSAM/IBSA term to avoid confusion across agencies in interpreting the findings and to indicate the possibility of increased use of both terms in future research.

Child sexual exploitation and abuse (CSEA)

At Childlight, we use CSEA as an umbrella term, because it recognises that abuse and exploitation can take different forms and require different approaches to prevention, safeguarding and data collection. The term covers situations involving child sexual abuse in which a child is involved in sexual activity that they do not



understand, cannot consent to, are not developmentally ready for, or where an imbalance of power, trust, or authority is exploited. It also includes sexual exploitation when a child is manipulated, coerced or forced into sexual activity in exchange for something, such as money, gifts, protection or promises, which can involve situations like sex trafficking or sexual extortion. In relation to CHI data, CSEA encompasses the categories sexual violence (offline); commercial sexual exploitation (offline); and technology-facilitated child sexual exploitation and abuse (TF-CSEA).

CSAM availability

CSAM availability is an observational indicator of the volume of recorded CSAM reports and hosting notices associated with a country through the reported location of suspected activity or reporting source and/or the location of hosting infrastructure. The CSAM availability rate expresses this recorded volume per 10,000 population.

'Commercial CSAM'

A value applied to CSAM which indicates that it is associated with commercial exploitation or trade, meaning the material in question is being distributed or directly sold for a profit.

Commercial sexual exploitation (offline)

This category is used by CHI to categorise their data. Their definition is as follows: a child performing a sexual act in exchange for (a promise of) something of value (including, but not limited to, money, objects, shelter, food, drugs, etc.). The use, procuring or offering of a child for prostitution, for the production of child sexual abuse material or for sexual performances. It can involve the trafficking of children for commercial sexual exploitation. It can also take place in the context of travel and/or tourism. In these cases, the offence can be committed by either foreign or domestic tourists and travellers and long-term visitors.

Confidence interval (CI)

A range of values within which the true prevalence is likely to fall. A narrower interval indicates greater precision and reliability of the estimate, while a wider interval suggests more uncertainty – often due to smaller sample sizes or variation across studies.

Contact CSEA

Physical sexual abuse involving either rape or sexual assault. Rape involves vaginal, anal or oral penetration of a child. Sexual assault involves unwanted sexual touching or other physical sexual acts without penetration.



Data beacon

Refers to a promising practice identified through our work (specifically as it relates to data systems) that is highlighted in a dedicated text box within the report.

Data retention

The practice by technology and telecommunications companies to keep information on their customers including names, address and payment details which are associated with their technology use for a predetermined period of time. This data retention period varies by country or company based on the implementation of governance standards.

Data sharing

The practice, whether mandated or optional, of sharing privately held information on users by technology companies with investigative bodies, namely law enforcement. This practice is heavily reliant on data retention practices by technology companies.

East Asia and the Pacific (EAP)

Based on UNICEF's reporting-region classification, East Asia and the Pacific comprises 33 countries and areas: Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Democratic People's Republic of Korea, Fiji, Indonesia, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Myanmar, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Thailand, Timor-Leste, Tokelau, Tonga, Tuvalu, Vanuatu and Viet Nam. For the purposes of this Index, the region also includes 13 Overseas Countries and Territories (OCTs) and Special Administrative Regions (SARs): American Samoa, Christmas Islands, Cocos Islands, French Polynesia, Guam, New Caledonia, Norfolk Island, Northern Mariana Islands, Pitcairn/Henderson/Ducie and Oeno Islands, Wallis and Futuna, Taiwan, Macau and Hong Kong (UNICEF, 2023).

Electronic Service Providers

Private companies and platforms which provide a service or environment that users engage with via the internet. These include all types of online platforms including, social media, forums, blogs etc.

End-to-end encryption (E2EE)

End-to-end encryption is a technology that makes messages, images, calls and other communications accessible only to the sender and the intended recipient. From a CSEA perspective, this means that the content is completely hidden, even from the platform hosting the service, making it much hard for authorities, platforms, or safeguarding teams to detect, prevent, or investigate TF-CSEA.



