

**Primary prevention:**

**Aligning population-level strategies to address risk factors for harmful sexual behaviours**

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**ANZATSA Young People and Harmful Sexual Behaviour: Healing is Prevention Symposium**

**Perth**

**24-26 May 2021**

# TODAY'S PRESENTATION OUTLINE

1. Definition and rationale for a population-based approach
2. Implications for primary prevention of harmful sexual behaviour of children and young people
3. Data from organisations: children and young people's perceptions of safety relating to concerns about peers



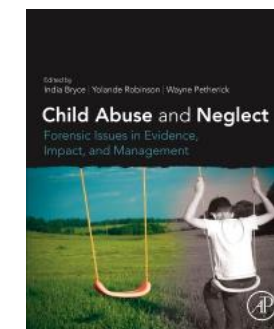
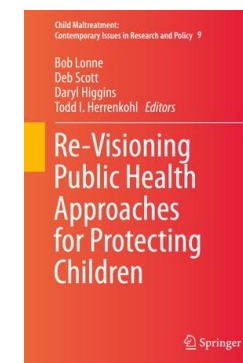
We acknowledge the traditional custodians of the lands on which we live and work, and we pay respects to Elders both past and present.

# Acknowledgments

Sanders, M. R., Higgins, D. J., & Prinz, R. J. (2018). A population approach to the prevention of child maltreatment: Rationale and implications for research, policy, and practice. *Family Matters*, 100, 62-70. <https://aifs.gov.au/publications/family-matters/issue-100/population-approach-prevention-child-maltreatment>

Lonne, B., Scott, D., Higgins, D., & Herrenkohl, T. (Eds.) (2019). *Re-visioning public health approaches for protecting children*. Child Maltreatment 9: Contemporary Issues in Research and Policy Series. Springer. <https://doi.org/10.1007/978-3-030-05858-6>

Higgins, D., & Moore, T. (2019). Keeping an eye on sex, power, relationships and institutional contexts in preventing institutional child sexual abuse. In I. Bryce, Y. Robinson, & W. Petherick (2018). *Child abuse and neglect: Forensic issues in evidence, impact and management (Ch. 3)*, (pp. 45-62). London: Elsevier. <https://www.elsevier.com/books/child-abuse-and-neglect/bryce/978-0-12-815344-4>



# Defining a population-based approach

# 1

Child abuse prevention is predicated on:

- Identifying risk factors
- Implementing strategies across the entire community to address risk factors

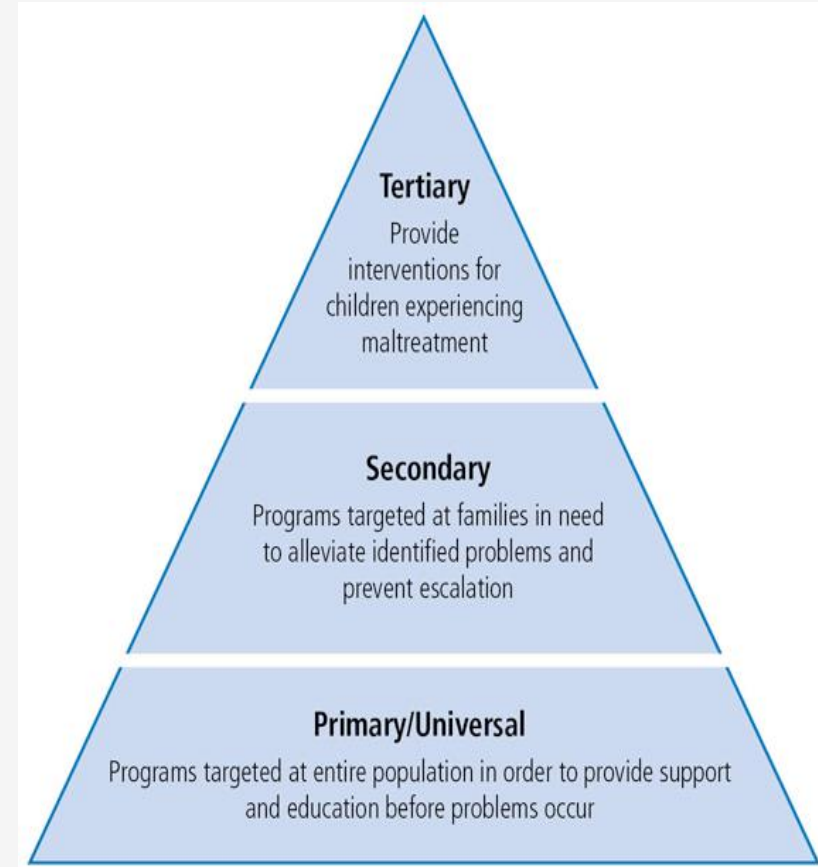
Aim:

