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'We have a part to play': How children and young people want adults to engage them in the primary prevention of child abuse and maltreatment

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Abstract

Background: Child sexual abuse and maltreatment are preventable issues, but there is limited attention given to empowering children and young people to actively contribute to prevention efforts.

Objective: This study, funded by the Tasmanian Commission of Inquiry, aimed to understand children's experiences of safety in government-funded services.

Participants and settings: The study involved 59 participants, including children and young people who spent time in various institutional settings like schools, out-of-home care, youth detention and hospitals.

Methods: Through one-on-one interviews and focus groups, the research aimed to capture the perspectives of children and young people regarding safety, how they identify and communicate concerns and what they need from adults.

Results: Findings highlighted that children perceive safety differently from adults, emphasising the crucial role of trusted allies who will believe and act upon their concerns. Participants stressed the importance of having appropriate language to express worries and called for adults and organisations to take their concerns seriously.

Conclusions: While recognising that children should not bear sole responsibility for preventing child abuse, the study underscores their desire to collaborate with adults in developing child-informed strategies. The paper emphasises the need for adults and organisations to form alliances with children, removing barriers that restrict children from expressing themselves and adults from responding to the

worries and concerns of children. Ultimately, this research advocates for a collaborative approach where both children and adults work together to ensure that preventative strategies align with the specific needs of children and young people.

Keywords:

child abuse prevention, children, participatory research, safeguarding, young people.

Background

Concerns about child sexual abuse have increasingly been given greater prominence in countries across the globe. Often spurred on by public scandals and resultant inquiries, governments, child protection, youth and welfare systems have been increasingly committed to developing and implementing strategies to prevent, detect and adequately respond to child abuse. These strategies often aim to change the environments and organisational cultures that are thought to prevent child sexual abuse. These include skilling the workforce to better identify and intervene, establishing policies (and to a lesser extent practices (Graham et al., 2022; Robinson et al., 2022)) that attempt to reduce risk factors and mandating reporting of abuse to child protection authorities (Valentine et al., 2016).

Although these strategies are often couched in terms of prevention, they are understood primarily as responses to incidents of abuse rather than the detection of grooming or other 'preparatory' behaviours that might be precursors to it (Saunders & McArthur, 2017). This is not ideal because, as a child in a study conducted for an Australian commission (Moore et al., 2016) commented, 'adults shouldn't wait until a child is abused before they start talking to them or finding out if something might be wrong'.

Developing an understanding of what is needed to effectively prevent child abuse through the identification of potentially problematic behaviour is pressing (Winters & Jeglic, 2017), as is an appreciation of the roles that children and young people can play in it.

Raising concerns and primary prevention

Child sexual abuse is preventable (Kewley et al., 2023; Lonne et al., 2019). Preventing child sexual abuse results in positive impacts that go beyond ending the abuse itself. These include: better social, psychological and health outcomes for individuals; and building families, communities and organisations that value children, and who take active steps to prevent harm towards children and enhance their wellbeing. Strategies are required that reach every level of society, including families, communities, organisations and governments (Lonne et al., 2019).

A public health framework identifies a prevention spectrum consisting of: primary (universal) strategies aimed at everyone and stopping abuse from occurring; secondary (targeted) approaches for 'at-risk' people; and tertiary responses when abuse has occurred to reduce the risk of it happening again, as well as intervening to prevent further harm to victims (Saunders & McArthur, 2017).

Primary prevention requires influencing policy development, changing organisational practices, educating providers, promoting community awareness and education, and strengthening practitioner knowledge and skills. Research has demonstrated that

adults are often unaware of what is occurring in interactions between other adults and children and are often reliant on children raising concerns with them (Moore & McArthur, 2023; Moore et al., 2016). Similarly, organisations can often place the onus on children raising concerns or making complaints, and child-safe strategies are only activated when disclosures have been made. However, even when children do raise issues about not feeling safe, there is evidence that adults may not respond effectively (or at all) due to underplaying the risks or not knowing how best to respond (Saunders & McArthur, 2017).

