PREVENTING CHILD SEXUAL ABUSE AT SCALE: WHAT IT TAKES

Practical insights from 17 organisations making scale work across Europe

SPRING IMPACT

PREVENTION AT SCALE: URGENT, CHALLENGING – BUT POSSIBLE

Preventing child sexual abuse (CSA) at scale is both urgent and complex. It is estimated that 1 in 5 children in Europe are victims of some form of sexual violence.[1] CSA remains under-recognised, with prevention often neglected and more efforts focused on response.

Organisations seeking to scale preventative solutions face multiple challenges: the sensitive subject matter, fragmented systems, political and cultural barriers, and a lack of long-term funding.

1 IN 5

children in Europe are victims of some form of sexual violence

> “Child sexual violence is a problem that touches almost every family, and it’s very hard to solve a problem when you don't see it. We don't even know the true magnitude of it in Europe.”
>
> **Oak Foundation**

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[1] Council of Europe, 2020. The latest data from Together for Girls (2024) has a global lens: 1 in 5 girls and 1 in 7 boys will experience some form of sexual violence before their 18th birthday.

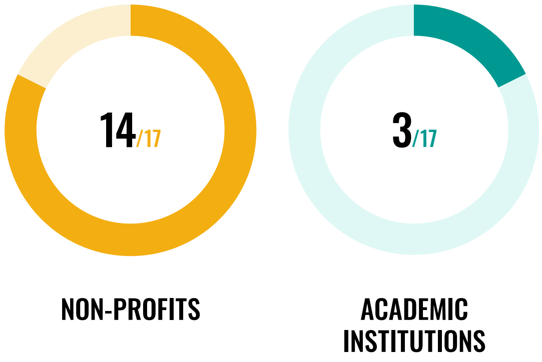
LEARNING FROM THOSE MAKING IT HAPPEN

This study explores how practitioners across Europe are working to scale preventative solutions to reach more children, integrate them into public systems, and sustain impact over time. It presents practical insights to enhance sector-wide understanding of effective scaling strategies, and to equip organisations with the tools needed to expand their solutions sustainably.

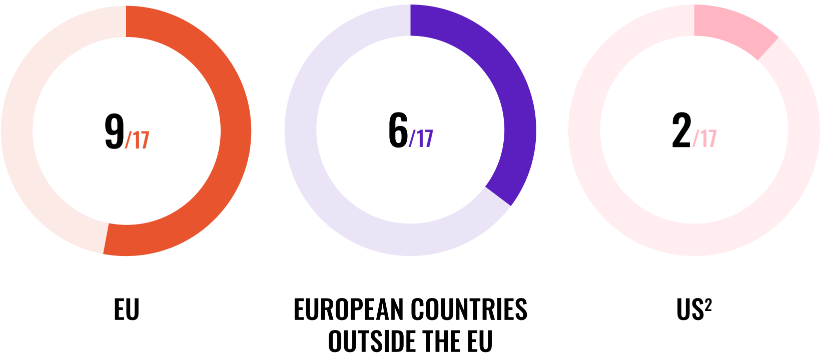
Spring Impact conducted in-depth interviews with 17 organisations delivering CSA prevention across a range of European contexts. These interventions ranged from school-based and therapeutic programmes to digital solutions.

The study focuses on organisations that have moved beyond small-scale delivery and are on the journey to scaling their impact, whether through system integration, partnerships, or direct delivery. While the sample was weighted toward CSA prevention, a few response-focused solutions were also included, both to reflect the relative maturity of the response sector compared to prevention and to capture transferable lessons for scaling preventative solutions.

ORGANISATION TYPES



GEOGRAPHY



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[2] Two organisations are headquartered in the US, but have scaled services across Europe.

KEY LESSONS

01

Make the system ready

Prepare the ground, so your solution can take root

Scaling preventative solutions requires an enabling environment – where prevention is recognised as a national priority, and supported by public discourse, legislation, and policy. Organisations play an active role in fostering this environment, by raising visibility of the problem, aligning solutions to legislation and building champions within local systems and institutions.

> **"Interventions can scale when they happen to be hitting something that is of particular national interest at that time."**
>
> **— CSA Centre**

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02

Make your solution ready

Flexible where it counts, firm where it matters

This means being evidence-informed, cost-efficient, and adaptable, without compromising what makes the intervention effective. The organisations we interviewed invested in refining their models, simplifying delivery, and developing clear quality assurance mechanisms. Scaling often required iteration, strengthening the solution as they went.

Successful scale requires striking a balance between adapting to local contexts and maintaining the integrity of an intervention. The organisations emphasised that rigid replication doesn't work, and each took a different but careful approach to identifying the balance in their context.

> “It is this flexibility that has been an engine to spread the model, as long as international standards are upheld.”
>
> — **Barnahus Network**

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03

Make government your strongest partner

As implementer, enabler, or ideally, funder

Engaging with government early and meaningfully proved critical. Collaboration takes time and often requires trust-building, adaptation to public system processes, and framing the work in line with national priorities. In some cases, organisations began by working with municipalities to build early support, which later enabled national-level adoption.

Long-term, system-integrated funding is a lifeline. This has been achieved by aligning interventions with existing public funding streams (e.g. education, health, child protection) or by demonstrating long-term cost-effectiveness to unlock government investment.

16 of the 17 organisations interviewed are involving the government in their journey to scale.

Government involvement plays a critical role in enabling scale and sustainability of these organisations' solutions, including:

Funding

Partnerships with government can unlock long-term, stable funding and resources, reducing reliance on short-term charitable support.

Legitimacy

Collaboration with local authorities enhances credibility and trust within communities.

Policy Integration

Embedding programmes into policy is often essential for achieving systemic change.

Cultural Acceptance

Official backing helps reduce stigma and increase acceptance of sensitive topics in schools and communities.

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04

Don’t do it alone

Enable others to take your impact further

Building delivery capacity through partnerships was a common approach. Rather than delivering everything themselves, many organisations trained and supported others, such as schools, therapists, or partner agencies, to take on delivery.

In all cases, scale was supported by clarity on non-negotiables, early co-creation with partners, and support structures like training and quality assurance that allow for consistency without rigidity.

25+ COUNTRIES

KiVa, an anti-bullying programme, is delivered in schools in over 25 countries, combining lessons on respect and harassment prevention.

780,000+ STUDENTS

By carefully training a diverse range of licensed partners to deliver KiVa – including ministries, non-profits, and training providers – with careful oversight and fidelity assurance from the university, KiVa now reaches **over 780,000 students** daily in 2,400 schools worldwide.

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05

Make it last

Handing over isn't the finish line

Sustaining scale requires more than just funding or policy change. Organisations that successfully transition to government ownership have invested in long-term advocacy, demonstrated system compatibility, and provided continued support such as training or supervision. In most cases, they retained a strategic role, even after handing over day-to-day delivery.

Successful organisations also invested in monitoring and evaluation systems that both track outcomes and guide improvement. This helps demonstrate continued value to funders, policymakers, and communities. Continuous learning, flexible funding, and multi-sector collaboration were essential to maintaining momentum and embedding prevention into systems over time.

> "We need to make sure that we are still having an impact and we are staying current, and try to evidence that impact."
>
> **— Lucy Faithfull Foundation**

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CASE STUDIES

The report also includes in-depth case studies of three organisations' journeys to scale, illustrating how these lessons play out in practice.

Charité's **Kein Täter Werden** – confidential therapy tailored to people with paedophilic disorder delivered in 11 German states

Image credit: Charité

Save the Children Spain's journey to embed the **Barnahus Model** nationally – a response-oriented intervention co-locating legal, medical, and psychosocial services for children under one roof – which is embedded in five regions in Spain

Image credit: Save the Children Spain

NSPCC's **Speak out Stay safe** – a school-based prevention programme for primary schools delivered in over 8,000 primary schools in the UK

Image credit: NSPCC

SUSTAINABLE SCALE IS WITHIN REACH

These lessons do not offer a one-size-fits-all approach, but they do provide a practical and credible foundation for organisations seeking to scale solutions to prevent child sexual abuse.

The organisations featured in this study show that, despite the challenges, it is possible to build and sustain solutions at scale. Their experiences offer valuable insights for others seeking to scale preventative solutions, pointing to approaches that are not only necessary, but increasingly feasible.

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KEY TERMS

Language is central to prevention. The terms used shape how the problem is understood, how solutions are designed, and how effectively they can be scaled. Clear, consistent and respectful terminology is therefore essential for developing coherent prevention strategies, measuring impact, and enabling collaboration across contexts. In shaping our own approach, we have drawn on ECPAT's Terminology Guidelines[3], which reflects international best practice and respects the dignity of children.

Child sexual abuse

We use the term *child sexual abuse* to encompass any sexual activities involving a child (a person under the age of 18), where the child cannot provide informed consent because of their age. CSA includes both contact and non-contact acts, such as rape, molestation, technology-facilitated abuse (including grooming and illicit images), exposure to sexual behaviour or materials, and other sexual offences committed against children. It may involve force, coercion, manipulation, deception, or abuse of a position of power or trust, including incest and peer-to-peer abuse.

Prevention

Any programme, service, or intervention that is working to stop or lessen the likelihood of child sexual abuse from occurring, rather than those that focus on responding to violence after it has occurred. Prevention activities can be varied. Examples include, but are not limited to: school-based education programmes, interventions challenging gender norms and stereotypes, community mobilisation activities to change attitudes and behaviours, parent training, safe online environments for children, preventing peer victimisation, empowerment and self-defence training.

Originator/originating organisation

The organisation that initially designed and implemented the solution, and is now seeking to scale it, either directly or by supporting others to do so.

Solution

The programme, intervention, or product an organisation is delivering to prevent CSA.

Scale

At Spring Impact, we see achieving scale as making a meaningful dent in a big societal or environmental problem. While it is often used as a synonym for growth, our use of the word 'scale' focuses on scaling impact to match the size of the problem, a distinct aim from growing an organisation (which we refer to as 'growth').

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[3] ECPAT's terminology guidelines

INTRODUCTION

Child sexual abuse (CSA) is a pervasive issue and its prevention requires scalable, sustainable solutions. It is estimated that 1 in 5 children in Europe are victims of some form of sexual violence.[4] Yet, addressing the problem at scale remains a major challenge, often hindered by a lack of robust data, political will, and sustained funding. As a result of these challenges, CSA prevention faces significant underinvestment and is less established than the response sector, which has historically received greater attention and funding.

> **Child sexual violence is a problem that touches almost every family, and it's very hard to solve a problem when you don't see it. We don't even know the true magnitude of it in Europe.**
>
> **— Oak Foundation**

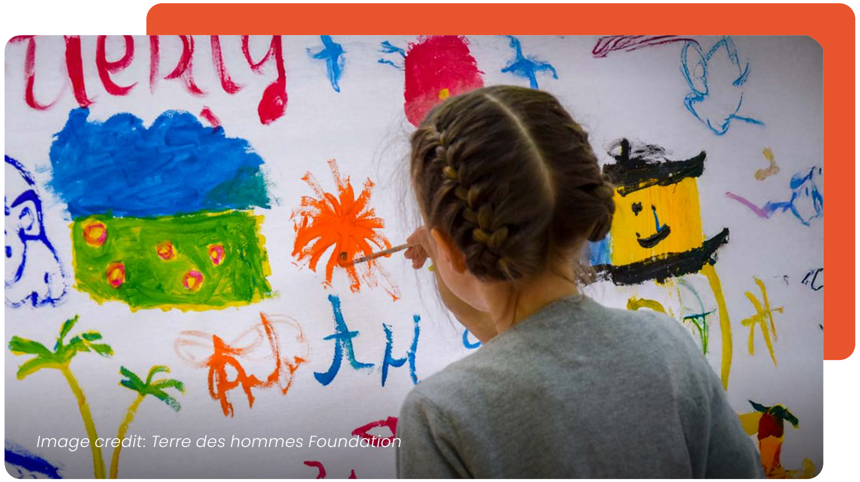
Image credit: Terre des hommes Foundation

Scaling sustainable, preventative solutions requires navigating low public awareness, system-level underinvestment and fragmented service structures. Despite growing demand across the sector for insights on how to scale prevention effectively, there is little research on how organisations have successfully done so in practice.

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[4] Council of Europe, 2020.

THE STUDY

To bridge this gap, Spring Impact conducted a study to examine how non-profit organisations, academic institutions and funding organisations have successfully scaled their impact to make a bigger dent in the problem of CSA in Europe. This study seeks to generate practical insights, enhance sector-wide understanding of effective scaling strategies, and equip organisations with the tools needed to expand their solutions sustainably.

We interviewed 17 non-profit and academic organisations working across CSA prevention and adjoining sectors to gain insights into their unique journeys to scale. The key questions explored were:

01

How are organisations successfully preventing CSA at scale in Europe?

02

How are organisations overcoming key barriers?

03

What have been the key enablers of success?

The interviews focused on understanding the effective approaches these organisations have employed to scale their CSA prevention solutions, and the enablers and barriers they encountered along the way. While few organisations have achieved large-scale impact, this study highlights several organisations making meaningful progress toward scaling CSA prevention, despite operating in a sector that is still emerging compared to more established response efforts.

Details of the study methodology are outlined in the appendix.

We would like to express our gratitude to the representatives of the non-profit and academic organisations featured in this report for generously sharing their experiences. Our thanks also extend to the sector experts who provided valuable insights that shaped the study design, offered perspectives on the broader abuse prevention sector, and connected us with potential interviewees.

These experts include: CSA Centre, ECPAT International, Ignite Philanthropy: Inspiring the End to Violence Against Girls and Boys, Internet Watch Foundation, Marie Collins Foundation, Safe Online, WeProtect Global Alliance.

Special recognition goes to our **peer reviewers** for their thoughtful feedback and insights, namely: Ian Dean, CSA Centre; Iain Drennan, WeProtect Global Alliance; and Natalie Shoup, Safe Online.

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THE ISSUE OF CSA

Child sexual abuse (CSA) is a serious and complex issue affecting children up to the age of 18.

It can take many forms including incest, peer-to-peer abuse, technology-facilitated abuse such as grooming, the sharing of illicit images, sexual exploitation, and rape. Prevention includes any programme, service, or intervention that aims to stop or reduce the likelihood of CSA happening in the first place. This covers both upstream and primary approaches.

While approaches may differ, CSA prevention is the shared effort to create safer, more supportive environments where all children can thrive.[5]

Upstream prevention

Upstream prevention focuses on addressing the broader social and structural factors that can contribute to CSA, such as supporting parents and caregivers, or challenging harmful gender norms and stereotypes.

Primary prevention

Primary prevention, on the other hand, tends to involve more direct interventions aimed at individuals or groups who may be at risk, such as school-based education, peer abuse prevention, or self-defence and empowerment training.

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[5] These definitions of child sexual abuse (CSA) and its prevention align with widely accepted sector standards, including those used by the World Health Organisation (WHO) and UNICEF.

THE STUDY PARTICIPANTS

Scaling effective CSA prevention doesn't just require strong, evidence-based solutions – it demands bold, adaptable models that can navigate complexity, build momentum, and embed change within real-world systems. To understand how this is happening in practice, we spoke with 17 organisations that are actively working to prevent CSA and pioneering pathways to impact at scale. The majority of these organisations are non-profits, but the sample also included academic institutions.

Figure 1.1: Organisations by geography[6]

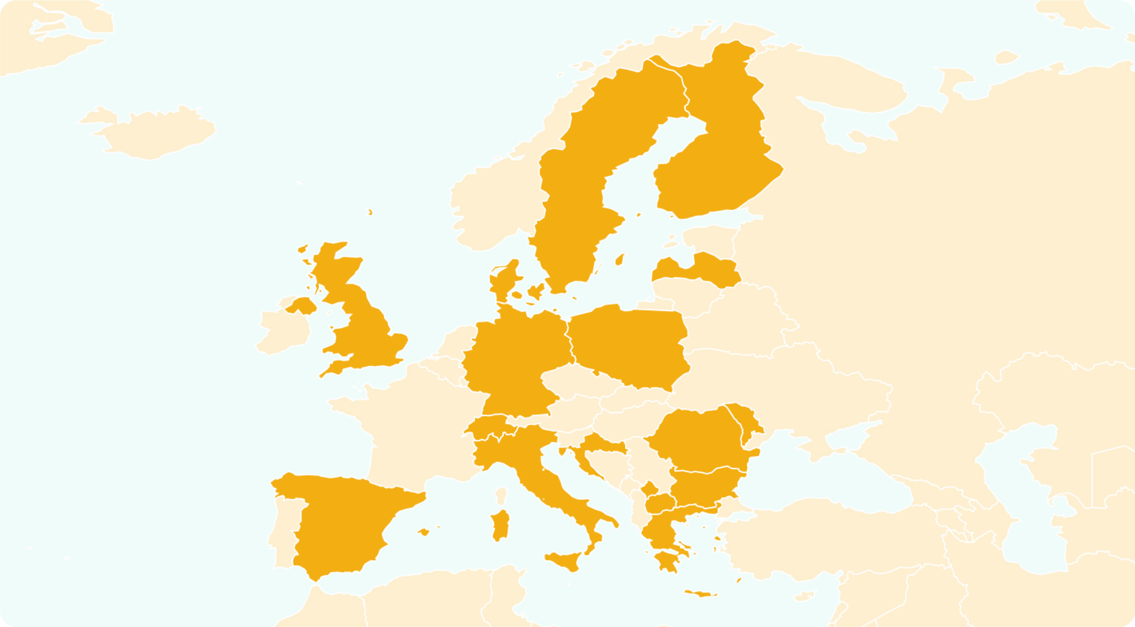
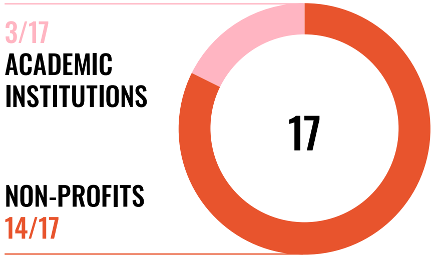


Figure 1.2: Organisations by type



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[6] Two organisations are headquartered in the US, but have scaled services across Europe.