- To reduce the ‘burden of disease’ by altering the risk profile of the entire population: *“a rising tide lifts all boats...”*

***REFLECTION:*** *What are the critical components of peer-to-peer sexual abuse prevention that could be supported at a population level?*

## Overview

- Drawn from an epidemiological model of child protection, it attempts to prevent or reduce a particular illness or social problem in a population by identifying risk indicators
- In the context of child protection public health approaches refer to levels of intervention or service provision according to size of the population they seek to reach.
- Prevention is focused primarily through whole of population strategies, supported by links to secondary services where greater intensity of support is needed
- Strong focus on universally available & accessed service platforms (e.g., education, health) that are non-stigmatising



# Public health approach to preventing child abuse and neglect

## Population based

What can we learn/ adapt from similar population-level strategies?

## Proportionate and progressive

How can we respond appropriately with Universal/Secondary/Tertiary interventions?

## Prevention focused

Do we know what causes child maltreatment and poor child wellbeing? What prevention measures do we use?

## Partnership based

What partnerships across services are needed? Who takes responsibility for this?

## Practice aligned

What innovative practice frameworks and prevention platforms are needed?



# Evidence-based interventions for child maltreatment prevention situated along a public health intervention continuum

Key Features

Universal (primary prevention)	Selective (secondary prevention)	Indicated (tertiary prevention)
Whole-of-population (but sensitive to context)	Selected (targeted to sub-groups with greater need)	High-risk, or responding after harm has occurred
Not risk-based	Risks are evident	Higher intensity/effort
Lower intensity/effort	Moderate intensity/effort	Restricted
High accessibility	Limited accessibility	Typically on referral from statutory child protection service
Delivered best through universal services platforms	Targeted delivered by child welfare services	

Intervention Examples

**Examples of programs\* along this continuum:**

Strengthened financial security (tax credits, child care, child support, housing support)	Circle of Security-Home Visiting-4	SafeCare®
Family-friendly work policies (paid parental leave; flexible work; livable min. wage)	Triple P Positive Parenting Program Level 4©	Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)
Family Connects	Parent-Child Interaction Therapy	
Triple P Positive Parenting Program Level 1©	The Incredible Years	
	Healthy Families America	
	Nurse-Family Partnerships	

\* Programs with effectiveness, as registered on The California Evidence-Based Clearinghouse for Child Welfare: <https://www.cebc4cw.org/>



- Investigating and responding to allegations of harm to children:
- Responsibility of each of the 6 states and 2 territories
- Massive increases in the workload of departments over the past 25 years
- Proceduralised & forensically driven
- Risk assessment-focused
- Emerging trends towards differential approaches to family support
- Recognition of the need to focus on prevention and early intervention

- Child protection systems focus on the ‘high-risk’ end of the continuum of families in need
- Public health approaches suggest focusing effort on universal services – but also need to target families who have a range of needs

# Core components of a public health approach to preventing HSB

## What to focus on?



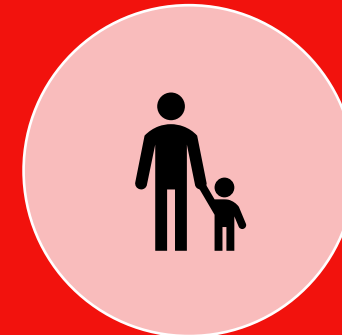
Am I targeting risk/protective factors that are modifiable?

## Who to intervene with?



Am I reaching all children and young people?  
Is there capacity to ramp up intensity of support when needed?  
(progressive universalism)

## When to support & intervene?

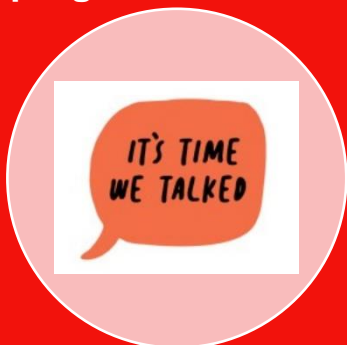


At what ages can different supports and interventions be offered?