Despite a stated policy goal of investing in primary prevention, child-safe strategies are mostly focused on secondary and tertiary interventions, i.e. aimed at improving the identification of and responses to sexual abuse and intervening so that further abuse does not occur. What they often fail to do is to facilitate the early detection of 'preparatory' behaviours that might be precursors to abuse, including grooming, or to offer guidance on what by-bystanders (parents, colleagues, etc.) might do to respond when they or a child have a concern.

While adults and organisations build their capacity to identify risks, there is a need to enable children and young people to raise safety concerns and for adults and organisations to appropriately respond. It is critical to understand what children and young people want and need from adults, their confidence in adults and the barriers to their help-seeking. Learning from children and young people may inform more effective prevention strategies. They have important views to share and want to play a part in shaping primary prevention efforts.

Our approach

The study discussed in this paper was conducted for the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings (the Commission). The study explored Tasmanian children and young people's experiences of safety, and considered their views on the characteristics of a safe organisation and their awareness of several institutional safety risks. Specifically, the study aimed to answer these questions:

1. How safe do children and young people feel in key government institutions?
2. What are the features of an organisation that increase or decrease their feelings of safety?
3. How confident do children and young people feel in raising safety concerns?
4. How would they raise these concerns (if inclined), to whom and what influences these decisions?
5. What is their level of awareness and understanding of high-risk, harmful or potentially grooming behaviours by adults in an institutional setting (including through online mechanisms)?
6. What is their level of awareness and understanding of harmful sexual behaviours that other children and young people may exhibit?

The study's focus was on children and young people's views of Tasmanian public schools, out-of-home care, hospitals and youth detention. This article considers children and young people's views on raising concerns or worries and adult and organisational responses to their safety concerns – answering research questions 2 and 3. The purpose of this article is to focus on preventative efforts; therefore, we do not discuss participants' views on what they would want and need if they had experienced abuse, how they might disclose and how they would like adults to respond to such disclosures. Other research findings are discussed elsewhere (Moore & McArthur, 2023).

The study was conducted by two experienced child protection researchers. One had worked in hospital contexts and the other as a youth worker with young people in the out-of-home care system. In addition to wanting to promote children's voices, the researchers were aware that they felt some personal and professional responsibility to highlight ways in which the systems and professions with which they worked needed to better understand and meet children and young people's needs.

Neither of the researchers are Indigenous but we drew from guidance provided to us by Aboriginal leaders and colleagues who oversaw work we conducted for the *Royal Commission into Institutional Responses to Child Sexual Abuse* (2017), which utilised the same methodology (see Moore et al., 2015).

Through debriefs, reflexive note-taking and 'check-ins', we attempted to reduce bias and to ensure that our interpretations were reflective of children and young people's wishes. A small group of young people 'member-checked' our interpretations and guided our recommendations.

Conceptual framework

Framed by a theoretical approach informed by childhood studies, this research is underpinned by the view that children understand and experience the world in different ways to adults (Qvortrup et al., 2009). Therefore, to more fully realise and respond to their safety needs (within and outside of institutions), safeguarding policies and practices must be informed by children and young people's experiences (Gubbels et al., 2021; McKibbin et al., 2017; Moore et al., 2015). Further, there is an obligation for organisations to not only give children and young people opportunities to have a say, but for decision-makers to listen and be responsive to their guidance (Kennan et al., 2019; Lansdown, 2006; Tisdall, 2017).

In this study, researchers implemented the idea of 'protective participation' to engage children and young people. Participants were provided with opportunities to engage in the research in a way that was ethical and robust and mitigated any risks that might emerge (for more information see: Moore & McArthur, 2023).

Many of the tools used in this study – for data collection, analysis and knowledge translation – had been developed in a similar piece of research conducted for the *Royal Commission into Institutional Responses to Child Sexual Abuse* (2017). That study was overseen by youth and adult advisory groups, cultural advisers and sexual abuse advocates. Aboriginal researchers and children and young people reported that they were confident in the researchers' ability

to work in culturally sensitive ways and to engage Indigenous children alongside their peers (see Moore et al., 2016 for more detail).