PARTICIPANTS OVERVIEW

Organisations and solutions

Click on each logo to learn more about the organisation, their solution(s), scale model, and level of scale.

Alternativa Group
Parenting for Lifelong Health

Barnahus Network
Barnahus Model

Centrs Dardedze
Jimba Safety Programme

Charité – Universitätsmedizin Berlin
Kein Täter Werden

Empowering Children Foundation
Child Protection Standards | GADKI

Health for Youth Association
Neovita

Lucy Faithfull Foundation
Stop It Now

My Body is My Body
Preventative child safety Programme

PARTICIPANTS OVERVIEW

NSPCC
Speak out Stay safe | CSA Snapshots

Nurse-Family Partnership
NFP Programme

Protect Children
ReDirection Self-Help Programme

RADIX
As de coeur/Herzsprung

Save the Children (Spain)
Adapted the Barnahus model

Specchio Magico
Porcospini

Terre des hommes Foundation
CARING and CARING 2.0 Projects

The Oregon Social Learning Center
KEEP

University of Turku
KiVa

THE SOLUTIONS

We explored 19 solutions scaled by the 17 organisations.[7]

The majority of organisations focus on solutions within the education, social, and healthcare sectors – key areas of public service delivery – while employing a range of delivery models. While our sample focused on CSA prevention, we also included some response-focused models. Their inclusion highlights both the relative maturity of the response sector compared to prevention, and the transferable lessons they offer for scaling and embedding preventative solutions.

While this report focuses on preventing child sexual abuse, we have also included solutions, such as Parenting for Lifelong Health (PLH), Nurse-Family Partnership (NFP), and KEEP, that are not designed exclusively to prevent child sexual abuse. They are holistic services that address a broader set of child protection, parenting, and family wellbeing outcomes.

9 school-based solutions

9 school-based solutions, primarily aimed at helping children develop skills and awareness. Some also engage teachers and parents, while one initiative focuses on establishing child safeguarding standards within schools.

4 multi-agency centres or collaborations

4 multi-agency centres or collaborations, focusing on improving service provision.

3 support programmes

3 support programmes for those at risk of perpetrating, including therapy services, online self-help programmes, and helplines.

3 parenting programmes

3 parenting programmes that equip carers with strong parenting skills.

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[7] Two of these organisations shared information about two different solutions they are delivering to address CSA at scale.

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THE SOLUTIONS

While this report focuses on preventing child sexual abuse, we have also included solutions, such as Parenting for Lifelong Health (PLH), Nurse-Family Partnership (NFP), and KEEP, that are not designed exclusively to prevent child sexual abuse. They are holistic services that address a broader set of child protection, parenting, and family wellbeing outcomes.

We chose to feature these solutions for three reasons:

1. **They have evidence of addressing key risk factors –** through strengthening parenting, reducing harsh discipline, improving child behaviour, and creating more stable family environments. While not CSA-specific, these outcomes are strongly associated with lowering children’s vulnerability to multiple forms of violence, including sexual abuse.

2. **Measuring CSA prevention is inherently difficult –** evidence of these solutions directly demonstrating reductions in CSA is still emerging due to widespread under-reporting, delayed disclosure and difficulty attributing it to a single initiative. For this reason, it is especially valuable to look at solutions that demonstrate measurable impact on key risk factors closely linked to CSA. These provide evidence of how strengthening those factors can contribute to prevention, and in some cases show additional potential when CSA-specific content is intentionally incorporated.

3. **They demonstrate system-level approaches –** each solution illustrates a model for working at scale. Their reach, adaptability, and integration into public systems make them relevant examples for any discussion of how to embed CSA prevention within broader service delivery.

Although the sample was weighted toward CSA prevention, some of the solutions included, such as the Barnahus model and Neovita, are response-focused. These have been included because their models illuminate how systemic responses can also create conditions for prevention (e.g. reducing stigma, improving safeguarding, supporting at-risk populations). Their inclusion also highlights the imbalance in the field: identifying scaled response solutions was significantly easier than prevention examples, reflecting the relative under-development of the prevention sector. Yet, these examples provide valuable transferable lessons for scaling and embedding preventative solutions.

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THE BARRIERS TO PREVENTING CSA AT SCALE

Like many social issues, CSA is a deeply rooted and multifaceted problem, with causes that span individual, family, societal, and systemic levels. It presents in different ways, at different times, and continues to evolve, particularly with the rise of technology and social media. Preventing CSA at scale is thus a complex and ongoing challenge, hindered by significant barriers, including:

Strong taboos surrounding CSA

According to the experts we consulted, one of the most pressing issues is the lack of recognition, and therefore awareness, of the problem. CSA is a highly sensitive topic, often treated as taboo within society, downplayed in its pervasiveness, or seen as an intractable issue. This taboo is reinforced at multiple levels: policymakers may avoid the issue due to its political sensitivity; frontline professionals may feel underprepared when addressing it; and the general public may find the topic too distressing to engage with.

> **“One of the main challenges to implementation in many contexts is the persistence of social and cultural taboos around sexual abuse. It is difficult to even talk about, let alone provide services. From parents and teachers to service providers and policymakers, there are barriers to open discussion and action at every level.”**
>
> **— Safe Online**

Invisibility reinforced by lack of reliable data

Reliable prevalence data on child sexual abuse remain scarce. Without robust, up-to-date figures, policymakers and funders lack a clear picture of the scale and urgency of the problem. In most countries, few studies exist, and those that do are often outdated, limited in scope, or based on inconsistent definitions.

Violence Against Children Surveys (VACS) have generated strong datasets in parts of the world, but Europe still lacks comparable, recent prevalence studies.[8] UNICEF recently highlighted the urgent global need for better prevalence data, noting that many countries neither collect nor publish reliable figures.[9] These gaps make it especially difficult, particularly in Europe, to establish baselines, track progress, or demonstrate the cost-effectiveness of prevention efforts.

In the case of technology-facilitated CSA, invisibility is compounded by the perceived complexity and rapid evolution of technology, which can discourage meaningful engagement from policymakers and practitioners.

Technical aspects of online abuse, such as encrypted platforms, dark web networks, or generative AI, are often poorly understood, which limits prevention capacity. This creates a double invisibility: both the abuse itself and the tools used to perpetrate it remain out of sight.

> **“One of the key barriers we face in this country [the UK] is the lack of accurate data on the prevalence of child sexual abuse. There hasn’t been a comprehensive national survey, so when we try to assess the impact of prevention initiatives, we’re missing a reliable baseline. This makes it difficult to demonstrate the cost-benefit of such interventions.”**
>
> **— CSA Centre**

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[8] Together for Girls, About VACS
[9] UNICEF, When Numbers Demand Action, 2024

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Unclear or fragmented government responsibility for prevention

Prevention efforts often sit between ministries, including education, health, justice, interior, and digital, and are rarely viewed as a core mandate of any single department. The absence of clear departmental leadership presents a structural barrier to scaling prevention, particularly in cross-cutting areas like tech-facilitated CSA.

Shortage of rigorously tested solutions ready to scale

Evaluating high-impact programmes and services requires extensive research, yet CSA prevention has received far less attention and resourcing than response efforts. The challenge is compounded by the difficulty of demonstrating the impact of preventative interventions, where outcomes are long-term and not always immediately visible. These efforts are often further constrained by the short-term nature of project funding. In addition, few costing studies exist. Even where RCTs show positive outcomes, translating results into cost-effectiveness evidence that resonates with government decision-making remains limited.

> **“In the GBV [gender-based violence] or the violence against women space, there are many publicly available evidence-based programmes supported by RCTs [randomised controlled trials]. They are usually accompanied by tools for other organisations to adapt them for their particular contexts. That kind of accessible, proven infrastructure seems to be a missing piece in this space.”**
>
> **— Safe Online**

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It therefore remains challenging to build a strong case for sustained investment in CSA prevention.

Without reliable data, widespread recognition of the issue, and evidenced solutions, it is difficult to generate the public dialogue, resources, and political will needed to prioritise prevention and drive meaningful action. As a result, experts agree that CSA prevention remains in its early stages – significantly underinvested in and less established than the response sector, which has historically received greater attention and funding.

> “There hasn’t been investment into this, and it’s not a statutory requirement. Therefore, there’s no incentive to do it.”
>
> **— NSPCC**

All of this is unfolding in a resource-constrained environment.

Over the years, several European governments, particularly in Scandinavia and the Netherlands, have demonstrated strong institutional commitment and investment in preventing child sexual exploitation and abuse.[10] In other countries like Poland, Bulgaria, and Greece, civil society organisations have faced significant barriers due to political shifts, restrictions on civic space, or social taboos, which have limited access to dedicated public funding. Meanwhile, countries such as Spain, Germany and the UK occupied a middle ground, offering partial government support with gaps often filled by other donor or EU funding, though not without navigating bureaucratic or structural challenges.

> “Prevention tends to be the ‘ugly duckling’ of interventions – the part of the system often overlooked. If you’re making a case for scale, response is a much easier sell.”
>
> **— WeProtect**

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[10] Council of Europe and ECPAT International, 2023; Safeguarding Childhood, 2023; Government of the Netherlands

Across Europe, public services are stretched thin with governments making tough choices about limited budgets amid competing social priorities. Support available for CSA prevention is often short-term, inconsistently funded, or tied to competitive re-tendering processes that make long-term planning difficult for non-profits. At the same time, frontline workers are under-resourced themselves, juggling multiple priorities with limited capacity. Even free interventions often require time, training, and coordination – demands that overstretched frontline workers cannot meet.

> **"Across Europe and globally, civil society space has been shrinking and funding is becoming more scarce. Resources for prevention and response have been significantly reduced or cut altogether, often without replacement and solutions from government systems. This is occurring as the sexual exploitation of children is increasing across all settings online and offline, pointing to a growing protection gap that urgently needs to be addressed."**
>
> **— ECPAT International**

> **"I think the primary barrier organisations face is the funding landscape – its insecurity and the number of different issues vying for attention and funding."**
>
> **— CSA Centre**

WHAT IT TAKES TO SCALE CSA PREVENTION:

INSIGHTS FROM 17 ORGANISATIONS

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UNDERSTANDING SCALE

There is no universally accepted definition of scale in the non-profit sector. At Spring Impact, we see scale as making a meaningful dent in a widespread societal or environmental problem.

While it is often used as a synonym for growth, our use of the word 'scale' focuses on scaling impact to match the size of the problem, a distinct aim from growing an organisation (which we refer to as 'growth').

Scale can be achieved in two ways:

1. Scaling up solutions to get closer to solving the problem (the more traditional definition of scale)
2. Changing the system in which the problem exists to reduce the size of the problem (often referred to as systems change)

The Journey to Scale Framework outlined below captures the common trends from the journeys of the 17 organisations in the study.[11]

The organisations in this study are at different points on their journey to achieving impact at scale, ranging from Developing and Piloting their scale model to Scaling Impact.

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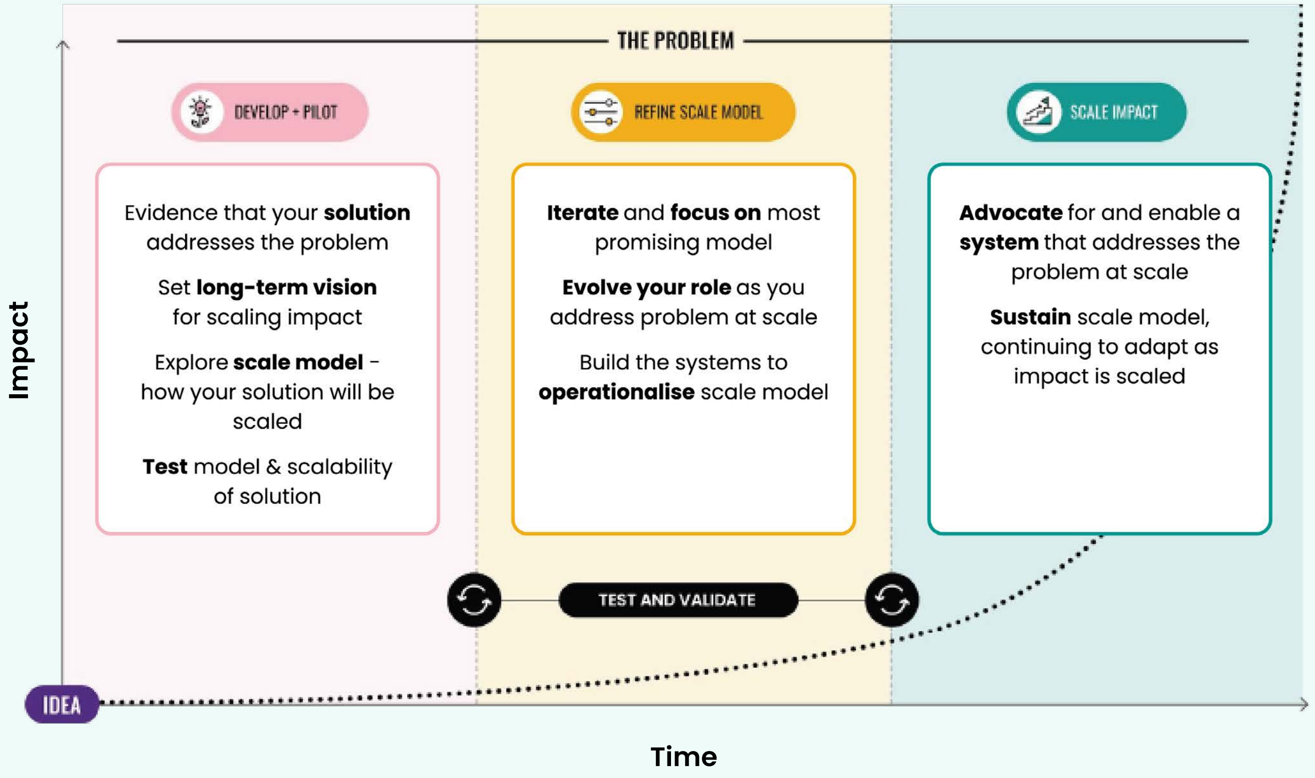
[11] Our Journey to Scale Framework is inspired by Mulago's

UNDERSTANDING SCALE

Figure 2.1: Journey to Scale Framework


THE PROBLEM
DEVELOP + PILOT
REFINE SCALE MODEL
SCALE IMPACT
Impact
TEST AND VALIDATE
IDEA
Time

Evidence that your **solution** addresses the problem

Set **long-term vision** for scaling impact

Explore **scale model** – how your solution will be scaled

Test model & scalability of solution

Iterate and **focus on** most promising model

Evolve your role as you address problem at scale

Build the systems to **operationalise** scale model

Advocate for and enable a **system** that addresses the problem at scale

Sustain scale model, continuing to adapt as impact is scaled

DIFFERENT SCALE MODELS

Organisations in our study are using a range of delivery models to scale their solutions, depending on their goals, resources, and contexts. These models define how their interventions are packaged, shared, and implemented at scale – and who is responsible for doing the work on the ground.

We identified four dominant models, sometimes used in combination as organisations pursue multiple scale models in different contexts:

Model type	Delivered by	Example organisation	Trade-offs
Direct Delivery	Originating Organisation	The Lucy Faithfull Foundation	Close control, limited reach
Training and Transfer	Public Institutions or Non-Profits	Nurse-Family Partnership	Allows wider reach with oversight, can build government integration
Open-Source	Anyone	My Body is My Body	Maximum reach, low fidelity
System Integration	Public System	Health For Youth Association's Neovita	Deepest impact, hardest to achieve

01. MAKE THE SYSTEM READY

Prepare the ground, so your solution can take root.

Successfully scaling interventions that are proven to prevent CSA requires the creation of an enabling environment – one that provides the necessary conditions for impactful solutions to take root and expand.

Expert interviews consistently identified three critical factors for scaling child sexual abuse (CSA) prevention: recognition of the issue as a national priority, strong legal foundations, and long-term, flexible funding.

CSA must be recognised as an urgent issue that demands action. Recognition must extend beyond reactive outrage over high-profile cases and translate into sustained public support and government commitment to prevention, not just response.