Exact matches (cryptographic)

Images that have been previously allocated an alphanumeric hash value with software and, therefore, match the hash value in a hash list possessed by an organisation. In verb form, the term is 'exact matching'.

Exposure to unwanted sexual content

A type of technology-facilitated child sexual victimisation that includes the unwanted exposure of a child to pornographic material (e.g., forcing a child to watch videos or pictures containing nudity or sending a child a link to a pornographic website). Unwanted exposure to sexual content occurs often while surfing or scrolling through social media. This type of exposure may or may not be a precursor to a request for reciprocity. Including exposure to unwanted sexual content (including pornography) is important because, as suggested by the growing body of literature, it plays a significant but often overlooked role in both the risk factors and developmental consequences of abuse. Including exposure to sexually explicit content in TF-CSEA discussions ensures a more holistic understanding of how technology can harm children, not just through direct abuse, but through the gradual erosion of boundaries, consent and safety. It also helps shape better prevention strategies, education programmes and support systems for children and families.

Familial CSEA

Sexual abuse or exploitation of a child that occurs within the family environment, perpetrated by biological relatives (such as parents, siblings, grandparents, aunts or uncles) or individuals in a familial-like role (for example foster carers or a parent's partner). Often also referred to as 'intrafamilial CSEA', we use the term familial CSEA for ease in communicating to a variety of audiences.

First sighted

The first known location of CSAM that has been reported. This does not mean that it is the first or only place it was uploaded.

Frontline data

Data collected by child protection system actors (for example police, health, education, social care and justice systems) and civil society actors (for example some child helplines) while providing services to victims/survivors or bringing perpetrators to justice. Often referred to as 'administrative data', Childlight uses the easier term 'frontline data' to refer to data that is not collected for research purposes but gathered while providing services or fulfilling child protection duties.



Gender

Gender refers to the socially constructed norms, roles, behaviours and relationships associated with being female, male or another gender, which can vary across societies and change over time. Gender identity is distinct from biological sex and reflects an individual's internal experience of gender, which may or may not correspond with their sex. Also see definitions for 'Sex', 'Sex and/or gender' and 'Male, female, non-binary and unknown' in this glossary.

Hash value

A unique alphanumeric code assigned to every individual instance of known CSAM. Some CSAM data collection organisations have their own hash lists to compare reported CSAM to, but this is not this case for all of them. It is dependent on the organisation whether these hash lists are shared with other key stakeholders.

Helpline

A reporting and support service that is available to children, parents, caregivers and the public to report concerns pertaining to children needing direct assistance. Helplines often operate in partnership with key referral services such as hospitals, law enforcement agencies, judicial services, shelters and other child-related services.

Hidden populations

Refer to systematic gaps in visibility across CSEA data ecosystem but may not mean that the population is universally absent from CSEA data. This can also refer to populations or groups which are missed or underrepresented due to methodological choices in measurement and accessibility of data collection/reporting.

Hotline

A reporting service that allows members of the public to anonymously share material they believe to be illegal or harmful to children online. These services often send removal notices to electronic service providers and/or share reported concerns with law enforcement agencies.

International Child Sexual Exploitation (ICSE)

Operated by INTERPOL, an image and video database and intelligence and investigative tool, which allows specialised investigators to share data on cases of child sexual abuse.

Internet Protocol (IP) address

A unique identifying number assigned to all devices that connect to the internet, including phones, laptops, tablets, modems and servers.



Internet Service Provider (ISP)

Private companies who manage and facilitate the connection of users to the internet through telecommunications networks.

Internet Watch Foundation (IWF)

The organisation responsible for receiving and triaging reports of technology-facilitated CSEA in the United Kingdom and a member of the INHOPE network.