Earlier is better.

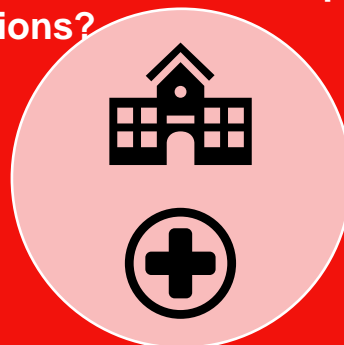
## Core components of a public health approach to preventing HSB cont.

### Which programs & interventions?



What is the evidence for effectiveness of programs working at the primary prevention vs secondary vs tertiary intervention levels of the public health pyramid?

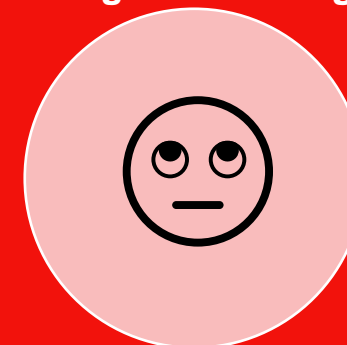
### Where to base deliver of supports & interventions?



Are interventions accessible and non-stigmatizing (e.g., delivered through a universal platform like early childhood education centres or schools, cf. a child welfare agency/setting)?

What's the role of adult-focused services in supporting families and carers with prevention education skills?

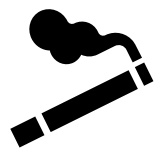
### How to bring about change at scale?



What structural enablers or barriers need to be overcome in facilitating prevention of harmful sexual behaviours (e.g., systemic racism, reluctance to talk about sex and sexuality, stigma associated with help-seeking)?

What are the challenges of bringing prevention programs to scale?

# Lessons from other public health campaigns



## Tobacco-related lung cancer

### RISK FACTORS

- Take-up of smoking
- Dose (heavy smoking)

### PROTECTIVE FACTORS

- Parents/role models not smoking

### ENABLERS

- Attitudes to smoking
- Advertising
- Brand packaging
- Bans on smoking
- Passive Smoking

### GOAL

- Reduction/prevention of smoking

# Lessons from other public health campaigns



## Car and road safety

### RISK FACTORS

- Speeding
- Drink driving

### PROTECTIVE FACTORS

- Car safety design
- Road safety design

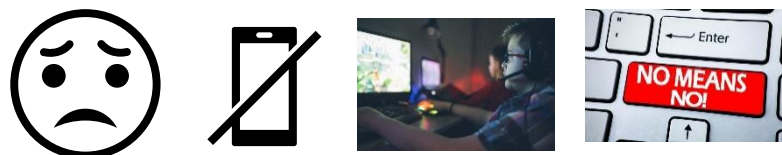
### ENABLERS

- Community attitudes to alcohol & speeding
- Designated drivers
- Breath testing
- Speed restrictions

### GOAL

- Reduction in road accidents and fatalities

# Lessons from other public health campaigns



## Harmful sexual behaviour

### RISK FACTORS

- Porn as 'sex ed'
- Toxic masculinity
- Prior victimisation

### PROTECTIVE FACTORS

- Gender equality
- Sexuality knowledge
- Respectful relationship skills

### ENABLERS

- Open dialogue on sensitive issues like sex, sexuality
- Porn critique skills
- Positive role models
- Community attitudes
- Relationship skills
- Supervision/monitoring
- Conditions of safety

### GOAL

- Safe, respectful relationships between children/young people



Implications for primary prevention of harmful sexual behaviour of children and young people

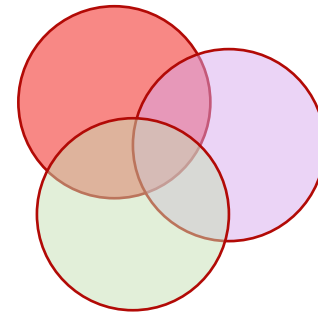
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# Prevention

## Prevention – based on knowledge of causes and contributing factors

Child Sexual Abuse occurs at the intersection of:

- Motivation (of a potential offender)
- Vulnerability (of a potential victim)
- Opportunity



Prevention means addressing the **preconditions** that facilitate abuse at each of these levels.