Ethics

The study was approved University of South Australia's Human Research Ethics Committee (#204281) and responsibility transferred and ratified by Australian Catholic 'University'. Approvals were also required from, and granted by, the Tasmanian Departments of Education and Communities. Further approvals were required from Tasmanian Departments and non-government organisations to recruit participants.

The key ethical issues in conducting the study included safeguarding participants from harm, obtaining informed consent and managing disclosures of distress or sensitive experiences. The study addressed these concerns through a comprehensive risk mitigation strategy, including protocols for responding to participant distress and disclosures. Participants were given detailed information about the study and their rights, ensuring ongoing opportunities to opt in or out. More information about our ethical considerations, including copies of protocols, are included in Moore et al. (2016).

This study did not specifically seek to recruit participants who had experienced institutional abuse, although we recognised that it was likely that some participants may have had past experiences of maltreatment (Malvaso et al., 2022). Collaboration with referring organisations ensured participants were in a safe space, and researchers adhered to ethical frameworks, fostering trust and minimising harm during the research process.

Given the added ethical complexity of working with children and young people in out-of-home care and youth justice, we took active steps to ensure anonymity and confidentiality, empower young people to make decisions about their involvement and for any concerns to be raised with the Tasmanian Commission of Inquiry (Moore et al., 2016).

Recruitment

Participants were primarily recruited through Tasmanian organisations that provide services to children and young people in a range of settings of interest to the Commission. Many were non-government organisations, but government child protection and youth justice agencies also supported children and young people's participation. As the statutory parent, the Tasmanian Department of Communities provided consent for children and young people in care.

Organisations were provided with information about the study's aims and processes. They were encouraged to identify and approach children and young people who might be willing to participate. Parents were provided with information letters and were asked to share and sit with their child to read a youth-friendly brochure. They were also sent a link to an animation to explain the study, to inform their child's co-consent to participate. Parents were asked to consider whether they believed that it was safe for them (or their children) to participate or to decide if they would like to feed into the work of the Commission in another way.

Participants were told that they would receive a \$30 gift voucher for participating in the study in recognition of their time and expertise.

Procedures

Nature of interviews and focus groups

Between February and May 2022, five focus groups and seventeen interviews were completed. Children and young people participated in either a focus group with 7–12 individuals or, if they preferred, one-on-one interviews (which took between 20 and 75 minutes to complete). The focus groups and interviews were completed either by a single researcher or in pairs. Participants were given the option of having a support person present.

Participants were led through a five-step consent process (Moore et al., 2018) and then asked to consider what safety means to them and what makes either a 'safe school', 'safe care', 'safe detention' or a 'safe hospital or health service'. They were asked how they would determine whether a place was safe, what they would expect adults, staff and other children and young people to be doing, and what environments, people and interactions might affect their safety as well as their peers' feelings of safety. When appropriate, participants were asked to consider the extent to which they were safe in their current or most recent interactions with a particular organisation.

In line with the child-centred research approach, participants were asked to generate a list of things that worried them and their peers.

Once these concerns were generated, children and young people were then asked to consider (a) whether they believed that these concerns were *likely* and, if they occurred, (b) how much of an impact they would have on a child by placing post-it notes on a 'worry matrix' developed as part of a previous study (see Moore et al., 2016 for more detail).

They were then asked to identify: (a) worries that related to the institutions with which they interacted (i.e., school, youth detention etc); (b) worries that were interpersonal in nature; and from these, (c) worries or concerns that would be of interest to the Commission.

Individuals and groups were then invited to choose one or two concerns to consider. Discussions considered not only what children and young people would want and need if they experienced abuse but, importantly for this paper, what they would want and need if they had not experienced abuse but were concerned about another's behaviour.

A short questionnaire was then administered that aimed to get feedback on: whether they thought that children and young people should discuss issues related to safety; how safe and comfortable participants felt during their interview or focus group; and whether they would participate if they had known what they were going to do and discuss. The questionnaire was a modified version of questions included in Finkelhor et al. (2014) National Survey of Children Exposed to Violence.

Participants

Fifty-eight children and young people participated in the study.

Table 1 shows the range of children and young people who participated, the contexts they discussed, their gender and Aboriginality and the methods adopted.