Latin America and the Caribbean (LAC)

Based on UNICEF's reporting-region classification, Latin America and the Caribbean comprises 37 countries and areas: Anguilla, Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Bolivia (Plurinational State of), Brazil, British Virgin Islands, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Montserrat, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Turks and Caicos Islands, Uruguay, and Venezuela (Bolivarian Republic of). For the purposes of this Index, the region also includes the 17 additional Overseas Countries and Territories (OCTs) and separately reported areas: Aruba, Bermuda, Bonaire, Sint Eustatius and Saba, Bouvet Island, Cayman Islands, Curaçao, Islas Malvinas/Falkland Islands, French Guiana, Guadeloupe, Martinique, Puerto Rico, Saint Barthélemy, Saint Martin (French Part), and Sint Maarten (Dutch part) (UNICEF, 2023), U.S. Virgin Islands.

Lifetime prevalence

For regional estimates, lifetime prevalence refers to the proportion of adults aged 18 years or older who reported experiencing offline CSEA before the age of 18. For the country level estimates, experiences that occurred at any point during childhood (that is before age 18).

Male, female, non-binary and unknown

CHI uses the terms boy, girl, non-binary and unknown to classify the gender of those who contact their helplines. As the helpline data also contains data on individuals up to the age of 24, Childlight has chosen to use the terms male, female, non-binary and unknown to refer to gender and/or sex. In CHI's glossary, their definition of non-binary is: "[t]he child or young person does not identify primarily as female or male, or identifies as non-binary" (CHI, 2025, p.8). CHI's definition of unknown is: "[t]he gender of the child or young person could not be identified for various reasons" (CHI, 2025, p.8). Also see 'Gender' in this glossary.



Meta-analysis

A statistical technique used to combine the results of several different studies on the same topic. By pooling data from multiple studies, a meta-analysis can give a more accurate estimate of overall effects or patterns than any single study alone.

National Center for Missing & Exploited Children

The organisation responsible for receiving and triaging reports of technology-facilitated CSEA in the United States of America. It operates as a clearinghouse for all US-based technology companies to report concerns of CSEA as part of this remit.

Non-contact CSEA

Sexual abuse that does not involve physical sexual contact. This can include sexual harassment or threats, exposure to sexual acts, exhibitionism, sexual comments or bullying, sexual stalking, extortion and blackmailing a child for sexual purposes.

North America

Based on UNICEF's reporting-region classification, North America comprises two countries: Canada and the United States. For the purposes of this Index, the region also includes Saint Pierre and Miquelon as an additional Overseas Countries and Territories (OCTs) reported separately in the source datasets (UNICEF, 2023).

Offline CSEA

Unwanted sexual acts against a child occurring without the involvement of technology-facilitated means. This includes both contact and non-contact abuse but excludes sexual exploitation.

Online sexual exploitation

Includes all acts of a sexually exploitative nature carried out against a child that have, at some stage, a connection to the digital environment. It includes any use of technology that results in sexual exploitation or causes a child to be sexually exploited or that results in or causes images or other material documenting such sexual exploitation to be produced, bought, sold, possessed, distributed, or transmitted. The terms 'ICT-facilitated' and 'cyber-enabled' child sexual exploitation are sometimes used as alternatives to define these practices.

Online solicitation

A range of unwanted or pressured sexual interactions, which may include casual sexual inquiries via mobile phone or the internet, long-lasting sexual conversations that can lead to the exchange of sexual texts/pictures/videos or exposure of intimate body parts. All types of online solicitation may come from peers as well as adult perpetrators.



Overseas Countries and Territories (OCTs)

Overseas Countries and Territories (OCTs) is an operational umbrella term for overseas territories, dependencies and other non-sovereign or separately administered areas that are identified independently in one or more source datasets. These areas have different constitutional and administrative relationships with their respective administering or metropolitan States and do not share a single legal status.

Past year prevalence

For regional estimates, past-year prevalence refers to the proportion of children under the age of 18 who experienced offline CSEA during the previous 12 months. For country level estimates, experiences that occurred within the 12 months prior to when the survey was undertaken.