Create and support **conditions of safety** within families, organisations and communities.

**REFLECTION:** How does ‘culture’ affect opportunity in our schools?

# Shifting the paradigm

## Preventing ‘bad’ people isn’t enough

Sexual abuse prevention strategies in organisations have focused on **screening** to identify those with a history of child sexual abuse.

However:

- First-time abusers have no offence history
- Much abuse goes undetected or reported, so won’t be detected in screening
- Young people also engage in sexually abusive behaviours (around 30–60% of incidents relate to peers)

Focusing on the individual ignores the “power of the situation” to influence individual behaviour, and the capacity of systemic approaches to prevention

Boyd 2008; Pratt & Miller, 2012

<https://aifs.gov.au/cfca/2016/06/22/public-health-approach-preventing-child-maltreatment>

# Situational crime prevention

## A situational crime prevention framework can:

- Provide a lens for understanding how child victimisation occurs in institutions
- Serve as a foundation for development of effective prevention strategies in different contexts through:
  - Development of policies to address risks
  - Monitoring and ongoing actions.
- Regardless of motivation—as proposed by Finkelhor’s 4 preconditions model (1984) or Seto’s (2019) motivation-facilitation model of child sexual abuse—even if an individual possesses both motivating and facilitating traits, or overcomes internal and external inhibitions, a crime will only occur if the opportunity to offend presents itself.
- Applies equally to disrupting potential of either adult-perpetrated child sexual abuse, and peer-to-peer harmful sexual behaviour.

Finkelhor, D. (1984). **Child sexual abuse: New theory and research**  
The Free Press, New York.

Seto, M. C. (2019). **The motivation-facilitation model of sexual offending**  
Sexual Abuse, 31, pp. 3-24, [10.1177/1079063217720919](https://doi.org/10.1177/1079063217720919)

### Situational crime prevention

- Address the limits of both pre-employment and ongoing screening/suitability assessments
- Focus on creating safe *environments* rather than safe *individuals*
- Have been successfully applied to reducing a range of criminal behaviours

**Underlying premise: Under the right circumstances, anyone could offend**

Key focus is on *opportunity reduction*:

- Making crime more risky
- Making crime more effortful
- Reducing rewards
- Removing excuses
- Preventing—and not tolerating—potential ‘grooming’ behaviour

## Not all organisations are equal (cont'd)

A risk-analysis of organisational activities could focus on:

- Level of observation/supervision of adult-child and child-child interactions
- Use of adolescents as role-models or mentors for younger children
- Use of social media or other potentially private communication avenues
- A culture where abuse, bullying, discrimination or harassment in any of its forms might be tolerated (e.g. gender stereotypes, homophobia, alcohol misuse)

## Identifying and addressing risks

**Risk factors** = things that increase the probability of child sexual abuse being perpetrated in a particular **setting** or against a particular **child**

- Common risk factors across settings: **gender** (female), **age** (late childhood and early adolescence), and **disability** (mental illness, developmental delays, cognitive disability, and multiple disability)

**EXAMPLE 1:** Risk factors specific to out-of-home care (OOHC):

- Prior history of victimisation (and lack of agency)
- Foster parents or residential staff act as stand-ins for unavailable or incapable parents (power - leading to abuse of authority, intimidation of children in their care, and manipulation of other child welfare staff)
- **Serious behaviour management issues, linked to little hope of being believed if abuse does occur**
- **Fear of encouraging sexual provocativeness means children rarely are given adequate education on health sexuality**
- Under-resourcing of the sector, leading to households and facilities with inadequate training or staff supervision ratios (structural neglect)
- **Females are more likely to be victims; males more likely to perpetrate inappropriate or abusive sexual behaviours**
- Males less likely to report abuse when it does occur
- Victim blaming
- **Sexist attitudes (“boys will be boys”) increasing risk of peer-to-peer abuse**

## Awareness of the causes of institutional child sexual abuse and organisational risk factors, including those specific to youth-serving settings

Policies that address acceptable behaviour; professional development, supervision, mentoring and accountability

Culture change through leadership, governance and practice

Sexual education & sexual abuse prevention education for children and young people