Table 1. Participants in a study of children and young people's views on raising concerns or worries and adult and organisational responses to their safety concerns

NI, Not identified

	Age range	Females	Males	Other genders	Aboriginal or Torres Strait Islander	Total number of participants in group	Method/s
Out-of-home care	13–20	2	12	1	6	15	Focus group + interviews
Youth detention	16–17	1	2	0	1	3	Interviews
Hospital	15–20	2	4	0	1	6	Focus group + interview
Schools and education	11–12	5	4	0	2	9	Focus group
	12–16	10	6	0	NI	16	Focus groups (x2)
	16–17	8	1	0	1	9	Focus group
TOTALS		28	29	1	11	58	

Data management and analysis

Interviews and focus groups were audio-recorded with participants (and, often, their parents') consent and transcribed verbatim. Information that was potentially identifiable was removed prior to transcription. Field notes and written data (i.e. word clouds, discussion summaries, 'worry matrixes') were photographed and entered into NVivo 12 Pro for analysis (Boyatzis, 1998; Padgett, 2008). All data were then analysed using inductive and deductive techniques to identify emerging themes (Corbin & Strauss, 1990). Data from each interview and focus group were compared with other groups using a constant comparison method (Punch, 2013; Silverman, 2011). For the purposes of this paper, data related to when, how and under what conditions children and young people might raise a safety concern were identified.

As themes were identified, the researchers spent time engaging with the data reflexively to ensure that our interpretations were of weight. We member-checked findings and implications with a group of young people and met regularly with members of the team at the Tasmanian Commission of Inquiry to place our findings in context (Thomas, 2017).

Quotes from participants are used in the findings section to illustrate common and shared experiences. Unique identifier labels clarify whether the quoted participant came from foster or residential care (OOHC), youth justice (YJ) or hospital (HOS) as well as how old they were. Focus groups are labelled to clarify whether they were with primary-school (FG_PS), high school (FG_HS) or

college students. To protect the anonymity of the one participant who identified as non-binary, we have not included an indicator of gender to these labels.

Findings

For the purposes of this paper, a thematic analysis of data related to 'concern-raising' was carried out. Three major themes and a series of subthemes were identified related to why children need to raise concerns, what they want and need from adults and barriers to raising concerns and seeking support.

1. How children experience safety or the lack of it

When asked to help us understand what safety means to children and young people and how they experience it, participants often started by reporting that you can tell whether you are safe or not based on (a) your body's response to a person place or scenario and (b) the feelings and emotions that arise.

In terms of bodily responses, children said that when they were safe, they were calm and relaxed. Conversely, when they were unsafe, they felt their bodies tighten, they had butterflies in their stomachs, they felt sick or 'just want to get away'.

Similarly, they spoke about 'feelings' that relate to being safe or not. They felt that they could tell if they themselves felt safe or if groups of other children felt safe by how they were feeling and how they demonstrated this. Participants linked feelings of safety with happiness and being unsafe with feelings like 'being anxious', 'being nervous', feeling scared or 'out of control'. They reported that they could tell if groups of children or young people were feeling safe by their behaviours:

if they're laughing then they're probably safe (FG_PS).

Children and young people were aware that their feelings and responses to others were not always an accurate indication of their safety. They shared times when they were safe but felt unsafe and times when they were unsafe but felt calm, happy or relaxed. Considering this, they reflected that they often needed some help to make sense of their feelings and to work with an adult to determine whether they should be alarmed.

2. Why children need to be able to raise concerns and seek guidance.

Participants discussed the importance of children and young people having the ability to confide in a trusted and knowledgeable adult when they had worries or concerns. As discussed above, more often these 'safety concerns' were experienced as feelings and children's bodily responses to a person, place or situation. Significantly, these feelings were not always articulated in terms of a person's behaviour.

Most participants felt they would know what to do to disclose abuse and expressed some confidence in being able to identify some harmful behaviours, sexual touching or physical abuse. They believed, however, that they would require an adult's assistance in discerning the seriousness of 'lesser' concerns, like encountering a 'creepy' adult, adults making inappropriate comments, or situations where an adult made them feel uncomfortable. From a prevention point of view, responding to such 'lesser concerns' early may prevent the likelihood of worse things happening.