> **I think more and more people, governments and organisations are realising that this problem cannot be solved afterwards. We can't just focus on arresting people, or rehabilitating people, or treating victims and survivors – it's crucial that we start earlier.**
>
> **— Protect Children**

Robust legal frameworks, including laws mandating safeguarding measures and alignment with EU directives, help embed solutions into public systems. Meanwhile, long-term, flexible funding, ideally from sectors that deliver the solution, like education or health, is vital for sustainability.

Achieving this depends on raising awareness, building political will, and cultivating a supportive policy environment.

How organisations have fostered the conditions for scaling CSA solutions

Scaling only happens when people in power prioritise the issue.

Organisations that have achieved scale made early investments in building political legitimacy, public support, and legal levers. Key actions include:

01

Raising Visibility of the Problem

Many organisations interviewed raised the visibility of the problem by seizing political moments, using media framing, and running public campaigns.

Charité in Germany, for instance, responded to national child abuse scandals by reframing paedophilic disorder as a public health and child protection issue rather than a purely criminal one. This shift helped to destigmatise the topic, broaden its relevance across sectors, and generate institutional interest in prevention.

> **"In an increasingly complex geopolitical landscape, civil society organisations play a critical role in bringing up and amplifying the voices of children and survivors, voices that are too often marginalised or silenced."**
>
> **— ECPAT International**

Framing Solutions Strategically

Strategic framing has also been essential, especially in politically sensitive contexts. In Poland, the Empowering Children Foundation (ECF) advanced child safeguarding standards by aligning its messaging with government priorities and avoiding contentious language around family violence. Operating under an administration with strong ties to the Church, ECF instead framed its programme around the more neutral and widely accepted goal of making institutions safer for children. This approach enabled broader political buy-in and reduced resistance.

Beyond language, visibility can also be increased by aligning prevention efforts with better-funded or politically prioritised agendas that deal with related risks or use similar interventions. These include areas like cybersecurity and digital connectivity, technology-facilitated gender-based violence (TFGBV), youth mental health, and responsible tech or AI governance. Positioning CSA prevention within these broader movements can unlock new allies, funding streams, and entry points, particularly in ministries focused on innovation, safety, or digital infrastructure.

Trade-offs

However, there are important trade-offs to these strategies.

While reframing and agenda alignment may increase feasibility, they can risk reinforcing the taboo nature of topics like intrafamilial abuse, which remain politically or culturally sensitive. If left unaddressed, such taboos may limit attention, funding, or action for some of the most serious and hidden forms of CSA.

Balancing strategic alignment with governments and the need to confront difficult issues head-on remains a complex but necessary tension in the journey to scale.

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03

Building Political Legitimacy

Beyond public awareness, organisations have worked to build political legitimacy by securing legal and policy mandates that transform voluntary action into obligation. ECF invested significant effort in passing a law that made child safeguarding standards mandatory across a wide range of institutions, allowing it to position its support services as essential for legal compliance.

Similarly, Protect Children's ReDirection Project aligned with EU legislation requiring countries to provide low-threshold preventative materials for individuals at risk of offending. These legal anchors help embed preventative solutions within public systems and protect them from shifts in political will.

04

Activating Local Champions

Another critical lever has been activating champions within local systems and institutions. Alternativa, for example, partnered with Biom, a non-profit specialising in working with municipalities on lobbying and advocacy, to lay the groundwork for scaling their parenting programme. They held local forums focused on mental health and parenting. These forums brought together parents, teachers, adolescents, and local officials, creating space for community-level dialogue and generating demand from municipalities. This municipal buy-in laid the groundwork for broader programme uptake across regions, and in July 2025 a Memorandum of Collaboration with the National Institute of Social Policy was signed, ensuring continuous professional support for staff to prevent all forms of violence against children, including CSA.

Save the Children took a similar approach in Spain, building informal relationships with supportive judges and prosecutors to secure support for the Barnahus model. Meanwhile, Neovita in Moldova cultivated allies in key ministries and international organisations, such as UNICEF and WHO, who helped drive forward the integration of youth-friendly health services.

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02. MAKE YOUR SOLUTION READY

Flexible where it counts, firm where it matters

01

Build a Strong Evidence Base

Achieving impact at scale requires credible, effective solutions. Governments and funders are more likely to back interventions with a clear track record of change, especially when supported by research or evaluation. Programmes like KiVa and Nurse-Family Partnership show how academic origins and rigorous evidence can help unlock scale.

However, full-scale impact evaluations like RCTs are often out of reach for many non-profits due to cost and resource constraints. Among the interventions studied, those with RCTs were typically born in academic settings or had access to external research funding.

Many organisations scale successfully by building evidence through real-world implementation. Whilst this may not meet the same standard of rigour as an RCT, refining a solution over time and demonstrating that it works can be highly persuasive, particularly to potential implementing partners.

Empowering Children Foundation and Centrs Dardedze illustrate how starting small, testing iteratively and conducting impact evaluation, even if not as rigorous as an RCT, can lay the groundwork for national scale. ECF piloted its child safeguarding standards internally, and then in the capital, where strong local uptake built momentum.

Centrs Dardedze began its body safety programme in a few Latvian schools and kindergartens, refining the model through delivery and feedback as demand grew. In both cases, early implementation built credibility and enabled later government partnerships.

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By actively delivering their solutions, organisations not only generate learning and evidence, but also show responsiveness to real needs, proving their approach resonates with communities. Standing out with a unique or more effective intervention can further strengthen the case for investment.

Academic institutions play a vital role in protecting integrity during scale-up

Academic institutions play a central role in many of the scale models explored in this study, not only as evaluators or supporters, but often as the original designers or long-term stewards of the solution. Their involvement has proven critical for ensuring credibility, maintaining fidelity, and strengthening government buy-in.

In some cases, academics led the development of the model from the outset. In Finland, the Ministry of Education and Culture commissioned the University of Turku to develop an anti-bullying programme grounded in scientific evidence. That programme became KiVa, and its continued research under the university has helped safeguard its integrity as it scales internationally.

In other examples, academic institutions played a strategic co-design role. In Catalonia, Save the Children partnered with the University of Barcelona to develop a Barnahus model adapted to the region's legal and cultural context. The academic partnership gave the model additional legitimacy, which helped strengthen its case with decision-makers. Barnahus has also partnered with Universitat Rovira i Virgili, generating impressive findings on its impact, including reductions in the number of cases dismissed and shorter judicial processes.

> **"We decided to work with the University to offer to the public administration a really adapted solution, because they don't have time to investigate. Our work was to tell them how they would have to do it."**
>
> **— Save the Children Spain**

In collaboration with governments and non-profits, academic institutions can play an essential role in making scale work. They bring rigour, legitimacy, and continuity – especially when programmes need to be adapted, defended, or embedded into national systems over the long term.

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02

Make your Solution Cost-Effective

For a solution to be widely adopted, especially by public systems, it needs to be financially feasible to implement. Several organisations recognised this and intentionally designed their models to be cost-effective. RADIX, for example, prioritised developing a low-cost implementation model with internal staff as facilitators to make its school-based programme accessible with minimal financial burden. Even highly structured interventions like Nurse-Family Partnership, despite strong evidence, have faced pushback in some settings due to their cost, highlighting how perceived affordability can influence scale decisions as much as effectiveness.

In lower-resource contexts, cost is an even greater constraint. Interviewees emphasised that high-intensity models are often unrealistic to deliver at scale, especially when they rely on scarce, highly-skilled roles such as child psychiatrists. This has led some organisations to explore more scalable alternatives, such as modular or digital approaches that require fewer specialised resources.

But designing for cost-effectiveness isn't straightforward. Prevention outcomes are long-term and often invisible, making it difficult to demonstrate clear return on investment. Despite these challenges, cost remains a critical factor in whether solutions are adopted and sustained at scale.

03

Design for Flexibility

Organisations consistently emphasised the importance of allowing their solutions to be adapted to local contexts. As organisations scale, one of the biggest challenges is maintaining the integrity of their intervention while adapting it to new contexts. Every setting is different – culturally, institutionally, and legally – and successful scale often depends on whether the solution can be embedded into that environment in a way that feels relevant, impactful, and owned.

Across our interviews, one principle was clear: rigid replication rarely works. Organisations that have scaled effectively emphasise the need for contextual adaptation, often achieved through co-creation with implementing partners, paired with clear guardrails to protect the core of what makes their solution effective.

Design for Flexibility: Examples

The **Nurse-Family Partnership (NFP)** exemplifies this balance. NFP operates through a licensing model, partnering with government health departments and non-profits to deliver its nurse home-visiting programme to young, first-time mothers. Rather than pushing a fixed template, NFP starts with a deliberate process of "tilling the soil" – a lead-in phase where they engage with local actors to assess whether the programme is a good fit. This includes understanding local eligibility criteria, available wraparound services, and cultural attitudes toward healthcare and parenting.

Adaptation is not only accepted: it's expected. But it happens within clearly defined boundaries. NFP has identified the non-negotiable components that drive its impact, backed by evidence from decades of implementation and multiple RCTs. These core elements, such as visit timing, nurse qualifications, and curriculum content, are protected by fidelity tools, training, and ongoing coaching. Around this core, local partners have the flexibility to tailor implementation to their systems, ensuring that the programme can be meaningfully embedded rather than airdropped in. This balance between structure and adaptability has enabled NFP to scale across a wide range of health systems, while preserving both quality and legitimacy.

The **Barnahus Network** demonstrates a different but equally powerful model of flexibility in practice. Barnahus provides a coordinated, multi-agency response to child sexual abuse, bringing together justice, child protection, health, and therapeutic services under one roof. The model is built on a clear principle: partial implementation doesn't work. All relevant agencies must be involved to uphold the integrity of the approach.

However, the way those agencies collaborate varies from country to country. Legal mandates, institutional roles, and social service structures differ widely across national contexts. Rather than resist this diversity, the Barnahus Network embraces it, co-creating implementation models with local governments and stakeholders. International standards provide the backbone of the approach, but each country is supported to design an integrated system that fits its own structures and culture. As the network puts it, "It is this flexibility that has been an engine to spread the model… as long as international standards are upheld."

Through this approach, Barnahus has managed to scale across more than 20 countries in Europe – each model recognisable, but none identical.

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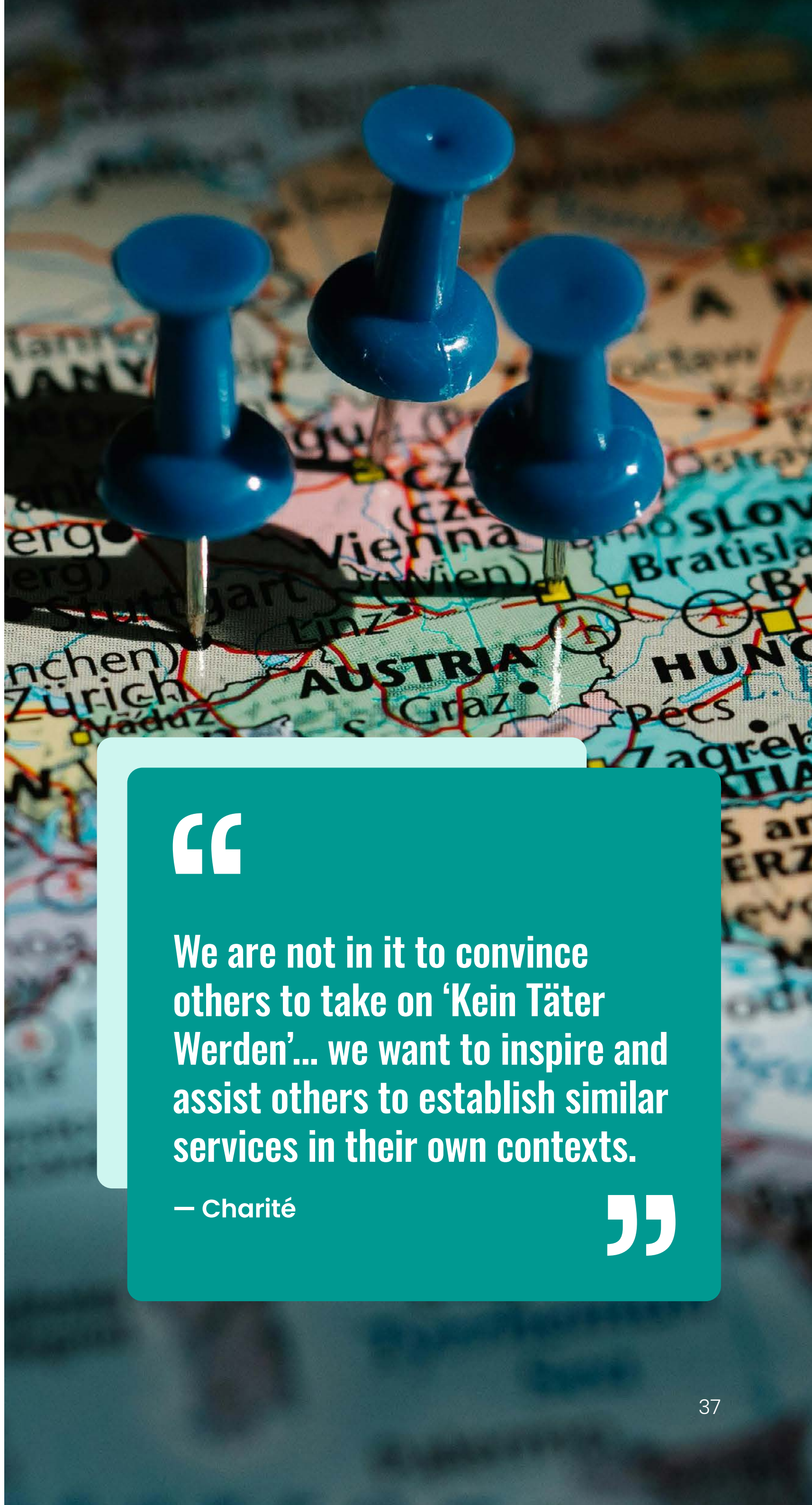
Movement building, not brand building:

KEIN TÄTER WERDEN (KTW)

Charité shares the KTW treatment protocol – therapeutic treatment for people with paedophilic disorder seeking help – encouraging clinicians to adapt it without branding or trademarking.

The KTW team deliberately chose not to enforce strict branding or control over how their model is implemented, because their goal is not to scale KTW itself but to inspire locally owned, context-specific services for people with paedophilic disorder seeking help. By publishing their treatment protocol openly and offering training and support, they encourage others to adapt the model within their own legal and cultural contexts. This flexible approach fosters ownership, sustainability, and broader reach, while still upholding core clinical principles.



> We are not in it to convince others to take on 'Kein Täter Werden'... we want to inspire and assist others to establish similar services in their own contexts.
>
> — Charité

What enables flexible, impactful scale?

- **Start with a clear definition of what is core:** Both NFP and Barnahus are grounded in non-negotiable components that are protected through guidance, quality assurance, and training. The most successful models are built around non-negotiable components (e.g. methods, sequencing, messages) backed by evidence, and accompanied by fidelity tools or guidance.

- **Design for adaptation from the start:** Flexibility isn't an afterthought; it's designed in. This includes adaptable formats, scenarios tailored to local norms, and translation-ready materials.

- **Consider how technology can enable reach and access:** Technology can be built into design from the start to support scale, helping to reach dispersed populations, enable anonymous engagement, or reduce access barriers. When used intentionally, digital delivery can extend the reach of prevention interventions without compromising core elements.

- **Invest in co-creation and trust-building:** Adaptation is most successful when implementers feel ownership of the solution. Organisations that involve partners early – listening to local needs, designing together, and supporting cultural alignment – report stronger uptake and quality.

- **Provide structures that support consistency:** Even in flexible models, impact depends on support structures – like training, licensing, peer review, or quality assurance mechanisms – that help implementers deliver consistently while allowing for context-specific tweaks.

- **Accept variation when it supports legitimacy or reach:** In some cases, like NFP adjusting to limited infrastructure or Barnahus adapting to national legal systems, variation is necessary to make implementation feasible. The key is to trade control for long-term system integration, not to lose sight of impact.

Do not lose sight of impact when adapting the solution

While adapting interventions to government preferences can be critical for gaining traction, it is not without trade-offs.

The pursuit of alignment with political or institutional narratives can risk softening or sidestepping core issues. Designing for flexibility requires not only technical and cultural adaptation, but careful judgment about which compromises enable scale, and which could undermine long-term impact.

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03. MAKE GOVERNMENT YOUR STRONGEST PARTNER

As implementer, enabler, or ideally, funder

Nearly all organisations interviewed (16 out of 17) are currently, or have for a major part of their development, involved the government in their journey to scale in some form.[12]

Despite real challenges, including bureaucratic delays and shifting political priorities, government involvement is seen as essential for systemic change and large-scale impact. Even when the government is not currently involved in their scale model, many organisations see this as a long-term goal.

16 OF 17

organisations are involved with the government in their journey to scale

> “In this sector, you can't go far without working with institutions - it's heavily supervised and regulated. The key is to find shared agendas, or better yet, let community-driven approaches lead the way.”
>
> **— Ignite Philanthropy**

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[12] My Body is My Body is the only organisation not actively engaging with government to support scale. MBIMB's scaling strategy is more focused on grassroots adoption through non-profits, schools, and volunteer networks, rather than formal government partnerships or integration.