Skills in how to provide child-centred responses to disclosures

Strategies to address risks, based on the situational prevention model - including awareness of boundary violations

Strategies to overcome difficulties adults face in speaking up about concerns and breaches of policy; skills and strategies to break down barriers

Skills for adult leaders to ask for - and respond to - the views of children and young people about safety within organisations (see next slide)

Effective pre-employment strategies such as values-based interviewing

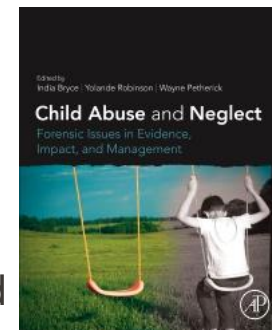


# Overview of risk-management strategies

- Pre-employment screening, values-based interviewing and ongoing suitability assessment
- Minimising situational risks by limiting opportunities (recognising that **any person** can perpetrate child abuse, though some people are higher risk)
- Appropriate, articulated, and supported policies and procedures about:
  - Identifying signs of abuse (recognise risk factors/vulnerability of some children; grooming behaviours of perpetrators)
  - Responding to disclosures
  - Training staff
  - Providing ongoing support for staff
- Positive culture (child-friendly; transparent; respectful; based on protective participation of children/young people)
- **Implement specific prevention programs and strategies e.g., respectful relationships; sexual health; child-abuse prevention awareness & skills (“protective behaviours”), etc.**

Irenyi et al., 2006

# Keeping an eye on sex, power, relationships and institutional contexts in preventing institutional child sexual abuse - Higgins & Moore, 2019



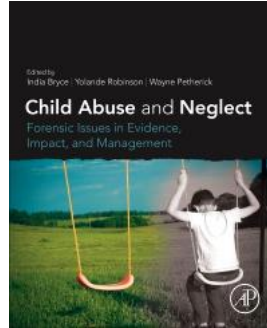
- Prevention strategies that address organizational, contextual, individual factors (of potential perpetrators and victims) that enable child sexual abuse in institutional settings
- Risk factors converge in creating conditions within which child sexual abuse can occur, flourish or be excused.
- Strong intersections with other forms of maltreatment and harm, and their prevention paradigms (e.g., peer victimization, homophobia, bullying, dating and relationship violence)
- Typical responses—or lack of—to these interrelated harms feed the climate which, in turn, becomes a driver of future risk
- Consider what is unique about institutional contexts compared to the more prevalent site of abuse (i.e., the family home)
- The role of institutional culture in promoting sexual safety as the critical ingredient in child sexual abuse prevention, and the environments and cultures that promote positive beliefs, attitudes and behaviours
- Requires a sophisticated understanding of power, self, relationships and sexuality (including an appreciation of a variety of masculinities, femininities and sexual identities)
- Need to focus on promoting conditions of safety and enhance organizational cultures that prevent institutional child sexual abuse and appropriately responding when grooming behaviors and abuse occur

<https://www.elsevier.com/books/child-abuse-and-neglect/bryce/978-0-12-815344-4>

# Organisational prevention efforts

## Examples from Higgins & Moore (2019)

- identify whether the organisation and its members hold attitudes and beliefs that create conditions within which abuse might occur;
- reflect on where and how organisations can confront and challenge homophobic, limiting, or disempowering views about gender, sex and sexuality held by staff, volunteers, and the children/young people they serve;
- improve the awareness of staff, children and young people and other stakeholders about sex, sexuality, relationships, consent and sexual abuse (through training, supervision and dialogue) and how attitudes and beliefs shape behaviours;
- develop policies/codes of conduct that articulate the organisation's commitment to creating environments where all staff, children and young people are protected from sexual harassment, bullying and misogynistic and homophobic behaviour with clear expectations about the behaviour of all;
- articulate the organisation's commitment to fostering protective attitudes
- celebrate efforts to enhance behaviours that promote diversity, positive notions of masculinity/femininity
- assess and reflect on progress made in fostering positive cultures and challenging behaviours and practices that enable them to continue.