Prevalence estimate

The proportion of individuals in a population who have experienced CSEA. In this report, it represents the statistical outcome of a meta-analysis. Estimates are reported for specific recall periods (for example past year or lifetime before age 18) and by gender where possible.

Rape

Vaginal, anal or oral penetration of a sexual nature of the body of a child with any bodily part or object, with or without the use of force and without consent, because the child is too young to consent or consent is not given.

'Self-generated' CSAM

A type of media showing individuals who have physical control of their recording device (such as selfies, self-recordings from their computers, etc.), which may have been shared directly or captured indirectly by other means. This is often created due to the grooming, deception or extortion of a child by an offender. Due to lack of agreement on preferred terminology, we have used single quotes throughout the document to note the limitations of this terminology. Additionally, a broader categorisation of 'image-based sexual abuse' would also cover this content. As such, the term is only used in its relation to the tag applied by analysts to the material in an effort to distinguish it within a larger system and is not meant as a complete evaluation of the particular context in which it was first captured.

Sex

A binary classification based on biological factors (male and female).



Sex and/or gender

The term sex and/or gender is used in this report because many data sources do not clearly distinguish between the two. In surveys, questions may ask about sex, gender or attempt to capture both, leaving it unclear what is being measured or reported. Administrative data vary widely, with categories recorded either through standard questions or inferred by those collecting the data, creating inconsistency across organisations. Big data sources, such as those derived from images or videos, generally only record sex, which reflects the type of information these methods are designed to capture. Also see 'Gender' and 'Male, female, non-binary and unknown' in this glossary.

Sexual assault

Unwanted groping, fondling or other touching of the private parts of a child or making a child touch the private parts of someone else (excluding penetration), with or without the use of force and without consent, because the child is too young to consent or consent is not given.

Sexual extortion

A form of blackmail that involves threatening to share an individual's intimate image or video online unless they comply with certain demands, such as for money, gift cards, other items of monetary worth, additional pictures or other sexual acts. The term also includes sexual acts on webcam coerced by a perpetrator.

Sexual violence (offline)

This is a category used by CHI to categorise its data. It is defined as: "[f]orcing or coercing a child to engage in sexual activity, whether they are aware of what is happening or not, or if they are able to articulate what is unwanted or not" (CHI, 2025, p.39).

Special Administrative Regions (SARs)

Special Administrative Regions generally refers to a subnational territory governed under distinct constitutional or administrative arrangements and granted a degree of autonomy different from that of other administrative divisions within the same State. In the Index, SARs refer to the Hong Kong Special Administrative Region and the Macao Special Administrative Region of the People's Republic of China. Under their respective Basic Laws, Hong Kong and Macao form inalienable parts of the People's Republic of China and are authorised to exercise a high degree of autonomy, including executive, legislative and independent judicial powers.



Systematic review

A research method used to find, assess and summarise all relevant studies on a specific topic or question. It follows a clear and structured process to reduce bias and ensure that the findings are reliable.

Technology-facilitated CSEA (TF-CSEA)

A range of sexually harmful behaviours that occur online or through the use of other digital technologies and include: online solicitation, non-consensual image taking and sharing, forced exposure to pornography/unwanted sexual content and livestreaming of child sexual abuse, sexual exploitation or sexual extortion.

This is also a category used by CHI to categorise their data. Its definition is: child sexual abuse becomes technology-facilitated child sexual abuse when it has occurred on social media or other online channels or has a direct link to the online environment [...]. Technology-facilitated child sexual exploitation includes all acts of a sexually exploitative nature carried out against a child that is at some stage connected to the online environment. This can be distinguished from technology-facilitated sexual abuse [sic] by an underlying notion of exchange, for example, money, food, accommodation, drugs, affection, gifts, etc" (CHI, 2025, p.36).

Uncertainty interval (UI)

In this report, uncertainty intervals are used for estimates produced by the Bayesian model. The range around an estimate that shows how much uncertainty there is in the result. Narrower intervals indicate more precise estimates, while wider intervals indicate greater uncertainty.