Government involvement takes different forms, typically falling into three categories:

01

Government as an Implementer

In many models, public sector actors, such as teachers, nurses, or social workers, are trained to deliver the intervention. This shifts ownership to systems that are already embedded in communities.

For example, Centrs Dardedze trains teachers in Latvian schools to deliver its body safety programme, the Jimba Safety Programme. Municipalities fund the programme, and teachers become the primary implementers, allowing consistent, wide-scale delivery through the public education system.

02

Government as an Enabler

In other cases, governments help clear the path for delivery by providing infrastructure, legal mandates, or legitimacy, even if they don't deliver directly.

For example, Protect Children's ReDirection Project benefited from supportive EU legislation that required member states to offer low-threshold prevention materials for those at risk of committing sexual offences. This support enabled the intervention to scale more easily within this policy environment.

03

Government as a Funder

Accessing government funding can be a path to sustainable delivery. Where government professionals deliver the intervention, funding for implementation is usually sought from public sources.

For example, district health clinics use municipal budgets to implement Neovita's youth-friendly healthcare approach, while national and EU funding supported initial development and expansion into the national health system.

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Public sector delivery expects public funding

In most models where government professionals, such as teachers or health workers, deliver the intervention, funding is expected to come from public sources. This may involve local or national governments, or less commonly, direct funding from institutional budgets. Over time, the goal is for programme costs to be absorbed into government systems, ensuring sustainability. As the Barnahus Network explained, "What makes Barnahus sustainable is that it is funded by your normal, regular, national or regional budgets."

This investment deepens institutional commitment. For instance, Centrs Dardedze secures funding from municipal governments, which is then allocated to schools to subscribe to the programme. This signals buy-in, elevating it from "nice-to-have" to essential.

National and local governments play distinct, but complementary roles

National and local governments both play critical roles in enabling scale, but they operate differently. National governments (and the EU) are often key funders and policy-setters, and integrating solutions into national systems, such as health, education, or child protection, is widely recognised as a powerful route to achieving sustainable, system-wide change. These systems offer reach, infrastructure, and workforce capacity that individual organisations cannot match. However, many interviewees emphasised that local government bodies, such as municipalities, local departments, and public institutions, like schools or clinics, are often more agile and pragmatic.

Their proximity to communities makes them more attuned to emerging needs, more open to experimentation, and less constrained by political inertia. In some cases, it is local actors who have driven scale, responding to demand even before national policy or funding frameworks were in place. For example, in Moldova, Neovita is implemented by district-level clinics using municipal health budgets, while national and EU funds supported early development and system integration.

Challenges in securing government funding

Despite being a critical enabler of scale, public funding is often difficult to secure. Many organisations reported challenges due to bureaucratic hurdles, limited funding pools, and shifting political priorities. As one NSPCC representative put it, "There hasn't been investment into this, and it's not a statutory requirement. Therefore, there's no incentive for public bodies to fund this work."

Others, like the Lucy Faithfull Foundation, highlighted the administrative burden of applying for government funding, noting that small charities often struggle with increasingly complex processes and limited availability of funds. These difficulties mean that even organisations committed to public system delivery often rely on non-profits and philanthropies to fill critical funding gaps, especially during early implementation.

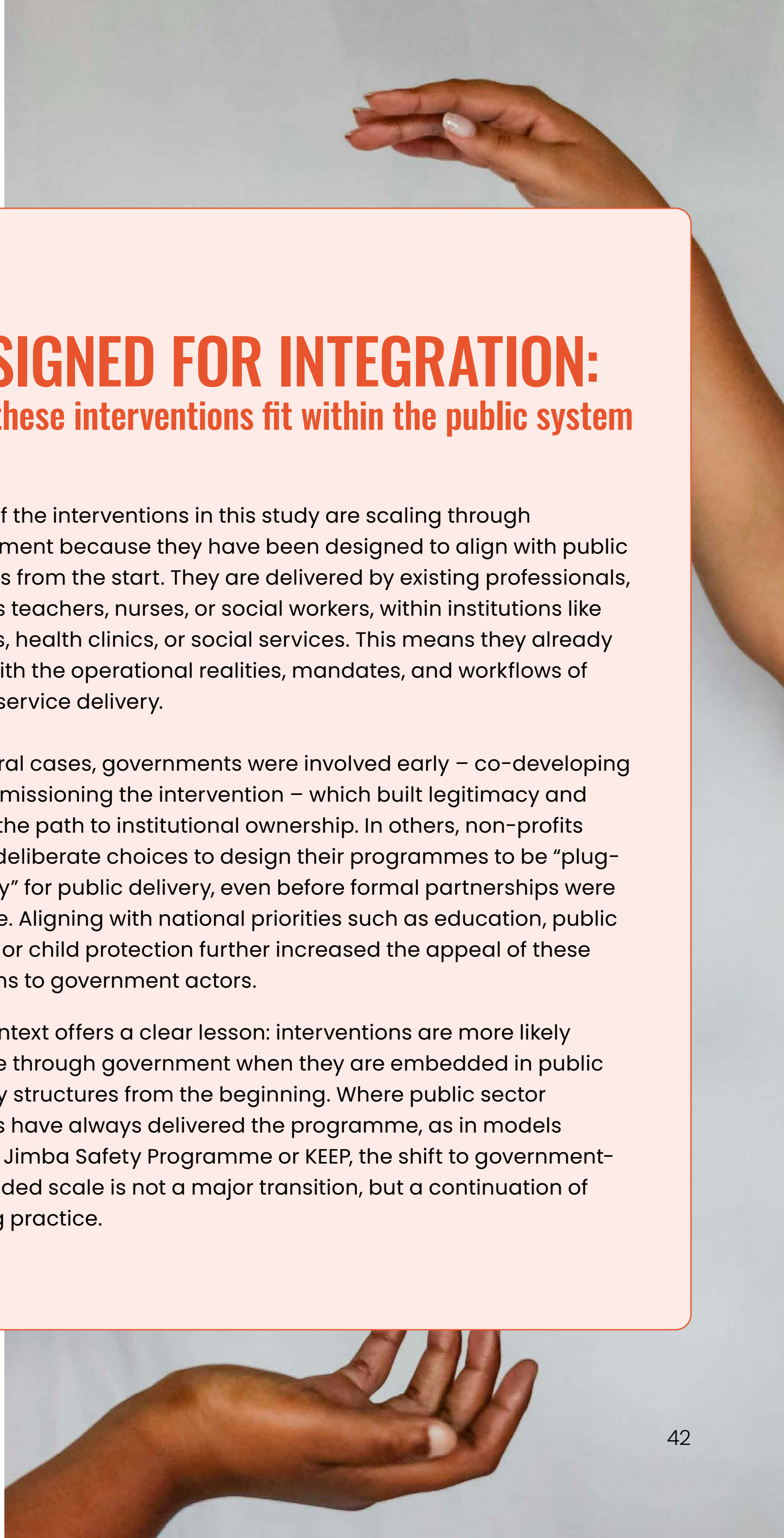
DESIGNED FOR INTEGRATION:

Why these interventions fit within the public system

Many of the interventions in this study are scaling through government because they have been designed to align with public systems from the start. They are delivered by existing professionals, such as teachers, nurses, or social workers, within institutions like schools, health clinics, or social services. This means they already align with the operational realities, mandates, and workflows of public service delivery.

In several cases, governments were involved early – co-developing or commissioning the intervention – which built legitimacy and eased the path to institutional ownership. In others, non-profits made deliberate choices to design their programmes to be "plug-in ready" for public delivery, even before formal partnerships were in place. Aligning with national priorities such as education, public health, or child protection further increased the appeal of these solutions to government actors.

This context offers a clear lesson: interventions are more likely to scale through government when they are embedded in public delivery structures from the beginning. Where public sector workers have always delivered the programme, as in models like the Jimba Safety Programme or KEEP, the shift to government-embedded scale is not a major transition, but a continuation of existing practice.



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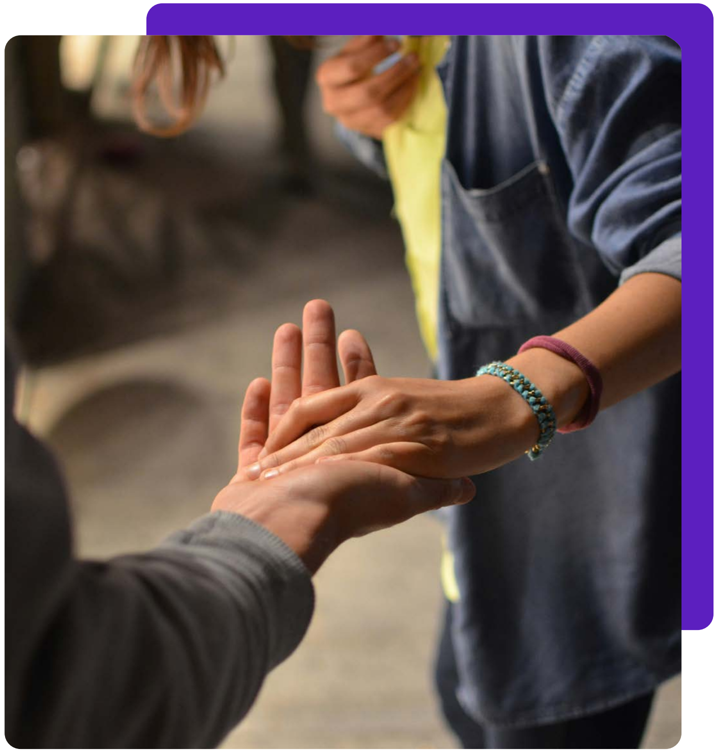
04. DON'T DO IT ALONE

Enable others to take your impact further



Scaling requires empowering others to deliver the solution in new contexts, whether by equipping external actors through training or open-sourced models, or expanding internal teams if the originating organisation is continuing to deliver it directly. To make this possible, the solution must be not only effective, but also attractive and feasible to adopt. Across interviews, organisations stressed the importance of making delivery straightforward and choosing the right people to lead it.

This means packaging the intervention as a clear, cohesive model, supported by practical tools and a roadmap for implementation. Whether open-source or licensing-based, many organisations designed their programmes to be intuitive and easy to implement.

Ultimately, scale depends on people. Successful delivery relies on partners who bring deep local knowledge, access, and credibility. That begins with clear roles and responsibilities, but also requires investment in skills, especially in CSA prevention, where few practitioners receive formal training. Building a capable workforce is central to a sustainable scale strategy.

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01

Select the right partners

As delivery responsibilities shift, the success of scale often hinges on partner selection. Organisations highlighted **three core traits**: contextual understanding, influence, and operational capacity.

> “We take a very careful look – does this organisation have the respect required from the national or local agencies that need to be involved?”
>
> **— Barnahus Network**

Contextual understanding

Organisations consistently sought delivery partners embedded in local systems, with knowledge of culture, language, and service delivery. For example, KiVa only works with licensed partners who are experienced with the education context, speak the local language, have a local presence and are already working with schools, ensuring local resonance and fidelity.

Influence and credibility

The ability of partners to drive scale depends on their reputation and legitimacy within national or regional systems. The Barnahus Network carefully vets applicants for their potential to mobilise change. It prioritises those with credibility across government agencies or the justice system because local respect and access to decision-makers are critical for multi-agency models.

Operational capability

Beyond mission alignment, partners must have the capacity to deliver at scale. Organisations assess readiness and determine what support is needed to close gaps, often providing implementation tools and training as described below.

02

Provide clear, usable implementation processes

Solutions that scale well are clearly defined. This includes the tools, instructions, and support needed for others to deliver them successfully. Organisations designed their solutions to be intuitive and user-friendly – especially when aiming for broad or decentralised delivery.

Whether it's a structured programme or a looser framework, delivery becomes easier when implementers have clear, context-relevant instructions. These may be delivered as manuals, protocols, training guides, or toolkits. For example, Save the Children provided Catalan authorities with a detailed, ready-to-use roadmap, accelerating uptake.

03

Let go of control while maintaining oversight and providing support

To scale successfully, organisations must empower others to deliver their solution – typically public-sector professionals such as teachers, nurses, or social workers. But in the field of CSA prevention, many of these professionals enter their roles with limited training in prevention or trauma-informed approaches. Interviewees consistently highlighted this persistent skills gap, noting that even well-designed solutions can falter if implementers are underprepared or unsupported.

To address this, organisations embedded training and capacity-building into their scale strategies from the outset.

This included structured induction programmes or certification processes, ongoing supervision and coaching, peer learning networks, and co-delivery models to promote learning by doing. Those who scaled successfully viewed this investment not as an operational detail, but as a core pillar of scale – essential for building buy-in, ensuring quality, and enabling long-term sustainability.

Yet as implementation becomes embedded in public or partner systems, originating organisations must be prepared to step back. In most scale models, delivery responsibilities gradually shift to local actors, such as public institutions, community partners, or licensed providers. This transition rarely means walking away entirely. Originators often continue to support through training, technical assistance, quality assurance, or updating materials as evidence evolves.

> **“Once the government takes over, it’s hard to ensure they continue with the same rigour. We don’t want to micromanage, but it’s difficult to step back and still guarantee the quality.”**
>
> **— NFP**

In structured scale models, like licensing or subscription agreements, these roles are formalised; in open-source models, support tends to be more informal but still valued.

Several organisations reflected on the challenge of balancing this transition. Once governments take over, some fear that implementation might lose rigour without clear accountability mechanisms.

05. MAKE IT LAST

Handing over isn't the finish line

> **Governments want nice, new, shiny things. When a programme's been around 10–15 years, it's considered part of normal services, and they don't see the benefits of it.**
>
> **— NFP**

Reaching scale is a milestone – but sustaining it is an ongoing challenge. Several organisations shared that, over time, interest from governments and funders can wane, especially as attention shifts toward new or more high-profile initiatives. Internal changes within implementing organisations, such as leadership turnover or shifting priorities, can also weaken commitment to delivery.

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To sustain scaled solutions, organisations identified three key enablers:

01

Secure long-term, system-integrated funding

Sustainable public funding, especially through embedded budget lines, is vital for longevity. Several organisations are working to align with existing funding mechanisms in health, education, or child protection systems. For example, patients can now access Charité's KTW therapy programme through statutory health insurance. This provides ongoing financing while reinforcing programme legitimacy and reducing dependence on short-term grants.

02

Continuously demonstrate impact

To retain support, programmes must prove their effectiveness over time. Successful organisations invest in monitoring and evaluation systems that both track outcomes and guide improvement. This helps demonstrate continued value to funders, policymakers, and communities.

Save the Children is evaluating all 14 Barnahus centres in Catalonia and helping build a cross-country comparison framework, strengthening the case for continued funding and broader adoption.

Similarly, **KiVa** maintains a standardised online monitoring tool used by schools and partners. The **University of Turku** uses these insights to refine training and support, helping partners improve quality while building local ownership.

> **"Once the government takes over, it's hard to ensure they continue with the same rigour. We don't want to micromanage, but it's difficult to step back and still guarantee the quality."**
>
> **— NFP**

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03

Build collaborative networks and movements

Collaboration emerged as a crucial enabler of sustainable scale, particularly given that CSA prevention spans multiple sectors and no single actor can address it alone. Experts highlighted the importance of strategic partnerships between non-profits, governments, and academia, each bringing distinct strengths: non-profits often lead on solution design and delivery; governments provide infrastructure and long-term funding; and academic institutions contribute research, evidence, and credibility.

One key benefit of collaboration is collective advocacy. By joining forces, organisations can amplify their voice and keep CSA prevention high on public and political agendas. For example, the Empowering Children Foundation contributes to the Childhood Without Violence campaign, a national coalition that mobilises communities, shares information, and advocates for policy change, helping ensure the issue remains a national priority over time.

A second major benefit is shared learning. Networks that connect organisations implementing similar solutions create space for peer learning, continuous improvement, and mutual accountability. For example, the university hospitals delivering the KTW programme and KiVa's licensed partners and trainers have formed collaborative networks that support high-quality delivery, enable knowledge-sharing, and provide newcomers with valuable insights and support. These platforms also strengthen their collective voice – in KTW's case to reframe paedophilic disorder as a public health issue.

These collaborative structures not only support programme quality and adaptation, but also build resilience, helping organisations respond to shifting contexts, maintain momentum, and uphold standards as they scale.