Ideally, children and young people might engage with a parent or another adult in the moment when they and the adult were around a person or place where they felt unsafe and where the adult could help them. As one young person put it '*it'd be great if [you came across a creepy adult while with your parent] and you could say, 'do you feel creeped out too'.* However, participants reflected that often when they were alone with an adult, or a group of adults, they would not have a trusted ally to speak with. This was particularly the case for young people in out-of-home care, but also for young people in hospital and for those who 'don't have a parent who you can talk to'.

Children and young people not having enough knowledge or experience.

Some participants said that they had heard 'a bit' about grooming but didn't think they knew enough to be able to identify when an adult was using such strategies. They recognised that they often did not have a lot of experience to draw upon and, as a result, were not always able to determine whether the behaviour of an adult or peer was appropriate or not and if it might indicate that they were at-risk of being hurt or harmed. They felt that it would be helpful, then, to have a knowledgeable adult or peer to whom they could go if they felt unsure, confused or concerned.

I feel like they should [talk about issues like grooming] up until they're about 15, 16 years old, every year or two ... where they get someone, at least semi-professional, to come in and talk about this and that ... You know what I mean? ... If they don't teach us, we need someone we can go to find out if we've been groomed or whatever. Like to confidentially say 'I don't think this is right, what do you think?' (OOHC_5, 17)

3. What young people want and need if they have a safety concern

Participants were then asked to think about one of the interpersonal concerns that children and young people might have and to consider what they would want and need, including if 'nothing bad had actually happened' but they still felt uncomfortable, worried or 'creeped out'. For the purposes of this section, to inform prevention strategies, we are not reporting on what they would need to disclose *actual* abuse or to complain about a wrongdoing but what they would need if they felt unsafe or were worried about what could happen. Findings related to disclosures are reported elsewhere (see Moore & McArthur, 2023).

Adults taking a proactive stance

Participants often voiced the view that adults had the primary responsibility for protecting children and to monitor children's safety. They, therefore, believed that it was incumbent on adults and organisations to take a proactive and preventative stance: watching out, noticing and asking children and young people whether they had worries rather than waiting for them to raise them.

The school, the principal. Needs to not wait for there to be a problem but like come up with ways that they can find out about issues ... kids aren't going to come to them, so they have to go to the kids. (FG_PS)

Young people who had experienced maltreatment stressed that adults need to be aware that it is often difficult for children who feel uncomfortable to voice their thoughts and feelings and that adults shouldn't always rely on children to raise concerns. They believed that children need the confidence to raise concerns and for adults to listen:

[If you've been hurt in the past] *It makes it a lot harder for you to trust people a lot of times. [My brother] doesn't trust a lot of people because of his trauma ... So, you can't like go 'something's wrong, I need help.* (FG_OOHC)

To be proactive, adults also need to have skills in 'picking up' when children are unsafe or uncomfortable. Participants told us that this required adults to spend time with children and young people, to take on a protective role and to watch and notice when children were in unsafe situations. They felt strongly that to be able to do this, adults (teachers, for example) needed to avoid distractions and 'keep focussed!'

[Teachers are] *the ones who are supposed to protect us [and] actually protect us ... [it's not safe] when teachers are supposed to be looking out for you [but] aren't – when they are looking at their phones.* (FG_PS)

Fundamentally, participants thought that to prevent 'bad things from happening', 'watching out' requires adults to know children well enough to be able to observe changes in their behaviour, the ways that they interact with others and their general demeanour. This, some believed, required skills and knowledge that might be enhanced through training:

So, I feel like, [adults need to] figure out their [children's] behaviours. Know what they're normally like ... they would change drastically with how they look towards a person, or talk to them or anything, just after something like that happened ... Figure out how the kid works, for a start. ... [have] done some level of psycholog ... Something as simple as that [so] they could understand the kid better, get to know him and then see what might work (OOHC_5,17)

They conceded, however, that adults (particularly leaders) may not always be able to know or engage with all children regularly. They suggested, then, that organisations should invest in strategies and activities to encourage children and young people to raise concerns. In schools, for example, students suggested having a 'worry' box at the front office where students could share their concerns, or having regular safety surveys or group discussions where young people could provide feedback on how safe they feel and if they had encountered 'anything [that] didn't feel quite right'. Regardless of the strategy, participants felt that when adults and organisations took a proactive stance, it demonstrated that they were 'serious' about protecting children and young people to prevent harm.