# National Principles for Child Safe Organisations

Endorsed by all Commonwealth, state and territory governments

Recommended by the Royal Commission:  
<https://www.childabuseroyalcommission.gov.au/making-institutions-child-safe>

Child Safe Standards (VIC) since 2016:  
<https://ccyp.vic.gov.au/child-safety/>

NSW: <https://www.kidsguardian.nsw.gov.au/child-safe-organisations>

Australian Human Rights Commission:  
<https://childsafe.humanrights.gov.au/>

ACU: <https://safeguardingchildren.acu.edu.au/>

CFCA: <https://aifs.gov.au/cfca/bibliography/child-safe-organisations>



Data from organisations:  
children and young  
people's perceptions of  
safety relating to concerns  
about peers

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# Children and young people's safety

2018-2020 Report



Institute of Child Protection Studies

Douglas Russell

Professor Daryl Higgins

April 2021

## What we have been learning from youth-serving organisations...

...about children and young people's perceptions of safety

...about the capability and skills of adults who work with them.

Russell, D., & Higgins, D. (2021). Children and young people's safety: 2018-2020 Report. Institute of Child Protection Studies, Australian Catholic University. <https://doi.org/10.26199/sjap-kn57>

# CHILDREN'S SAFETY SURVEY

2018 - 2020 RESULTS

## Who participated?

**1851** Children and young people



23 Aboriginal 4 Torres Strait



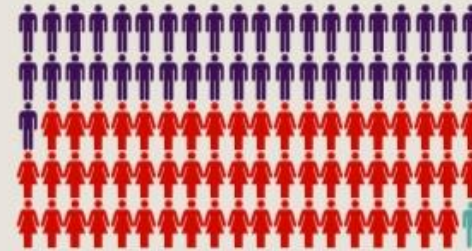
5 both Aboriginal and Torres Strait Islanders

ciao

مرحبا

你好

22% of children and young people spoke languages other than English



How old were participants?



## Which sectors did organisations belong to?



Education 81%



Out-of-home care 5%



Youth development 3.5%



After school care 4%



Community services 4%

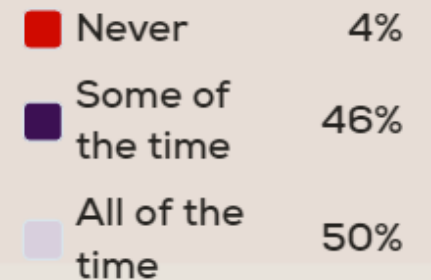
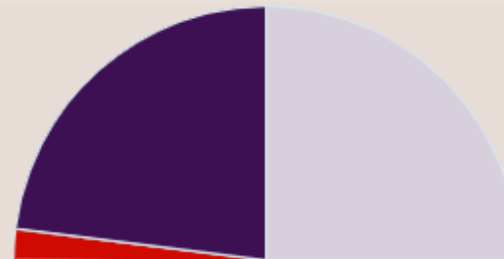


Sports 2%



Faith-based 0.5%

How often did children and young people feel safe in their organisation?



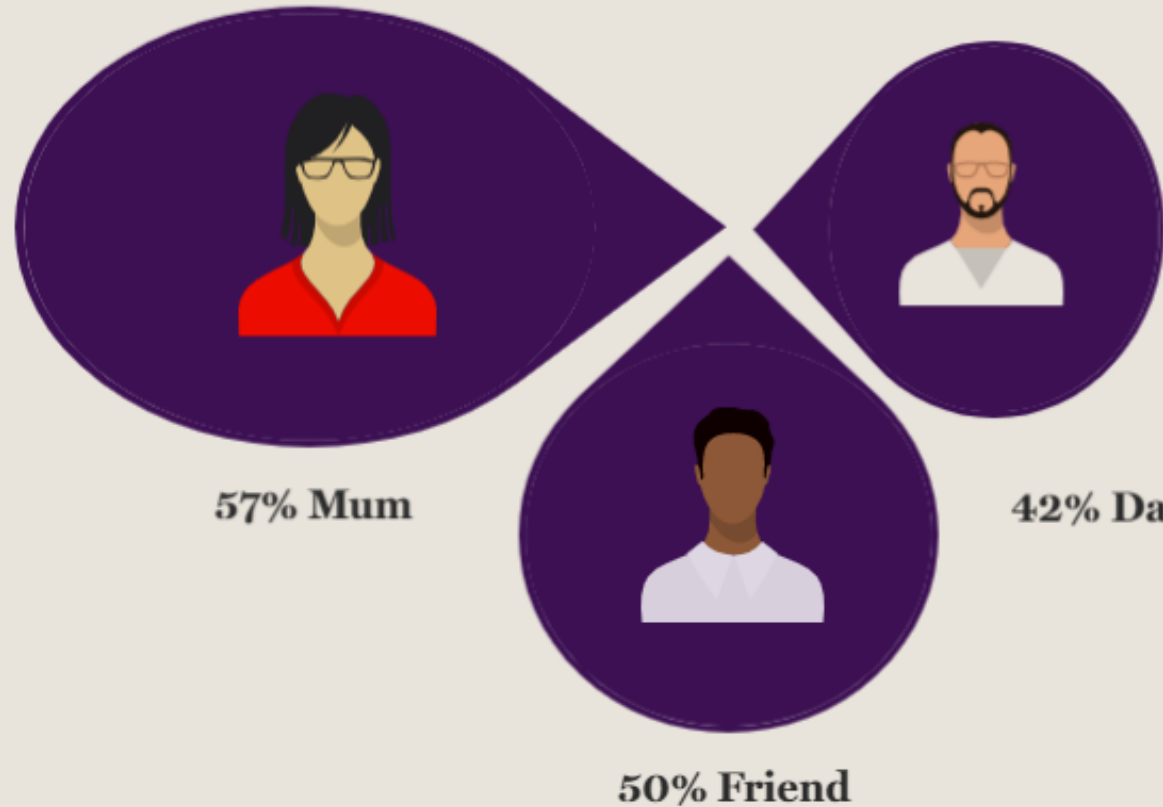
# How did children and young people predict they would act if they felt unsafe with a peer?