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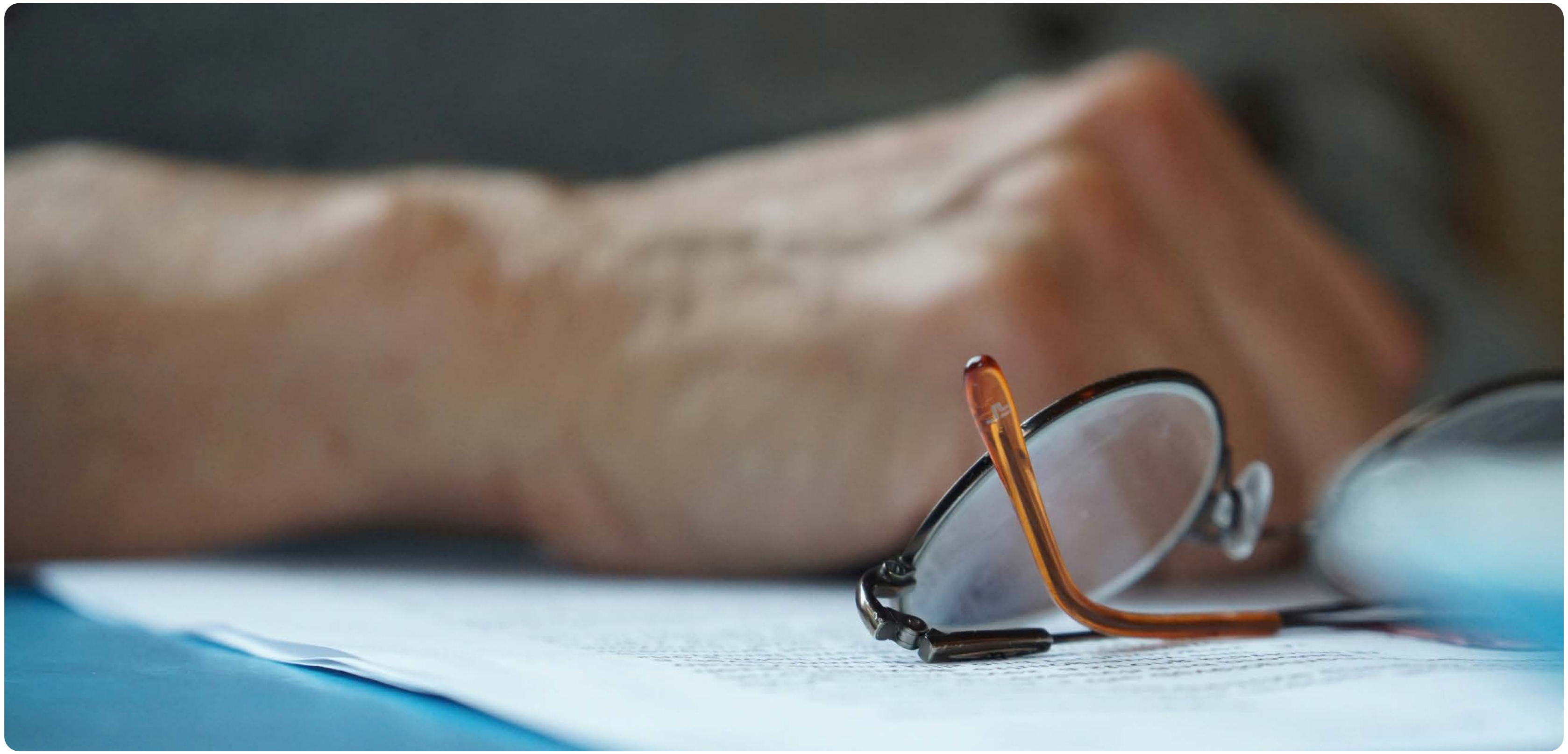

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KEIN TÄTER WERDEN

CHARITÉ – UNIVERSITÄTSMEDIZIN BERLIN

Germany, with global spread

Image credit: Charité

What was scaled

Kein Täter Werden – Confidential, evidence-based therapy programme for individuals with paedophilic disorder, framed as public health prevention

Scale pathways

Advocacy, decentralised collaborative network, integration into public health system, open-sourcing

Reach

KTW is active in 11 German states with almost 20,000 people making initial contact and 650 individuals in therapy at any given time in Germany. Delivered through a network of medical institutions and adoption across other countries, including an independent network in Switzerland with the same name

ABOUT

Kein Täter Werden (KTW), launched in 2005 by the Institute of Sexology and Sexual Medicine, Charité – Universitätsmedizin Berlin, is a groundbreaking prevention programme offering confidential therapy to individuals with paedophilic disorder who seek help to avoid offending.[13] Delivered by trained clinicians in hospital settings, KTW creates a space offering therapy to prevent harm, rather than focusing only on punishment after the fact.

Clearly an incredibly sensitive issue area and approach, the programme was initially rejected by public funders, but the programme gained momentum following high-profile abuse cases and powerful advocacy. In 2018, it secured long-term funding through Germany's statutory health insurance system.

Rather than centralising control, Charité scaled KTW through a decentralised network of independent medical institutions, supported by shared standards, peer learning, and trust. Today, KTW operates across Germany and has influenced similar efforts globally.

CONTEXT

Charité – Universitätsmedizin Berlin, one of Europe's leading university hospitals, is recognised for its excellence in research, education, and patient care. It plays a key role in tackling politically and ethically complex public health issues, such as child protection and violence prevention, through evidence-based interventions and collaboration with policymakers and practitioners.

The Problem: A gap in preventative confidential support

The absence of confidential support for individuals with paedophilic disorder poses a significant barrier to preventing child sexual abuse (CSA). Public and political discourse has long assumed that such individuals would not voluntarily seek help, resulting in a gap in confidential, therapeutic services.

The Solution: Specialised therapy

To address this gap, Charité launched Kein Täter Werden (KTW) in 2005, a groundbreaking prevention initiative offering confidential, evidence-based therapy for individuals identified as having paedophilic disorder. Delivered by clinically trained professionals in hospitals, KTW provides a non-judgmental space to prevent both contact abuse and the use or creation of abusive imagery.

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[13] Paedophilic disorder is recognised as a mental health issue by many institutions including World Health Organisation and American Psychiatric Association. Paedophilic disorder is recognised as distinct to paedophilic sexual preference. Paedophilic disorder is characterised when urges and fantasies cause marked distress or significant impairment in functioning, or when the person acts on these urges or behaviours; paedophilic sexual preference may exist without acting on urges or urges causing distress.

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WHAT ENABLED SCALE

Charité has become a global reference point for preventing child sexual abuse. Delivered in 13 locations across Germany and 5 locations across Switzerland and inspiring similar initiatives around the world, its success lies not only in the therapy provided, but also in shifting a long-ignored narrative, and using collaboration over control to drive national and global change.

Four critical strategies and approaches made this scale and impact possible.

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01

Turning the tables: Crafting advocacy that public systems must respond to

Initial Challenges: Rejection by public funders

KTW was launched in 2005 with funding from the Volkswagen Foundation. At the time, public funders rejected proposals. The dominant view was that such individuals "enjoyed" their condition, leaving little belief in the possibility of prevention through voluntary treatment.

Turning Point: Public outrage created demand for prevention

High-profile cases of child sexual abuse captured public attention, and journalists started asking harder questions – not just about punishment, but about how such abuse could be prevented in the first place.

Response: Framing the problem as a public responsibility

Charité consistently made the case for prevention first: i.e., that paedophilic disorder should be treated as a health issue, to avoid criminal paedophilic behaviour. In 2008, the Federal Ministry of Justice became the first public body to support KTW financially, funding KTW in Berlin, marking a turning point for wider recognition and expansion.

By sharing powerful data that nearly 20,000 people in Germany had reached out for confidential help to avoid harming children, with over 650 currently receiving active support, KTW helped create significant public awareness to support such services by exposing the risks of inaction.

Over time, this message began to resonate. Politicians from across the spectrum started to see the value of helping people before harm occurred.

The conversation slowly shifted, from seeing all paedophiles as inevitable offenders, to recognising that some wanted help to manage their condition and keep others safe.

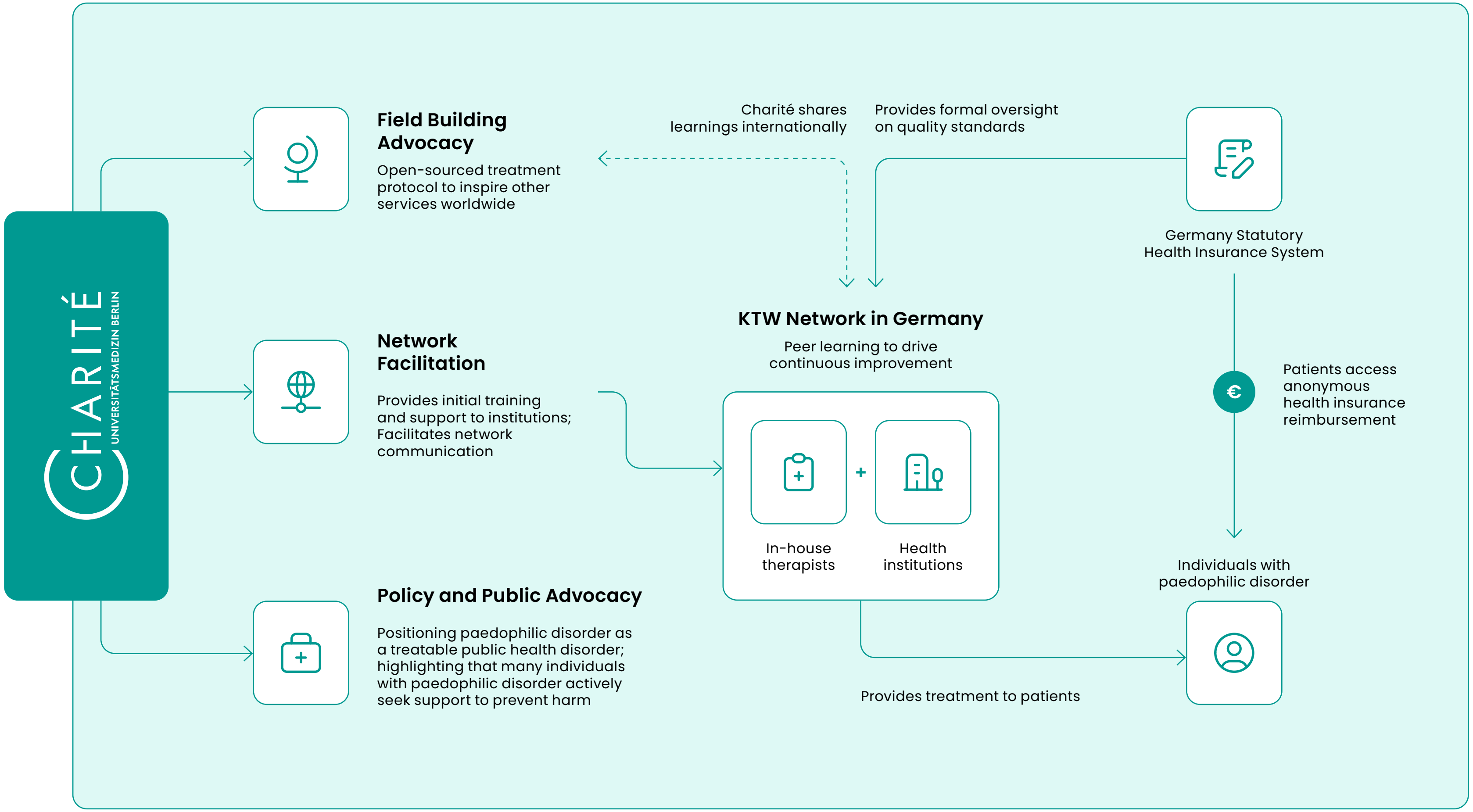
By framing it as a public health issue, Charité gave politicians and health institutions a reason, and a responsibility, to act.

> **"Nobody wants to be responsible under public scrutiny to discontinue therapy for 650 individuals who fear abusing someone without assistance."**
>
> **— Charité**

02

Trust, not control: Building a network based on trust to enable wide adoption

KTW's scale has been amplified not through top-down directives from Charité, but through a collaborative, network-based model. In 2011, Charité established the KTW network, expanding from a single site in Berlin to multiple locations across Germany. KTW in Berlin, marking a turning point for wider recognition and expansion.



Field Building Advocacy

Open-sourced treatment protocol to inspire other services worldwide

Network Facilitation

Provides initial training and support to institutions; Facilitates network communication

Policy and Public Advocacy

Positioning paedophilic disorder as a treatable public health disorder; highlighting that many individuals with paedophilic disorder actively seek support to prevent harm

Charité shares learnings internationally

Provides formal oversight on quality standards

Germany Statutory Health Insurance System

KTW Network in Germany

Peer learning to drive continuous improvement

In-house therapists + Health institutions

Patients access anonymous health insurance reimbursement

Individuals with paedophilic disorder

Provides treatment to patients

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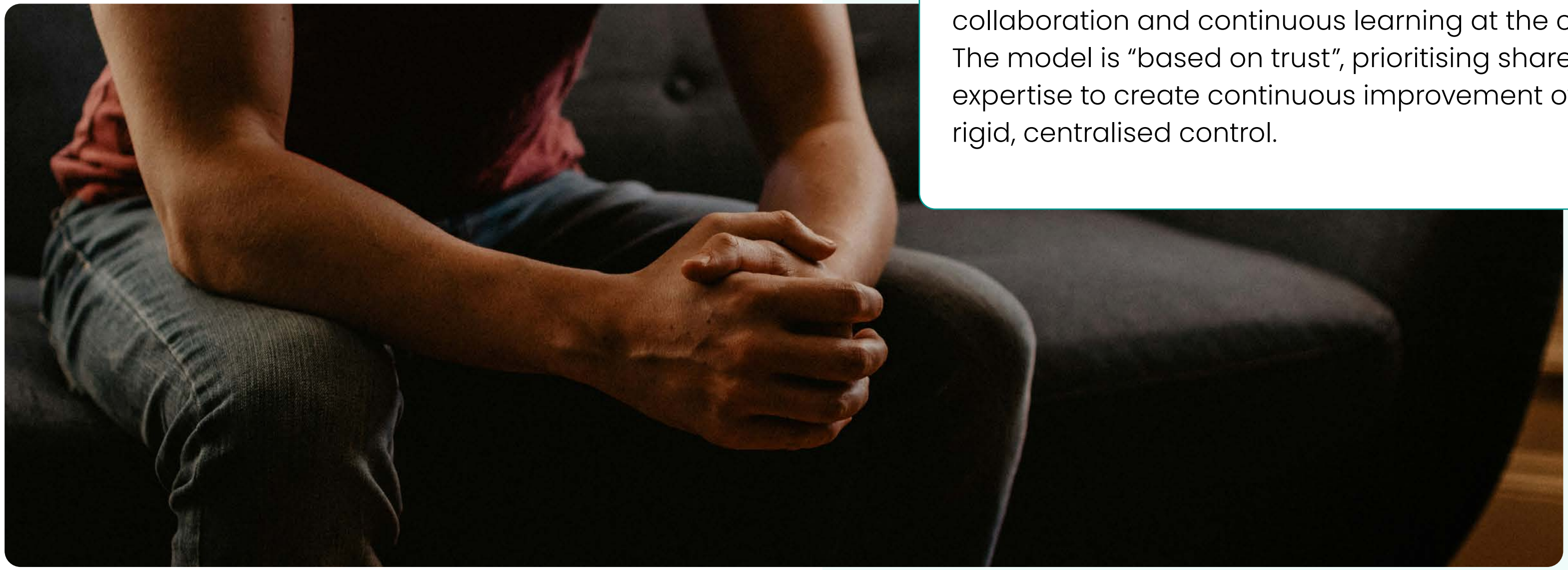
How the model works

- Deliverers: clinically trained, specialised therapists within medical institutions (university hospitals, psychiatric institutes, forensic psychiatry institutes and sexual medicine institutes)
- Charité's role: Provides initial training to institutes and facilitates network communication

The KTW network operates as a decentralised, trust-based collaborative model where independent institutions voluntarily participate. Whilst Charité provides coordination, it intentionally avoids imposing strict hierarchical control.

Instead, quality is maintained through shared standards, training, and regular peer exchanges. Germany's statutory health insurance association provides the formal oversight, checking qualifications and ensuring institutions are "more or less doing the same work". Annual meetings rotate between institutions, each taking turns to host, enabling peer-led learning and accountability.

Each institution retains significant autonomy while adhering to a shared treatment protocol, with collaboration and continuous learning at the core. The model is "based on trust", prioritising shared expertise to create continuous improvement over rigid, centralised control.



03

Trust, not control: Building a network based on trust to enable

Starting point in the health system	Charité's advocacy	2018: Legislation passed enabling health insurance reimbursement
• The health insurance system required diagnosis registration, compromising confidentiality. • Patients were reluctant to register for KTW treatment due to potential stigma.	• Charité advocated for paedophilic disorder to be a recognised medical condition, with support services within the health system. • It emphasised the ethical obligation to provide treatment.	€5 million annually is now allocated to fund anonymous treatment for individuals with paedophilic disorder, without requiring registration with insurers.

Early funding struggles
Initially, each institution delivering KTW had to independently advocate for its own, often short-term, funding, typically from state-level ministries. This changed as Charité's advocacy and a shift in public discourse reframed support for people with paedophilic disorder as a public health issue.

Breakthrough: Turning advocacy into law, and law into sustainability
This momentum led to a breakthrough effective January 1, 2018, when Germany's health system formally recognised KTW as a reimbursable medical service under a model project, meaning patients can access the programme for free through their statutory health insurance.[14]

This shift removed a critical barrier to access: under the typical system, diagnosis registration discouraged many patients from seeking help due to stigma. By securing around €5 million annually for anonymous treatment, the system ensured consistent quality of care and long-term sustainability of the programme.