Adults being trustworthy

Overwhelmingly, participants felt that they would only raise safety concerns with an adult that they trusted. One young person who had a very difficult time in hospital, and constantly felt unsafe, reflected that only some doctors or nursing staff were trusted and would be sought by young people needing support or guidance or to raise a concern:

[Young people] *need to be taken seriously. They need to be listened to, to be told, 'I believe you' ... Out of my entire 14 days stay, I really only felt like there were two staff members who valued and believed me and took what I had to say seriously and really were invested in my personal wellbeing and my growth in terms of recovery.* (HOS_1, 17)

When asked to identify the characteristics of an adult that was trustworthy and to whom they might go to raise a concern or ask questions, participants often talked about adults who were respectful, who listened intently, who tried to understand (rather than 'jump to conclusions') and who took their worries seriously. They appreciated adults who could help young people make meaning of a situation or to determine whether something had happened that made them unsafe.

Taking it back to the people you can talk to about these types of things. You need to know that you can trust them, that they won't blame you and they can talk about it without judgement ... you can open up to them and trust them in these situations, I know that I'm not going to be judged for it or have any consequences of my own ... It all comes down to a relationship of trust. (FG_HS)

Untrustworthy adults were those that made children feel judged or belittled, who quickly dismissed concerns (often without explanation) and who provided unhelpful advice like 'try to avoid them'.

Generally, young people talked about their parents as being the first person to whom they would go if they had a concern or wanted to talk through their worries. They felt that their parents were not only available, but that they understood them enough to be able to proactively talk to them about their worries and needs and to advocate on their behalf.

No, I was never spoken to about what I could do if I didn't feel safe around a nurse, or if I didn't feel like I could speak to somebody, etc. When there were issues, my mother had to go to the front counter ... and voice her frustration on behalf of not only my parents, but also me (HOS_1, 17)

In the school context, some participants said that they would tell a principal and in out-of-home care they felt that they might be able to go to a manager or someone 'higher up'. However, in both circumstances, children and young people felt that they would only feel compelled to engage with these leaders if their concerns were 'harsh' or very serious, that they felt confident that things were wrong and that they would receive a positive outcome.

We raise [concerns] in our house meeting ... If we can't talk to the workers, we can speak to the management ... [Management] know how to handle it if there's problems, [they] are able to handle the complaints and get things done (OOHC_10)

Adults demonstrating skills and knowledge and valuing children's views

Participants often felt that they would only go to an adult for advice or to raise a concern if they had confidence that the adult understood the risks that children and young people might encounter and could help them determine whether there was really a problem. These adults needed to be knowledgeable and feel confident in responding to children with concerns. They

believed that it was important to have access to adults who understood risks because they felt that children and young people often had limited education about risks, such as adult-child sexual abuse, and should not have to decide whether what an adult was doing was appropriate or not by themselves.

This need for adults to be informed came to the fore when talking about issues that adults 'didn't have when they were kids'. Young people generally felt that adults may not fully understand or appreciate online risks, including sexual harassment, the pressure to send explicit 'sexts' or online grooming. As such, they were sometimes ambivalent about whether they would raise such concerns with adults (including parents), believing that they may not be able to provide useful advice on what they might do in such a circumstance.

[In class] *you talk about relationships and stuff but not really like modern day issues like online stuff and, no offence, adults can be pretty clueless about this stuff. And if they teach you in a way that proves they've got no idea then you're not going to go [to] them [if you have a concern].* (FG_COL)

Although they recognised that children and young people were not always equipped to make good assessments about the behaviours of others (or their levels of safety), they strongly believed that adults should still take children's concerns seriously rather than 'writing them off'. They thought that it was important that adults explore and even challenge children's assessments but to do so in a way that respected and affirmed children's feelings and views and took them seriously.