Peer scenario



85% of participants would tell someone

The top three people children and young people would tell



**63% of participants had confidence  
in adults to help them**

**66% of participants felt adults think it's  
their job to help them and that they  
would know what to do**

**14% of participants were unsure if  
adults would ask them what they would  
want to happen if they felt unsafe**

Did children  
and young  
people have  
confidence in  
adults?



## What were the barriers to children and young people seeking help?



**Overall, 47% of participants agreed there were barriers to seeking help**



**Similar to adult situations, 9% of participants were unsure if adults would know what to do**



**57% of participants felt adults don't care about them experiencing unsafe situations like the scenario**



**35% of participants would feel uncomfortable talking with an adult**

## Safeguarding children portal

The Safeguarding Children and Young People portal links organisations to resources, training and up-to-date research, helping them create an environment that's transparent and accountable for keeping children safe.

Visit the portal



Please hover your phone camera over the QR code to link to Portal website

**The ACU Safeguarding Children and Young People Portal** provides a range of resources and tools to support professionals and workers who are responsible for providing care or support to children and young people.

<https://safeguardingchildren.acu.edu.au>



## Safe kids and young people survey

This survey aims to support youth-servicing organisations to self-assess, understand and address their safeguarding issues.

Explore project



Please hover camera over the QR code to link to survey prospectus

The Children's Safety Survey measures children and young people's perceptions of safety. It gives you an opportunity to hear directly from children about how safe they feel in your organisation by measuring the following:

- perceptions of safety
- confidence in adults and in your organisation to prevent and respond to their concerns related to child sexual abuse and other forms of harm
- barriers that restrict attempts to seek help.

The Safeguarding Capabilities in Preventing Child Sexual Abuse Survey (Safeguarding Capabilities Survey) measures the capabilities of the workforce – staff and volunteers – in preventing and responding to safeguarding concerns. It gives you an opportunity to assess the capabilities, behaviours and attitudes of staff in relation to safeguarding children by measuring the following:

- organisational culture and awareness of policy and procedures
- confidence to act
- attitudes to prevention and agency of children and young people
- situational prevention knowledge and education.



Please hover your phone camera over the QR code to get to the survey prospectus



## Preventing child sexual abuse

This project aims to develop a reliable and rigorous measure of staff capabilities in preventing child sexual abuse.