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[14] Under §65d SGB V – a specific section of the German Social Code, Book V (Sozialgesetzbuch Fünftes Buch – SGB V), which governs statutory health insurance in Germany. The funding is pooled through a levy on insurers, proportionate to their covered population

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04

Letting it go to let it grow: Sharing the solution, so others can drive impact globally

By publishing the KTW treatment protocol in German and English (the "Berlin Dissexuality Therapy"; BEDIT), the network made its therapeutic approach accessible, inspiring similar services worldwide.

Charité recognised that high-income country approaches may not suit lower-middle income contexts, therefore chose to prioritise knowledge-sharing over protecting a specific model. Charité's goal isn't to have others adopt the Kein Täter Werden name, but to fill service gaps. This openness has inspired initiatives like Talking for Change in Canada and Project Paraphilic in the Czech Republic, positioning Charité as a global reference point for preventing child sexual violence. Charité also developed the web-based platform 'Troubled Desire' to reach individuals in countries without access to confidential in-person services. Available in multiple languages, the platform offers anonymous self-assessments, self-guided therapeutic modules, and a one-on-one chat-based support service.

> "The whole purpose of publishing it is to not make this some proprietary, closed-source thing, but to inspire people worldwide to do something similar."
>
> **— Charité**

IMPACT

Today, KTW is delivered in 12 institutions in Germany across 11 states, with around 650 people in treatment at any given time, and has inspired other similar programmes in countries including India and New Zealand. Charité has also invested in public health communication to widen awareness of preventative approaches, reaching over 10.2 million people in 2020 through advertising on Meta, Google, commercial TV and other channels.

Ultimately, KTW's impact is as much about shifting the narrative as it is about delivering therapy. Its growth is a testament to the power of evidence-based advocacy, strategic decentralisation, and a deep commitment to filling a long-ignored societal gap.

12 INSTITUTIONS

11 STATES

650 PEOPLE ACTIVELY IN TREATMENT

10.2 MILLION PEOPLE REACHED

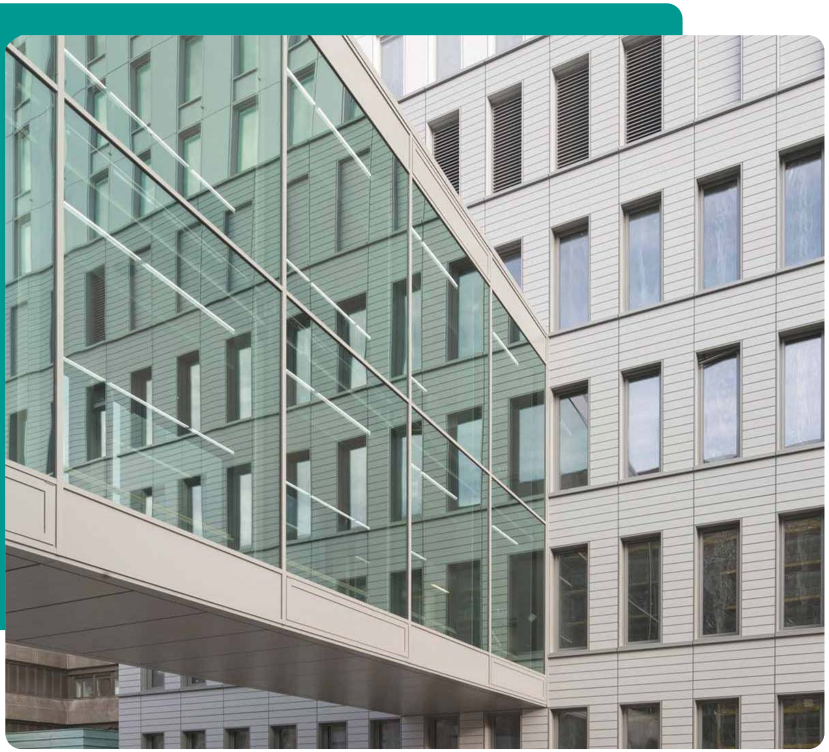

Image credit: Charité

KEY LEARNINGS

01

Frame the problem in terms decision-makers can act on.

Charité's evidence-based advocacy showed that treating paedophilic disorder as a public health issue gave institutions a clear responsibility and legitimacy to act.

02

Trust and decentralisation can enable scale, without compromising quality.

By empowering medical institutions to deliver therapy within a shared framework, KTW achieved consistency while fostering local ownership and peer-driven improvement.

03

Build sustainable funding into the system.

Charité's persistent advocacy secured statutory health insurance funding, removing barriers to access and guaranteeing long-term viability.

04

Share knowledge to spark wider change.

Open-sourcing its approach allowed KTW to inspire similar initiatives globally, showing that influence doesn't require control over implementation.

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BARNAHUS MODEL

SAVE THE CHILDREN SPAIN

How Save the Children used strategic advocacy, government integration, and cross-sector collaboration to prevent child sexual abuse at national scale.

Spain

Image credit: Save the Children Spain

What was scaled

Barnahus child protection centres offering coordinated, trauma-sensitive support for children

Scale pathways

Scaling with Government, Scaling with Partners, Training, Advocacy, Cross-sector Collaboration

Reach

803 children in the pilot phase alone

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ABOUT

Save the Children Spain brought the Barnahus model – a child-friendly, multidisciplinary response to child sexual abuse – to Spain, addressing the harm caused by fragmented and retraumatising child protection systems.

Rather than simply exposing the problem, they offered a ready-to-implement solution. Drawing on Barnahus centres in Iceland and Denmark, they adapted the model to Spain's context and produced a clear roadmap for governments to adopt it.

Their strategy made adoption easy: providing guidance, facilitating cross-sector working groups, and enabling regional governments to tailor the model while upholding core standards.

By 2025, Barnahus centres are established or underway in five regions, serving hundreds of children with coordinated legal, health, and psychological support. The model is now recognised as Spain's gold standard, offering a powerful example of how strategic advocacy and partnerships can drive lasting system reform.

Image credit: Save the Children Spain

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CONTEXT

Save the Children Spain, part of the global Save the Children network, is a leading child rights organisation. It combines advocacy, research, and programme support to influence systemic change, particularly in strengthening the child protection system.

The problem: Fragmented Child Protection Support

Historically, child victims in Spain often endured re-traumatising experiences: repeated interviews by multiple professionals, delays in accessing services, and justice processes that placed the burden of proof on the child. These fragmented responses not only failed to protect children, but often compounded the harm.

The solution: Multidisciplinary Child Protection Centres

To address this, Save the Children Spain began advocating for the adoption of the Barnahus model – a multidisciplinary child protection centre concept developed in Iceland and widely adopted in Northern Europe. In a Barnahus centre, children are interviewed, examined, and supported by police, prosecutors, doctors, and psychologists in a single safe and coordinated setting. This model aligns legal, therapeutic and protection services, sparing children the need to navigate courts, police stations, hospitals and social services, reducing trauma and increasing the likelihood of justice.

How the Barnahus model relates to the prevention of CSA

Barnahus is widely recognised as a gold-standard response to child abuse in Spain. Save the Children views Barnahus also as a tool for preventing further child sexual abuse by strengthening coordinated responses reducing trauma and encouraging disclosure. It also contributes to broader prevention by generating data, raising awareness, and improving institutional practices across justice, health, and child protection systems.

WHAT ENABLED SCALE

In 2016, public outrage over high-profile abuse cases involving Catholic institutions created a window for change. By this time, Save the Children already had a clear response – a landmark report in 2018 that exposed systemic failings and positioned Barnahus as a ready-to-implement solution.[15]

The impact of their response was immediate, marking the start of a nationwide movement. **These are the strategies and approaches that made this pace and level of scale possible:**

01

Not reinventing the wheel: Learning from others and preparing a clear solution tailored to local contexts

Save the Children Spain recognised the need to do more than expose the deep-rooted failures in the country's child protection system. What policymakers needed was a clear, practical solution. Knowing that regional governments lacked the time and resources to develop one from scratch, Save the Children committed to **presenting a fully adapted, evidence-based solution.**

Rather than reinvent the wheel, they looked abroad. In 2017-18, they visited Barnahus centres in Iceland and Denmark – multidisciplinary child protection hubs that had transformed how child sexual abuse (CSA) was addressed across Scandinavia.

With support from the PROMISE Barnahus Network and Icelandic partners, Save the Children co-designed a version tailored to Spain's legal, social, and political context. This gave the organisation clarity, credibility, and confidence to promote the model nationally.

When public outrage unfolded in 2018, Save the Children was able to act quickly, and offer a proven, clear, and ready-to-implement solution. The impact was immediate: within a month, the Catalan government committed to piloting the model in Tarragona.

> **"One month after publishing this report, the Government of Catalonia said they would pilot Barnahus. It was amazing, because the solution was really clear. They knew what they had to do."**
>
> **— Save the Children**

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[15] Under One Roof, Save the Children, 2018

02

Removing barriers: Making it easy for governments to say 'yes'

The success of the Catalonia pilot marked the beginning of a wider movement. In 2022, the national government formally committed to expanding Barnahus as part of a wider child protection reform agenda.

In most cases, regional governments fund and implement the services, with Catalonia taking full responsibility for the implementation and scale-up, guided by a structured advocacy and implementation strategy from Save the Children. Three approaches were essential:

A

An advocacy strategy focused on political ownership

Save the Children's advocacy strategy emphasised political ownership and alignment with existing regional governance structures, ensuring that each government could tailor the model to local structures while maintaining fidelity to international Barnahus standards.

Save the Children's strategy to scale Barnahus in Spain rests on a structured, six-step advocacy process that includes: raising public awareness, building political will, conducting policy analysis, supporting legal reform, offering implementation guidance, and embedding systems for monitoring and accountability.

B

Providing regional governments with a roadmap to tailor Barnahus to their contexts

Save the Children Spain made it as easy as possible for regional governments to adopt the Barnahus model. Drawing on a 1.5-year investigation with the University of Barcelona, they developed a detailed implementation roadmap that included a clear diagnosis of system gaps, step-by-step guidance, and tailored recommendations for overcoming challenges. The report laid out exactly what governments needed to do – providing not just a vision, but a practical blueprint.

C

Offering structure and guidance, without imposing

Crucially, Save the Children struck a balance between offering structure and enabling local ownership. For each new region, they facilitated a 6-7-month process involving multi-agency working groups, bringing together justice, health, education, and child protection actors to co-design an adapted model. Save the Children supported this with research, facilitation, technical advice, and connections to the international Barnahus network, while deliberately stepping back from delivery.

This hands-on yet non-directive approach gave regional governments confidence to lead, aligning with Spain's decentralised governance structures. As a result, Barnahus centres have expanded across regions like Madrid, Navarra, and the Basque Country – each publicly funded and locally owned, but grounded in a common set of principles and standards.

Elements of the roadmap Save the Children provides to regional governments:

- Detailed diagnosis of the current system's problems
- Precise recommendations for overcoming challenges
- Clear implementation strategy
- Required involvement of key stakeholders from different sectors
- Step-by-step guidance on how to adapt the Barnahus model to local contexts

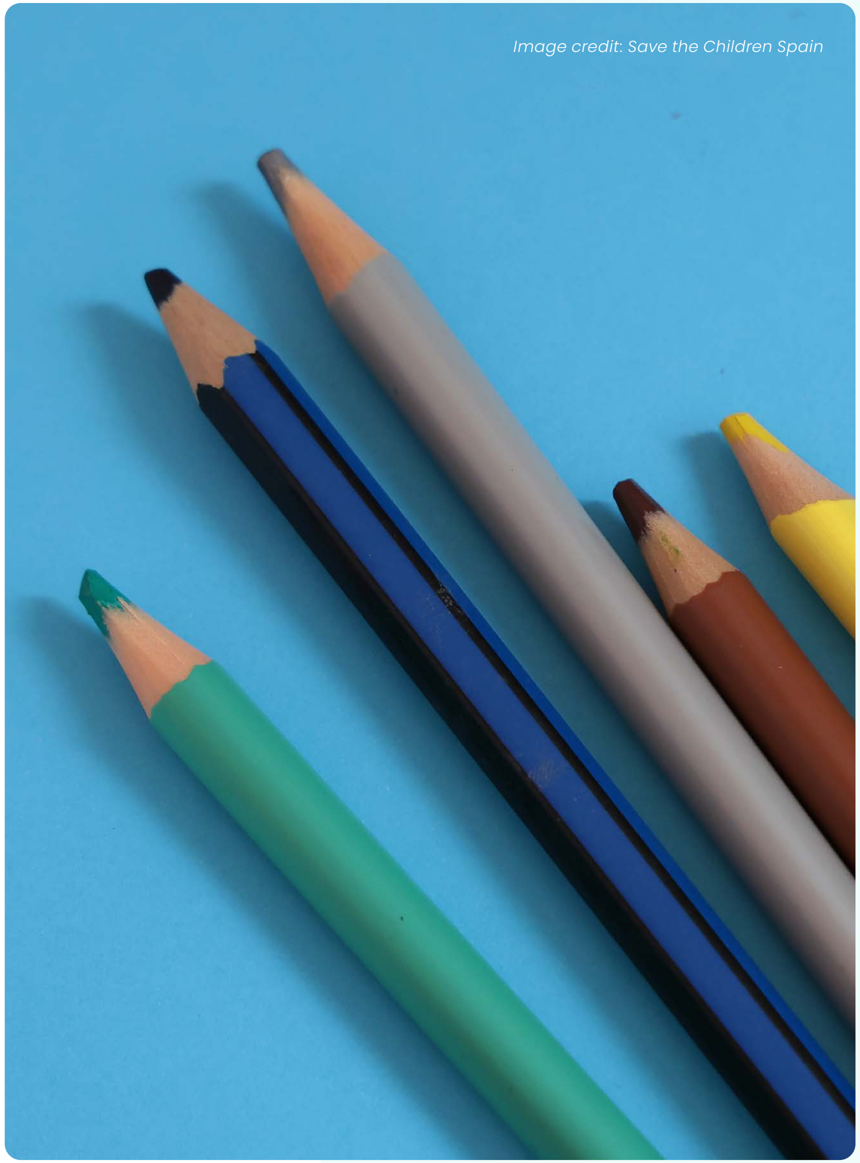
Image credit: Save the Children Spain

03

Joining forces: Creating meaningful collaboration to make disconnected systems work as one

At the core of the Barnahus model is deep cross-sector collaboration. Save the Children Spain understood that child sexual abuse couldn't be tackled by any single institution alone. To break down entrenched silos, they designed a structured process that brought together justice, health, child protection, and academic professionals – many of whom had never worked together, despite supporting the same children.

Through multi-disciplinary working groups, these professionals built shared understanding, trust, and practical strategies for implementing Barnahus in their region. For many, it was the first time they saw the full picture of how children navigate fragmented systems. This process went beyond coordination – it fundamentally reshaped how institutions respond, replacing disjointed efforts with a unified, child-centred approach.

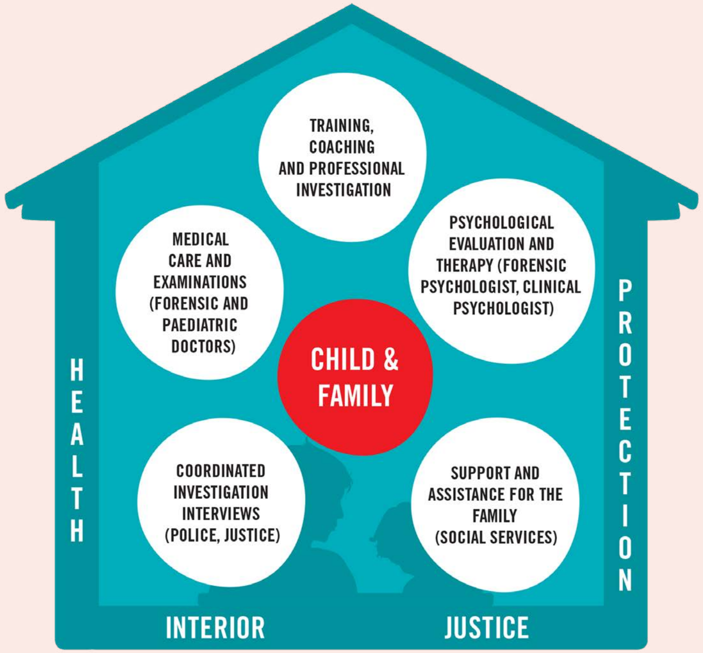
TRAINING, COACHING AND PROFESSIONAL INVESTIGATION
MEDICAL CARE AND EXAMINATIONS (FORENSIC AND PAEDIATRIC DOCTORS)
PSYCHOLOGICAL EVALUATION AND THERAPY (FORENSIC PSYCHOLOGIST, CLINICAL PSYCHOLOGIST)
CHILD & FAMILY
COORDINATED INVESTIGATION INTERVIEWS (POLICE, JUSTICE)
SUPPORT AND ASSISTANCE FOR THE FAMILY (SOCIAL SERVICES)
HEALTH
PROTECTION
INTERIOR
JUSTICE

Image credit: Alexandre da Silva

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IMPACT

By 2025, 13 Barnahus centres are established or in development in five autonomous communities, serving a significant proportion of Spain's child population. Each centre functions as a hub for forensic interviews, healthcare, legal support, and psychological care.