Victimisation

CSEA represents forms of victimisation whereby the child is the victim of the exploitation/abuse. Victimisation tends to refer to a process more than to a single act. The term is used as a category by which to group indicators primarily from representative surveys in the Into the Light Index 2026.

Victim/survivor

A combined term referring to children/adults who have experienced or are experiencing sexual violence, to reflect both the terminology used in legally binding instruments and an individual's choice to identify themselves as they wish to be identified.



Violence

When we use the term violence in this report, we are specifically referring to a category from Child Helpline International that is defined as "the maltreatment (improper and/or harmful treatment) of a child. Violence can take several forms, including emotional, physical and sexual. Isolation and exclusion are also a form of violence. Violence can occur in many settings, including, but not limited to, at home, at school, in the neighbourhood and online. The perpetrators can be members of the family, peers, other adults known to the child, or strangers. The present category also involves the presence of violence in the child's environment" (CHI, 2025). The category of CSEA (which encompasses the categories sexual violence [offline], commercial sexual exploitation [offline] and TF-CSEA) falls under the violence category.

'Virtual' generation

All CSAM that includes non-photographic elements (for example AI generated, meme, cartoon).

Visually similar

Images which, to the eye, appear to be the same image, but may in reality have differences in aspects such as size, colours or layout (for example mirrored). Due to these differences, the images may not be matched by cryptographic 'exact' hashing, despite being the same in content. They can be matched using software such as PhotoDNA by Microsoft, which enables a more accurate count of image content. Visually similar images are imperative to track to attain a more accurate understanding of the number of images that are actually new, and the extent to which certain images are being reuploaded, shared or generally disseminated.

Western Europe

Based on UNICEF's regional classification, Western Europe refers to 33 countries: Andorra, Austria, Belgium, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Holy See, Hungary, Iceland, Ireland, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Monaco, Netherlands (Kingdom of the), Norway, Poland, Portugal, San Marino, Slovakia, Slovenia, Spain, Sweden, Switzerland and the United Kingdom.

Youth

This term generally defines a 15–24-year-old age group. In this report, the term is used primarily with child helpline data for which some services are provided across a large age spectrum and in relation to some CSAM data when precise ages are hard to determine from images and videos.



Youth-produced images

Images that appear to be produced by children and/or youth due to the perspective or framing of the image. The term does not consider the process by which or context in which the image was created (for example coercion by an adult or peer, created for a romantic partner or taken under duress).





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External Advisory Groups

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Appendix

Appendix 1: Country coverage for ITL Index 2026

This table reflects the country coverage across indicator data sources for North America, East Asia and the Pacific, Latin America and the Caribbean for the 2026 Into the Light Index.

Table 13 Country coverage for Into the Light Index 2026, by indicator area

Region	Country/OCT/SAR	CSAM	System Strengthening (Survey/Interview)	Frontline Data (Public Sector)	Frontline Data (Helpline)	Survey Data (Offline)	Survey Data (TF-CSEA)
East Asia and the Pacific	American Samoa	●					
	Australia	●	●	●	●	●	●
	Brunei Darussalam	●	●				
	Cambodia	●	●		●	●	●
	China	●				●	●
	Christmas Island	●					



Region	Country/OCT/SAR	CSAM	System Strengthening (Survey/Interview)	Frontline Data (Public Sector)	Frontline Data (Helpline)	Survey Data (Offline)	Survey Data (TF-CSEA)
East Asia and the Pacific	Cocos Islands		●				
	Cook Islands	●					
	Democratic People's Republic of Korea	●					
	Fiji	●		●			
	French Polynesia	●					
	Guam	●					
	Hong Kong SAR	●				●	●
	Indonesia	●				●	●
	Japan	●	●	●	●	●	
	Kiribati	●				●	
	Lao People's Democratic Republic	●				●	
	Macau SAR	●				●	
	Malaysia	●	●			●	●
	Marshall Islands	●					
	Micronesia (Federated States of)	●					
	Mongolia	●	●	●	●	●	
	Myanmar	●				●	
	Nauru	●					
	New Caledonia	●					
	New Zealand	●	●		●	●	●
	Niue	●					
	Norfolk Island		●				
	Northern Mariana Islands	●					