# Programs

## Some examples from the literature

- Love Bites <https://www.napcan.org.au/Programs/love-bites/>
- True – Relationships & Sexuality Education <https://www.true.org.au/Education/allschool>
- Rock and Water – a psycho education intervention to address aggression regulation, positive or permissive attitudes towards sexual coercion, group pressure and inadequate communicative skills. There are classroom interventions as well as a school-level intervention
- Safe Dates is a school-based intervention for the prevention and reduction of dating violence among adolescents. The curriculum is a 10-session program that targets attitudes and behaviours associated with dating abuse and violence (Foshee et al., 1998). Compared with controls, adolescents (8<sup>th</sup> and 9<sup>th</sup> grade) taking part in Safe Dates reported significantly less physical, serious physical and sexual dating violence perpetration and victimisation one month and also four years after the program ended (Foshee et al., 1998, 2000).
- Shifting Boundaries is a two-part intervention—classroom curricula and school-wide—designed to reduce dating violence and sexual harassment among middle school sixth and seventh grade students by highlighting the consequences of this behaviour for perpetrators and by increasing faculty surveillance of unsafe areas within the school (Taylor et al., 2011).



# Programs

## Some examples from the literature ... cont.

Second Step: Student Success Through Prevention (SS-SSTP) Middle School Program on reducing youth violence including peer aggression, peer victimization, homophobic name calling, and sexual violence perpetration and victimization among middle school sixth-grade students.

Coaching Boys into Men - an evidence-based dating violence prevention program for coaches to implement with male athletes.

First Step Peer Education Program – includes male high school students as peer educators and increasing awareness and empathy in male participants, encouraging them to become allies in the prevention of sexual assaults (Weisz & Black, 2009)

Chap Chat – a rape prevention program for adolescent males attending secondary colleges in South Africa; especially beneficial for peer and mentor programs in which behaviors can be influenced by individuals with whom the teen relates to and/or admires.

PREPARE – a school-based HIV and Intimate Partner Violence Prevention programme on adolescent sexual risk behaviour

# Do CSA prevention programs address HSB?

- Most programs developed with a focus on harmful sexual behaviours of children/young people are at the 'secondary' level of a public health approach to CSA prevention (i.e., are targeted at those at-risk, who might already be demonstrating concerning behaviours)
- identifying and responding to children and young people already engaging in harmful sexual behaviours with their peers or siblings has occurred, at the expense of primary prevention strategies to reduce the likelihood of such behaviours emerging in the first place.
- Existing CSA prevention programs typically don't focus on preventing victimisation from, or perpetration of, harmful sexual behaviours by children and young people, despite the literature increasingly acknowledging children and young people as potential perpetrators as well as potential victims (Del Campo & Fávero, 2020).
- Programs designed to prevent **both** victimisation and perpetration such as respectful relationship education programs (like Love Bites) are promising – see Speers Mears (2020).

# Harmful sexual behaviours between children/YP

## Promising new directions

- Evidence of what works in specific populations (e.g., Power to Kids: Respecting Sexual Safety – in OOHC)
  - <https://www.mackillop.org.au/institute/power-to-kids-respecting-sexual-safety>
- Practice frameworks: e.g., specialist practice resources for the Victorian Government's Best Interests Case Practice Model:
  - <https://www.cpmanual.vic.gov.au/our-approach/best-interests-case-practice-model>
- Online help seeking for those with attractions to younger children "Help Wanted":
  - <https://www.helpwantedprevention.org/>
  - *Handbook of What Works with Sexual Offenders* edited by Jean Proulx, Franca Cortoni, Leam A. Craig, Elizabeth Letourneau
- Better Choices Better Lives – National Centre on the Sexual Behavior of Youth: [ncsby.org](https://www.ncsby.org)

# What does the evidence tell us?

- Adolescent relationship abuse (ARA) is prevalent in confidential clinic settings such as school health centers (SHCs) and is associated with poor health outcomes.
- School health services - a unique setting for addressing ARA because of the prevalence, ease of access to clinical services, emphasis on psychosocial assessments during visits, and potential to engage students through peer leaders.
- School nurse health relationship interventions are demonstrated to be feasible in implementing support for health relationships education and programs within schools (Raible et al., 2017).
- Research gaps:
  - RCTs greatly needed for interventions
  - Research in primary school settings
  - Research in juvenile justice or mental health care settings, where more problem behaviour is present
  - Other at-risk groups: those likely to drop out of school, are also disproportionately susceptible to sexual assault perpetration and victimization
  - Evaluations of sexual assault awareness and prevention programs targeted at youth (Murray & Graybeal, 2007; O'Leary & Slep, 2012) or adolescent relationship abuse interventions in clinical settings (Miller et al., 2021)

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