The Tarragona pilot alone supported 803 children between 2019 and 2024, prompting expansion to other Catalan cities. Regional governments report faster access to services, better inter-agency coordination, and reduced trauma for victims.

Barnahus is now recognised as the gold standard for CSA response in Spain, with broad political support and national policy momentum. Save the Children continues to advocate for legal and funding frameworks that will embed the model across all regions.

13 CENTRES ESTABLISHED

5 AUTONOMOUS COMMUNITIES

803 CHILDREN SUPPORTED

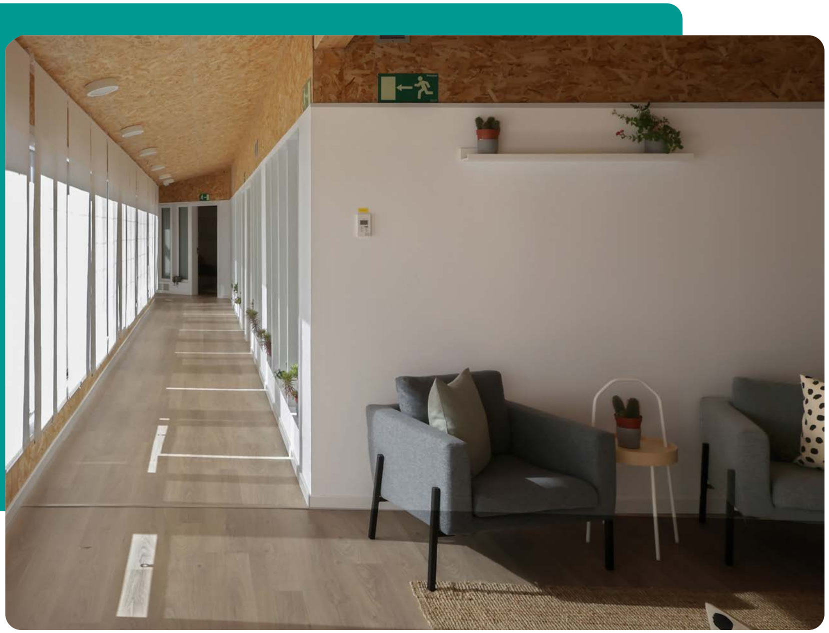

Image credit: Save the Children Spain

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KEY LEARNINGS

01

Learn from what works elsewhere, but tailor it to your context.

By adapting an existing Nordic model rather than starting from scratch, they saved time and added credibility, but crucially invested in tailoring it to Spain's political and social realities.

02

Remove barriers for governments to adopt your solution.

By removing barriers, offering clarity, and supporting collaboration, they gave regional governments confidence to act.

03

Enable ownership, don't impose.

By stepping back from delivery and facilitating local co-design, they built buy-in and sustainability.

04

Sustain momentum through national advocacy & international networks.

They didn't stop at pilots but continued to work to institutionalise the model through national legislation and ongoing alignment with European standards.

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SPEAK OUT STAY SAFE

NATIONAL SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN (NSPCC)

United Kingdom

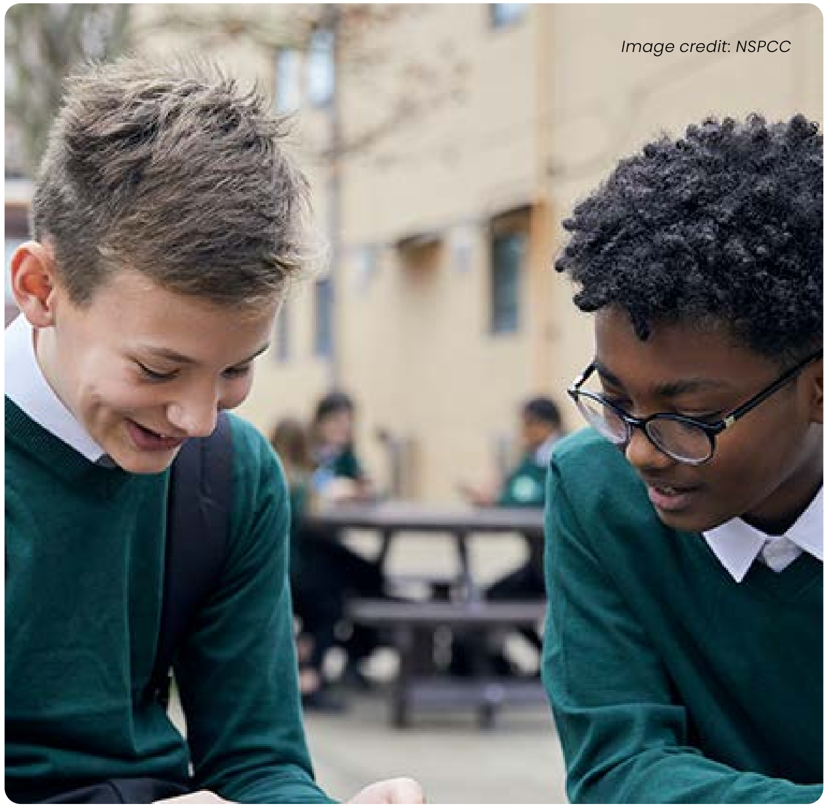

Image credit: NSPCC

What was scaled

Speak out Stay safe – age-appropriate CSA prevention delivered in primary schools

Scale pathways

Volunteer-based delivery, flexible partnerships, stakeholder engagement, rigorous quality assurance

Reach

Over 1.2 million children annually, delivered across over 8,000 schools

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ABOUT

The NSPCC's Speak out Stay safe programme is one of the UK's largest child sexual abuse (CSA) prevention initiatives, reaching over 1.2 million children annually in more than 8,000 primary schools – representing over a third of all primary schools in the UK. Designed to help children recognise abuse, understand that it's never their fault, and know where to seek help, the programme combines assemblies, lesson plans, and interactive workshops.

Delivered by 500 trained volunteers, with carefully managed partnerships filling gaps where volunteer delivery isn't feasible, the programme balances national consistency with local adaptability. Rigorous training, monitoring, and stakeholder relationships ensure quality at scale. Pre-pandemic, the programme reached over 90% of primary schools nationwide – a level NSPCC is now working to rebuild.

Image credit: NSPCC

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CONTEXT

The National Society for the Prevention of Cruelty to Children (NSPCC) is the UK's leading child protection charity, working to prevent abuse, support recovery, and ensure every child has someone to turn to. It delivers therapeutic services, operates Childline, a national helpline, and runs education programmes in schools. One of its flagship initiatives is Speak out Stay safe, which equips primary-aged children with the understanding and confidence to speak out about abuse.

The Problem: Lack of universal CSA prevention in primary schools

Many primary school children lack the knowledge and understanding to recognise, report, and seek help for abusive situations. Without targeted, age-appropriate education, children remain vulnerable to abuse, unable to identify inappropriate behaviour, and uncertain about where to turn for support.

The Solution: Equipping children with understanding and confidence

Speak out Stay safe is a universal, preventative programme for primary schools. Its core aims: to help children understand what abuse is, recognise that it is never their fault, and know where to go for help.

The programme is structured around three delivery components:

- **Assemblies** (delivered live or via video)
- **Lesson plans** for teachers to reinforce messages
- **Classroom workshops** for deeper engagement (where volunteer capacity allows)

There are two versions of the programme: one for Key Stage 1 (ages 5–7) and another for Key Stage 2 (ages 7–11), with adaptations for special educational needs and Welsh-language schools. The programme is offered to both primary and home-education settings.

The NSPCC's delivery model relies on a national team of school coordinators and approximately 500 trained volunteers.

A Multi-Level Approach to Prevention

NSPCC's work on CSA prevention goes beyond direct delivery to children. Alongside Speak out Stay safe, the charity runs CSA Snapshots, a systems-focused initiative that helps local authorities assess and strengthen their multi-agency response to CSA.

While Speak out Stay safe aims for universal prevention through education, CSA Snapshots support strategic leaders to identify gaps, engage stakeholders, and implement realistic, long-term improvements. The two approaches illustrate NSPCC's broader strategy: preventing abuse not only by empowering children, but also by transforming the systems around them.

WHAT ENABLED SCALE

01

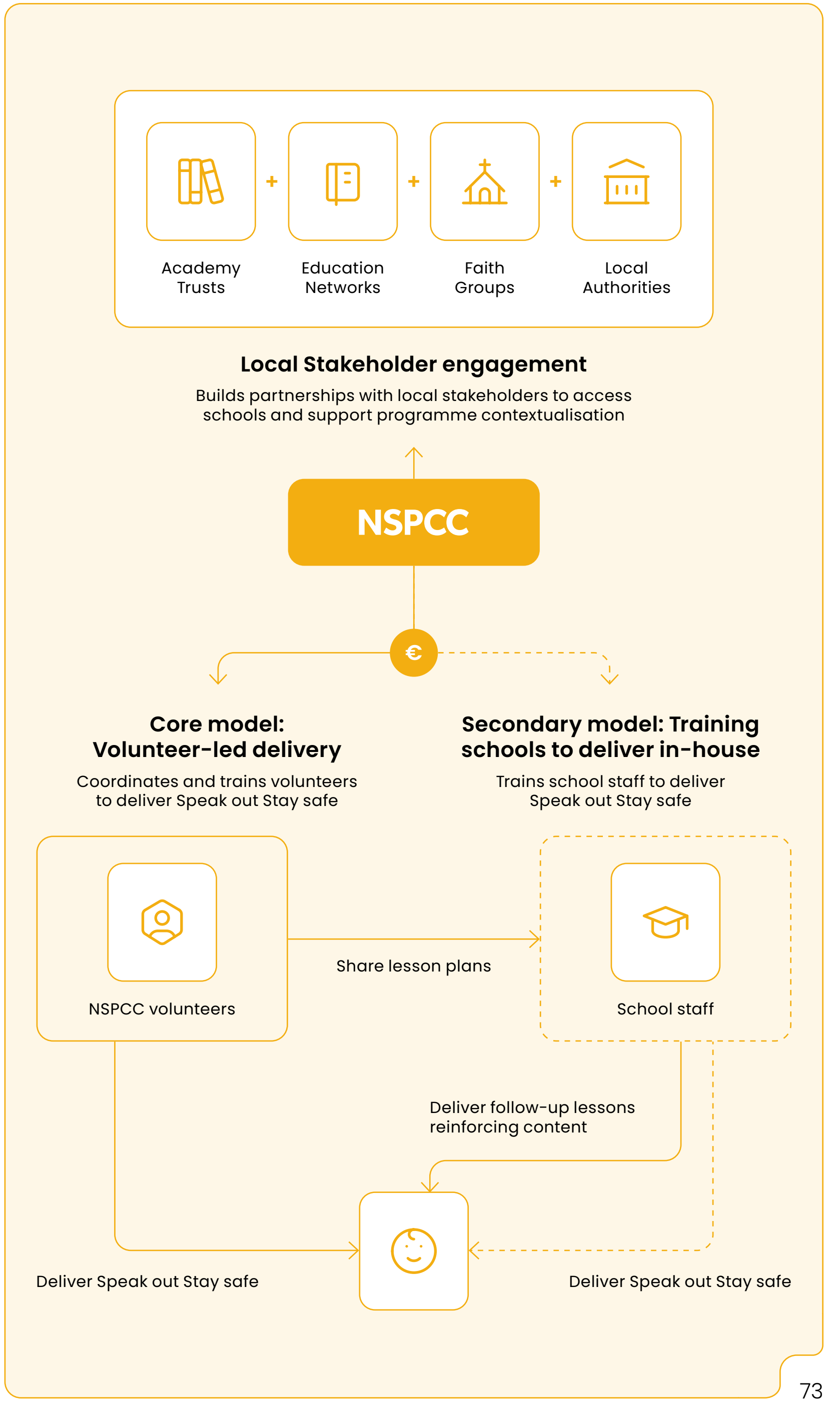
One design, tailored to fit: Staying consistent while adapting to local realities

Speak out Stay safe uses a flexible, adaptive delivery model to ensure all primary-aged children, wherever they live in the UK, receive vital safeguarding education.

Every participating school commits to a minimum standard of assemblies and lesson plans, designed to deliver essential abuse prevention messages in an age-appropriate and accessible way.

NSPCC invests heavily in tailoring the programme to local contexts while maintaining core safeguarding aims. This includes producing Welsh-language versions, adapting content for different education systems across the four UK nations, and incorporating local accent to help children recognise themselves in the materials.

These adaptations ensure the messages are understood and truly resonate with children across diverse settings.



Academy Trusts + Education Networks + Faith Groups + Local Authorities

Local Stakeholder engagement

Builds partnerships with local stakeholders to access schools and support programme contextualisation

NSPCC

€

Core model: Volunteer-led delivery

Coordinates and trains volunteers to deliver Speak out Stay safe

Secondary model: Training schools to deliver in-house

Trains school staff to deliver Speak out Stay safe

NSPCC volunteers

Share lesson plans

School staff

Deliver follow-up lessons reinforcing content

Deliver Speak out Stay safe

Deliver Speak out Stay safe

02

Quality? Check! Keeping standards high while scaling through volunteers

Training and supporting volunteers to uphold quality

NSPCC's commitment to quality assurance in the Speak out Stay safe programme is both rigorous and dynamic.

All 500 volunteers receive thorough initial training and ongoing supervision, including access to group and individual support sessions throughout the year. Volunteers are regularly observed in delivery, and feedback from schools is used to monitor quality and identify areas for improvement.

Turning quality checks into opportunities for improvement

Managing quality in a volunteer-led programme at this scale is no small task. Consistency can be difficult to sustain, and even well-intentioned volunteers may deviate from key messages without robust support. NSPCC's 2020 evaluation, for example, found only 59% adherence to a key activity on recognising sexual abuse, prompting updates to volunteer training and workshop content.

This level of scrutiny is part of a broader learning culture: quality assurance is not just about maintaining standards, but about actively improving how the programme protects and empowers children.

That commitment to continuous improvement is built into the programme's DNA. Speak out Stay safe has undergone multiple developments over the past decade, with NSPCC consistently using feedback from pupils, staff, and volunteers to strengthen content and delivery. The result is a programme that not only maintains high standards, but evolves to meet the real-world needs of the children and schools it serves.

03

Partnering with purpose: Using partnerships strategically, not by default

Recognising the logistical challenges of nationwide delivery, especially in areas with limited volunteer capacity, NSPCC has developed carefully managed partnership models to extend the programme's reach. In select regions, this means training school staff or working with local authorities to deliver workshops directly.

But these partnerships are introduced with caution: each is assessed against strict criteria, reviewed annually, and includes an exit strategy should volunteer delivery become viable. This reflects NSPCC's deep commitment to its volunteer model, which it views as central to the programme's quality, engagement, and impact.

While partnerships offer flexibility in hard-to-reach areas, NSPCC's focus remains on strengthening and diversifying its volunteer base, ensuring the benefits of community-led delivery are not lost as the programme adapts to meet demand.

> “We are really committed to our volunteer model. What we don't want is a partnership model that means that we're potentially losing a level of extra quality that we can give to the schools through our volunteers.”
>
> **NSPCC**

Speak out Stay safe is fully funded by the NSPCC, meaning schools are not charged to participate. The programme keeps costs low by making effective use of trained volunteers. Like most of the NSPCC's work, it is primarily supported through public donations.

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04

Allies on the ground: Building strong local relationships to strengthen the programme's impact

Scaling across the UK means navigating four different education systems, each with their own policies, priorities, and challenges.

NSPCC recognises that gaining access to schools and ensuring the programme sticks requires building strong, trusting relationships with the people who know those systems best: local authorities, academy trusts, education networks, and even faith groups.

These partnerships are key to securing access to schools – working with trusted local decision-makers who can champion the intervention and help align it with existing safeguarding priorities.

Crucially, stakeholder engagement goes beyond logistics. It reflects NSPCC's commitment to a collaborative, locally informed approach to child protection – one that adapts to regional contexts while holding firm to the programme's core messages.

By listening to and working with stakeholders who understand the realities of their education communities, NSPCC ensures Speak out Stay safe remains both relevant and impactful at scale.

IMPACT

Speak out Stay safe currently reaches over 1.2 million children each year, delivered across more than 8,000 primary schools. Before the COVID-19 pandemic, the programme had reached over 90% of UK primary schools, a level of national coverage NSPCC is actively working to rebuild. In 2020, NSPCC commissioned a comprehensive evaluation of the programme, which confirmed that children's understanding of abuse – including different forms of abuse – improved after taking part.

1.2 MILLION CHILDREN EACH YEAR

8,000 PRIMARY SCHOOLS

Image credit: NSPCC

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KEY LEARNINGS

01

Balance consistency with adaptation.

A strong national standard builds trust, but tailoring delivery to children’s diverse contexts ensures the message resonates and is understood.

02

Build quality, and learning, into the model.

Scaling with volunteers is powerful and cost-effective, but maintaining (and improving) quality at scale requires deliberate systems of training, supervision, and learning from mistakes.

03

Be strategic with partnerships.

Partnerships can extend reach into hard-to-cover areas, but only when carefully managed so they don’t compromise quality or dilute the core model.

04

Invest in local alliances.