Adults taking action

Participants reported that they would be unlikely to seek out and confide their thoughts and feelings with an adult if they did not have confidence that the adult would do something. Older participants felt that these trusted adults may not have 'the evidence' to respond formally ('like firing the person because of how they made a kid feel') but they did believe that the adult should 'keep an eye out', to watch how that adult was interacting with children and to determine, for themselves, what might be going on.

Protecting children from consequences

Participants also told us that they needed to be assured that there would not be consequences for raising a concern. They were often anxious that an adult or peer bully, for example, would find out that they had 'snitched' and that they might be threatened as a result.

A lot of young people don't say anything about it because they worry that others are calling the snitch or that adults won't do anything about it. That's why young people don't talk to adults. (OOHC, 10,17)

Peer support and monitoring

In high school focus groups, student leaders reported that younger students (including those in years 5–9) may not feel comfortable talking to teachers about safety issues, particularly when they were new to the school and did not know or trust the staff. They felt that older students like them could probably play an important role. They felt that they could take a proactive approach and spend

time building relationships with younger students, observing their interactions and asking them how they are feeling. To do this, they said they would also need opportunities to forge these relationships with younger students and have some skills and 'know how' about how to support them best. Once equipped, they believed that they could take a role in supporting others.

At the moment we're [the Student Leadership Group are] like another layer of discipline ... I think that this is OK but, after talking today, maybe we should be more about pastoral care. Maybe we could be the ones who watch to see if everyone's OK and be there for younger ones, especially because not everyone would want to go to a teacher if they have a problem. We'd be more protectors than enforcers. (FG_HS)

However, participants also recognised that not all their friends were helpful, and some young people felt strongly that it was important that their peers be encouraged to help find support rather than try to give guidance or support themselves:

Not everyone is going to stick up for you ... not everyone you can trust, not everyone like really cares. Some friends you might go to and say, 'I've got a problem' and they'd go 'yeah, yeah, whatever' so it's like only a small group that are like there for this kind of stuff. (FG_PS)

4. What gets in the way of young people raising a concern with an adult?

Not having anyone to turn to

Some of the young people in care reported that the reason they could not raise a concern was that they did not have a trusted person to whom they could turn to discuss their worries. Unlike young people in the school groups who had parents who knew them well enough to notice that they were okay and who were ready to have conversations about their concerns, young people in out-of-home care and youth justice often reported that they did not have anyone in their lives who assumed this role. This absence of a trusted and enduring relationship was often, they believed, compounded by 'the system'. With constant turnover of staff, many young people in out-of-home care, for example, reported that they often had not been assigned a child protection worker and that, when they had, they had little or no contact. This severely limited the chance to forge a trusting relationship. They believed that children in care may have worries or concerns but would only feel safe in raising them with an adult who they knew and trusted:

[You need someone to] *Say, 'How are you feeling?' They'll tell you how they feel ... It shouldn't just be who [is the kid's new worker, it has to be] someone who they know. A lot of the time, I'm not going to open up with everything with someone that I just met.* (OOHC_5,17)

Policies designed to 'ensure their safety', such as limiting the ongoing interaction between young individuals and former caregivers or workers, were also seen as obstacles to raising concerns, particularly when young people were still seeking out and developing relationships with new professionals. These young people felt that they had no one to confide in or seek support from and felt that ongoing relationships were protective:

For me at this time [when I had lots of worries and concerns], I would've been perfectly comfortable with

opening up to [my old carers] ... But no, it wasn't allowed cos someone thought that was 'unsafe'. (OOHC, 5_17)

Having enduring relationships was seen as invaluable by young people who had been in care:

[I heard that] *there was a rule that the agency's caseworkers couldn't stay for more than four years on a case ... I think that we need to make sure that people are in the child's lives for as long as possible ... So that there's someone always there, like a parent would be.* (OOHC_11,17)

Adults 'freaking out', dismissing or ignoring concerns

Participants also reported that some children and young people were often ambivalent about raising concerns, and that adults were not always ready or confident to hear them. Young people often talked about adults' hesitation in talking to children about 'sensitive' content, particularly if it was 'sex-stuff'. In fact, some older participants felt that young people were quite comfortable in talking to adults about sensitive topics and believed that adults were the ones that made these conversations difficult.