Region	Country/OCT/SAR	CSAM	System Strengthening (Survey/Interview)	Frontline Data (Public Sector)	Frontline Data (Helpline)	Survey Data (Offline)	Survey Data (TF-CSEA)
East Asia and the Pacific	Palau	●					
	Papua New Guinea	●			●	●	
	The Philippines	●	●	●	●	●	●
	Republic of Korea	●	●			●	●
	Samoa	●				●	
	Singapore	●	●			●	
	Solomon Islands	●				●	
	Taiwan SAR	●	●			●	●
	Thailand	●			●	●	●
	Timor-Leste	●		●		●	
	Tokelau	●					
	Tonga	●				●	
	Tuvalu	●					
	Vanuatu	●				●	
	Viet Nam	●				●	●
	Wallis and Futuna	●					
Latin America and the Caribbean	Anguilla	●	●				
	Antigua and Barbuda	●					
	Argentina	●	●				●
	Aruba	●					
	Bahamas	●				●	
	Barbados	●	●				
	Belize	●	●				
	Bermuda	●	●				
	Bolivia (Plurinational State of)	●				●	
	Bonaire	●	●				



Region	Country/OCT/SAR	CSAM	System Strengthening (Survey/Interview)	Frontline Data (Public Sector)	Frontline Data (Helpline)	Survey Data (Offline)	Survey Data (TF-CSEA)
Latin America and the Caribbean	Bouvet Island	●					
	Brazil	●	●	●	●	●	●
	British Virgin Islands	●	●				
	Cayman Islands	●	●				
	Chile	●	●	●	●	●	●
	Colombia	●	●		●	●	●
	Costa Rica	●			●	●	●
	Cuba	●					
	Curaçao	●					
	Dominica	●					
	Dominican Republic	●				●	
	Ecuador	●	●			●	
	El Salvador	●	●			●	
	Islas Malvinas/ Falkland Islands	●	●				
	French Guiana	●					
	Grenada	●				●	
	Guadeloupe	●					
	Guatemala	●	●			●	
	Guyana	●	●			●	
	Haiti	●				●	
	Honduras	●	●			●	
	Jamaica	●	●		●	●	●
	Martinique	●					
	Mexico	●	●			●	●
	Montserrat	●	●				
	Nicaragua	●				●	
	Panama	●	●			●	
	Paraguay	●				●	
	Peru	●				●	●
	Puerto Rico	●					



Region	Country/OCT/SAR	CSAM	System Strengthening (Survey/Interview)	Frontline Data (Public Sector)	Frontline Data (Helpline)	Survey Data (Offline)	Survey Data (TF-CSEA)
Latin America and the Caribbean	Saba	●	●				
	Saint Barthélemy		●				
	Sint Eustatius	●	●				
	Saint Kitts and Nevis	●					
	Saint Lucia	●					
	Saint Martin	●					
	Saint Vincent and the Grenadines	●	●				
	Sint Maarten	●					
	Suriname	●				●	
	Trinidad and Tobago	●			●	●	
	Turks and Caicos Islands	●	●				
	U.S. Virgin Islands	●					
	Uruguay	●			●	●	●
	Venezuela (Bolivarian Republic of)	●	●				
North America	Canada	●	●		●	●	●
	United States	●	●	●	●	●	●
	Saint Pierre and Miquelon	●					

Note. For offline survey data, country coverage differed slightly between the regional- and country-level analyses because they used different data sources. In East Asia and the Pacific, the country-level analysis added the Cook Islands, the Federated States of Micronesia, Palau, the Republic of the Marshall Islands, and Vanuatu but excluded Tuvalu. In Latin America and the Caribbean, it added Saint Lucia but excluded the Bahamas, Bolivia, Ecuador and Nicaragua. Coverage was identical in North America.



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