Strong relationships with local decision-makers ensure the programme is not just delivered, but also embraced and championed by schools – helping embed it within local priorities and safeguarding cultures.

CONCLUSION

Child sexual abuse is a complex and under-recognised issue, with real and stubborn barriers to prevention – social taboos, political sensitivities, limited resources, and fragmented systems. Yet this study offers compelling evidence that these barriers can be navigated, and that it is possible to scale solutions that prevent harm before it happens.

Across Europe, we spoke to organisations that are not only tackling this issue head-on, but finding bold, creative, and practical ways to scale prevention. Whether working through schools, health systems, or digital platforms, these organisations are proving that it is possible to reach more children, embed solutions in public systems, and build the momentum needed to stop abuse before it happens.

These lessons do not offer a universal blueprint, but they do provide a practical and credible foundation for organisations seeking to scale solutions to prevent child sexual abuse. The organisations featured in this study show that, despite the challenges, it is possible to build and sustain solutions at scale. Their experiences offer valuable insights for others seeking to scale preventative solutions, pointing to approaches that are not only necessary, but increasingly feasible.

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KEY LESSONS

01

Start by making the system ready.

Scale only happens when prevention is recognised as a public priority, supported by strong legal foundations and sustained funding.

02

Make your solution ready.

Effective scale demands interventions that are evidence-informed, cost-effective, and adaptable to different contexts, without losing what makes them work.

03

Work with government early and often.

Public systems offer the reach and staying power needed for long-term change in prevention, but collaboration requires patience, trust-building, and strategic alignment.

04

Empower others to deliver your solution.

Scaling is a team effort. The most successful organisations train and support partners to take the lead, while staying involved enough to protect quality and follow up.

05

Build for the long haul.

Sustained scale doesn't just depend on funding. It's built through continuous learning, meaningful collaboration, and keeping prevention high on the agenda, even when attention shifts.

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STUDY METHODOLOGY

The study is exploratory and solution-oriented, focusing on organisations' scaling journeys. Key components include:

- **Literature Review**
  Examining existing research on scaling CSA prevention to identify gaps and contextual factors.
- **Expert Interviews**
  Engaging sector leaders to refine study questions and ensure relevance.
- **Qualitative Interviews**
  18 semi-structured interviews with organisations that have scaled CSA prevention efforts, gathering insights on scale strategies, enablers, barriers, and funding models.
- **Thematic Analysis**
  Analysing interview data to identify common enablers, challenges, and patterns in scaling.

Spring Impact consulted a diverse range of organisations, including:

- **Child protection non-profits** (e.g. NSPCC, ECPAT International, Marie Collins Foundation, Terre de hommes (Tdh)) – Focus on policy advocacy, survivor support, and frontline prevention efforts.
- **International alliances** (e.g. WeProtect Global Alliance, Safe Online, Ignite Philanthropy) – Engage in global policy coordination and funding strategies.
- **Academic and research institutions** (e.g. CSA Centre, Prevention Global) – Provide insights into data gaps and evidence-based interventions.
- **Private sector representatives** (e.g. Internet Watch Foundation, tech and insurance industry stakeholders) – Explore the role of businesses in prevention.
- **Government and policy advisors** – Develop regulatory frameworks, funding mechanisms, and policy integration.

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STUDY PARTICIPANTS

ALTERNATIVA GROUP

North Macedonia

ABOUT

Training institute for psychotherapists with a non-profit arm that supports parents in developing healthy and effective parenting skills to prevent abuse against children.

SOLUTION

Parenting for Lifelong Health (PLH): comprehensive parenting intervention that supports parents to prevent abuse against children, and promotes child and adolescent well-being.

LEVEL OF SCALE

Adopted in schools and local counselling centres, with growing municipal interest. Currently delivered in Skopje, with plans to expand to 3 more centres in the country next year.

SCALE MODEL DESCRIPTION

Training and Transfer: Alternativa trains a network of professional facilitators (psychologists, social workers, doctors) to deliver PLH. Alternativa is seeking government accreditation to institutionalise the programme within social services.

BARNAHUS NETWORK

Europe

ABOUT

Member-led initiative that works to promote and consolidate Barnahus as a standard practice for providing rapid access to justice and care to children who are, or who may be, victims and witnesses of violence.

SOLUTION

Barnahus Model: a coordinated, multi-agency response to child sexual abuse, bringing together justice, child protection, health, and therapeutic services under one roof.

LEVEL OF SCALE

Present in 20+ countries across Europe and is being increasingly embedded in national systems. In regions where it is established, it is seen as a gold standard for child-centred justice and care.

SCALE MODEL DESCRIPTION

System Integration: Barnahus shares common standards to support governments to adapt and implement the model according to their national context.

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CENTRS DARDEDZE

Latvia

ABOUT

Non-profit preventing child abuse through school-based prevention and support services.

SOLUTION

Jimba Safety Programme: A universal prevention model that builds protective knowledge and skills in children, and improves safeguarding behaviours among adults through school-based child safety education.

LEVEL OF SCALE

Active in 300+ schools per year.

SCALE MODEL DESCRIPTION

Training and Transfer: Subscription model that requires committed financial buy-in at a whole school level. Centrs Dardedze trains teachers or school staff to deliver the programme and engages parents/carers of the children participating in the programme.

EMPOWERING CHILDREN FOUNDATION (ECF)

Poland

ABOUT

Non-profit advancing child safeguarding standards and legal protections for children. Supports healthy child development and ensures that every child in Poland can grow up in a safe and supportive environment.

SOLUTION 01

Child Protection Standards: Holistic framework that mandates the protection of children from violence, cruelty, exploitation, and moral harm.

LEVEL OF SCALE

Have become the national safeguarding standard; part of legal reform implementation.

SCALE MODEL DESCRIPTION

System Integration: Every institution that works with children in Poland is required by law to adopt ECF's safeguarding standards.

SOLUTION 02

GADKI: Holistic personal safety programme for children aged 4-11, their parents, caregivers and teachers. The programme includes child-friendly cartoons, school lesson plans, and resources to help prevent child sexual abuse by teaching children to recognise unsafe situations, set boundaries, and seek help.

LEVEL OF SCALE

Currently delivered in ~2,000 schools and preschools.

SCALE MODEL DESCRIPTION

Open-Source: ECF provides teachers with an open-source curriculum and co-leads online lessons, providing additional materials to support ongoing conversations in schools.

ECF equips police officers with the resources (lesson plans and handouts) to deliver GADKI in schools across Poland.

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CHARITÉ – UNIVERSITÄTSMEDIZIN BERLIN

North Macedonia

ABOUT

Academic medical centre delivering clinical services and research in sexual health and violence prevention.

SOLUTION

Kein Täter Werden (KTW): confidential therapy tailored to people with paedophilic disorder.[16]

LEVEL OF SCALE

KTW is active in 11 German states with almost 20,000 people making initial contact and 650 individuals in therapy at any given time in Germany. While KTW as an organisation itself is not expanding internationally, it has provided consultation and training to support the establishment of similar services elsewhere. In Switzerland, an independent network with the same name has been established.

SCALE MODEL DESCRIPTION

Open-Source/Training and Transfer/System Integration: Decentralised network model where Charité provides initial training to health institutes to deliver KTW. Funding is integrated into the German health system. Protocols are open-sourced to inspire global initiatives.

HEALTH FOR YOUTH ASSOCIATION

Moldova

ABOUT

Youth-led non-profit aiming to improve young people's well-being.

SOLUTION

Neovita: Response-oriented intervention. Youth-friendly clinics integrated into existing primary healthcare institutions. Sexual violence is a priority area, with clinics providing counselling, first-line support, psychological care, and referral services.

LEVEL OF SCALE

41 clinics nationwide, supported by national and local governments reaching around 7,000-7,500 young people per year.

SCALE MODEL DESCRIPTION

System Integration: The Health for Youth Association supports local authorities to set up clinics by developing standards and protocols and training healthcare professionals.

LUCY FAITHFULL FOUNDATION

UK

ABOUT

Non-profit preventing child sexual abuse through direct work with at-risk individuals (both those at risk of offending and at risk of abuse), families, and professionals.

SOLUTION

Primarily preventative interventions including anonymous Stop It Now helpline, chat and email service, online self-help tools, psycho-educational programmes, and public education about abuse prevention.

LEVEL OF SCALE

The helpline is available nationwide in the UK and Ireland and has helped over 80,000 callers. The open web self-help tools are accessed by over 600,000 people annually.

SCALE MODEL DESCRIPTION

Direct Delivery: The helpline and psycho-educational programmes are delivered by in-house specialists. Self-help tools are available online for anyone to access in their own time. This, along with their helpline and programmes, offers a combination of light-touch, highly scalable tools and in-depth personalised support.

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[16] Paedophilic disorder is recognised as a mental health issue by many institutions including World Health Organisation and American Psychiatric Association. Paedophilic disorder is recognised as distinct to paedophilic sexual preference. Paedophilic disorder is characterised when urges and fantasies cause marked distress or significant impairment in functioning, or when the person acts on these urges or behaviours; paedophilic sexual preference may exist without acting on urges or urges causing distress.

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MBIMB (MY BODY IS MY BODY)

Global (over 60 countries)

ABOUT

UK-based non-profit providing open-source educational programmes to empower children to understand body safety through music and visual media.

SOLUTION

A universal, early preventative child safety programme designed to teach children aged 3-10 about body autonomy and how to seek help. It uses a music-based, engaging approach including songs, videos, and animated content.

LEVEL OF SCALE

Global online uptake reaching over 2.5 million children in 113 countries and 30+ languages.

SCALE MODEL DESCRIPTION

Open-Source: Anyone can download and deliver content with minimal training, enabling wide reach. The free online training courses help to ensure quality and consistency of facilitation.

NSPCC

UK

ABOUT

National non-profit focused on preventing child abuse through direct services, advocacy, and public awareness campaigns.

SOLUTION 01

Speak out Stay safe: School-based prevention programme for primary schools. It helps children understand how to recognise the signs of abuse, that abuse is never a child's fault and where to get help.

LEVEL OF SCALE

Delivered in 8,000+ schools across the UK, reaching 1.2 million children in 2022/23.

SCALE MODEL DESCRIPTION

Direct Delivery: regionally delivered model with in-house teams and trained volunteers delivering directly in schools. Trialling a partnerships-based model with delivery shared between volunteers and school staff.

SOLUTION 02

CSA Snapshots: Trained NSPCC staff provide an assessment of the holistic measures a local area has in place to protect children.

LEVEL OF SCALE

Early stage. As of 2025, NSPCC is offering 9 Snapshots to local authorities per year.

SCALE MODEL DESCRIPTION

Direct Delivery/System Integration: NSPCC conducts the analysis and provides training to local authorities to strengthen local systems for children and families. The goal is to implement CSA Snapshots in every local authority across England and Wales.

NURSE-FAMILY PARTNERSHIP (NFP)

Global (UK, EU, USA, Canada, Australia)

ABOUT

US-based non-profit that aims to improve the lives of first-time, low-income mothers and their children.

SOLUTION

NFP Programme: Comprehensive, long-term home visiting programme for young mothers that aims to improve outcomes for both mothers and children. NFP's focus on promoting positive sensitive parenting skills protects children and reduces the risk of child maltreatment, including sexual abuse.

LEVEL OF SCALE

40,000 families served across nine countries.

SCALE MODEL DESCRIPTION

Training and Transfer: Local partners (including government health services, local government departments, and community organisations) support the high quality replication of the core model elements of the programme personalised to a country's needs. A license allows for the careful implementation of the programme, maintaining fidelity. The programme is typically funded by governments or health systems. Aims for long-term integration.

PROTECT CHILDREN

Global (accessible worldwide)

ABOUT

Finnish non-profit with a multidisciplinary team of legal, psychological, and research experts, with a mission to end child sexual abuse and exploitation through research-driven interventions, education, and advocacy.

SOLUTION

ReDirection Self-Help Programme: The online programme provides self-help tools for those at risk of offending, accessed anonymously.

LEVEL OF SCALE

Over 600 daily visits to the programme, which is currently available in English and Spanish. The programme is being scaled to a number of new languages and countries.

SCALE MODEL DESCRIPTION

Open-Source: Content is developed and maintained by Protect Children's expert team in Finland, and accessed independently by users worldwide. Protect Children also advocates for policy-level adoption by engaging with governments and EU bodies.

RADIX

Switzerland

ABOUT

Non-profit foundation promoting health – preventatively and holistically – by empowering individuals, schools, communities, and municipalities to implement evidence-based strategies.

SOLUTION

As de coeur / Herzsprung: a school-delivered programme that helps young people aged 13-18 develop healthy relationship competencies by exploring gender stereotypes, understanding personal boundaries, and improving communication skills in relationships.

LEVEL OF SCALE

The programme currently reaches about 7,000-7,500 youth per year through around 350 implementations, across an estimated 70 schools.

SCALE MODEL DESCRIPTION

Training and Transfer: RADIX trains facilitators (external facilitators who are then paid by schools, or school staff) to deliver the programme. Cantonal coordinators from different departments (education, health, equal opportunity or violence prevention) adapt and promote the programme within their local contexts.

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SAVE THE CHILDREN (SPAIN)

Spain

ABOUT

National branch of the global non-profit Save the Children defending the rights of children and ensuring their well-being, protection, and development, particularly those who have faced abuse.

SOLUTION

Adapted the Barnahus model: Response-oriented intervention co-locating legal, medical, and psychosocial services for children under one roof. Save the Children couples this with advocacy, training, and justice system engagement.

LEVEL OF SCALE

Implemented in 5 Spanish regions with government leadership. Detected and responded to over 800 cases of CSA in its first 4-year pilot.

SCALE MODEL DESCRIPTION

System Integration: The state is the primary implementer; Save the Children proposes and supports government establishment of the Barnahus centres.

SPECCHIO MAGICO

Italy

ABOUT

Non-profit preventing child abuse and neglect through school and community-based prevention.

SOLUTION

Porcospini: Prevention-focused school-based and community-led programme with teacher, parent, and stakeholder engagement that strengthens children's protective skills and builds safer environments.

LEVEL OF SCALE

Reached more than 50,000 children to date, with 5,000+ children supported annually across all the Italian regions.

SCALE MODEL DESCRIPTION

Training and Transfer: Partnership-based scale model collaborating with local non-profits to lead delivery with local adaptation. Specchio Magico provides training and capacity building with the aim of eventual full non-profit ownership. Long-term goal of future government adoption.

TERRE DES HOMMES FOUNDATION, LAUSANNE HUNGARY (TDH)

Bulgaria, Croatia, Greece, Kosovo and Romania

ABOUT

Swiss-based international child rights-based organisation protecting and promoting children's rights through direct support, advocacy, and systems strengthening.

SOLUTION

CARING and CARING 2.0 Projects: School-based programme (CARING Curriculum) that challenges social and gender norms to reduce violence against children in schools through participatory activities with students, teachers, school staff, and parents.

LEVEL OF SCALE

Two rounds of 2-year EU co-funded projects implemented in a total of 65 schools.

SCALE MODEL DESCRIPTION

Direct Delivery, Training and Transfer: Tdh Romania (CARING) and Tdh Hungary (CARING 2.0), lead and support Tdh Country Offices in Romania, Greece, Kosovo and partner organisations in Bulgaria and Croatia to co-develop a core approach, CARING Curriculum. They then locally adapt and implement the programme, leveraging each national team's contextual expertise and existing relationships with local children, educators, and national stakeholders.

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THE OREGON SOCIAL LEARNING CENTER (OSLC)

Global (US, UK, Sweden, Denmark)

ABOUT

US-based research institute developing and testing evidence-based foster-care focused interventions to improve child and family well-being.

SOLUTION

KEEP: an evidence-based support and skill enhancement education programme for foster and kinship parents of children aged 5 to 18. Strengthening parenting skills and family relationships contributes to child protection.

LEVEL OF SCALE

Implemented in Europe and the US through research-practice partnerships. In the UK alone, it has been implemented across 22 sites in 17 local authorities.

SCALE MODEL DESCRIPTION

Training and Transfer: OSLC trains KEEP facilitators within public social service agencies and non-profits to deliver KEEP. Facilitators draw from an established protocol manual, tailoring each session to the specific needs, circumstances, and priorities of participants. OSLC's initial monitoring role gradually transitions to a consultative role by year three. Usually publicly funded.

UNIVERSITY OF TURKU

Moldova

ABOUT

INVEST Research Flagship Centre operates under the Faculties of Medicine and Social Sciences at the University of Turku (UTU) and at the Welfare State Research and Reform unit at the Finnish Institute for Health and Welfare.

SOLUTION

KiVa: an antibullying programme, implemented in primary and secondary schools around the world. The programme includes 3 components: prevention, intervention and monitoring. Prevention comprises lessons on sexual harassment, rules of friendship and respect.

LEVEL OF SCALE

Implemented in 2,400 schools worldwide with 780,000 students benefiting from the programme daily.

SCALE MODEL DESCRIPTION

Training and Transfer: Licensing model via University of Turku. A diverse range of licensed partners – including ministries, non-profits and private organisations – have been trained by UTU to guide and support schools to deliver KiVa, with long term support and quality assurance from the University.

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