You can tell if an adult is freaked out and don't want to talk about this stuff because its uncomfortable if they don't know what to do. They can kind of try to cut you off or make it clear that they don't want to talk about it. But even if its uncomfortable we need them to do it. (FG_COL)

Not having the right language to motivate adults to take concerns seriously

Participants reflected that when children were assessing their safety, they were more focused on their feelings than adults, who they believed were more focused on what they could observe or prove. They wanted adults to not wait until they had had an abusive experience – but to appreciate early warning signs and children's concerns and to monitor the situation or intervene when required.

Participants felt that this may not always happen because adults were not inclined to take children's concerns seriously, particularly when couched in terms of feelings rather than observable behaviours. They reflected that they did not always have the knowledge to identify an issue but when they did, they did not always have the language to express themselves in ways that adults would respond to.

Many of the young people felt that this was due to poor sex education and thought that children needed more formal and informal opportunities to learn more about the risks that were around them. This would increase their knowledge about which issues to flag with their parents or other adults:

I feel like honestly at about 13 years old, they should know [about sexting and adults approaching children online]. They should know when something's happening. Right? If they don't, they need a bloody sex ed class ... where they get someone at least semi-professional to come in and talk about this and that. (OOHC, 17)

I don't think with just the amount we've learned over the first few years at school, would be able to help you [if you were being groomed] ... They wouldn't know what to do or

say or how to get help and I don't know if they would tell anyone (OOHC_12, 15)

Young people in one high school group felt that good sex education could help children to develop the language and concepts that might encourage adults to take them more seriously. College-aged students (16–18 year olds) thought that younger students might need help to be able to 'speak up':

Like if a kid says someone said something weird to me, they [adults] might not take them seriously. If they say 'stranger danger' or 'I think he was a pedo' then maybe the adults would stop and really listen (FG_HS)

They believed that educational opportunities were needed to help children and young people understand things like grooming and online exploitation and what things to watch out for. Without education, they reflected that young people needed to seek out information themselves. Older young people talked about having to turn to Instagram to find information about grooming, for example, and one young man reported that he only realised that he had experienced maltreatment because he read something on Facebook.

Not having 'evidence'

Older students believed that part of the reason why adults may not want to listen to concerns that young people could not 'prove' was because adults may not feel comfortable intervening, particularly if a concern related to another adult. They believed that without 'evidence' about a child's concerns, rather than disclosures of abuse (what adults thought they, rather than the child, needed to take a concern seriously), adults may not respond:

[Q: What keeps young people from raising their concerns?] *You are worried that people won't believe you. That hinders your ability to get help because you don't think you'll be treated seriously. You say 'that person did something and it didn't feel right' and if they [the adult] didn't see it or if you can't say 'they did this bad thing' then they won't listen'* (FG_COL)

Young people felt that in many situations they would not want adults to intervene but to listen, help young people make sense of what was going on and, if necessary, monitor their peers' behaviour:

It's good that they ask people for evidence but that's not good if you've been harassed or whatever and you have to prove it. It's like they don't believe you unless you can prove it, and it is traumatic to have to fight to get someone to listen (FG_COL)

Teachers don't want to take [concerns] at face value and take action because they don't want to deal with it harshly if it turns out that it's not a big issue. So, they're reluctant to take action at all and just dismiss it (FG_COL)

Discussion

Child abuse prevention

Despite efforts to promote child abuse prevention as a shared responsibility, and to encourage organisations and staff to implement proactive strategies, little attention has been given to the part that children can play in preventative work. Instead,

children's participation is restricted to them feeding back their views on adult-led initiatives rather than at the interpersonal level, where individual children are asked about whether they feel safe and whether they have any safety concerns (Moore et al., 2016). Similarly, guidance is provided on how to equip and support children to make complaints of actual wrongdoing or to disclose abuse that has occurred, but little is offered on how to empower children to raise concerns about potential risks nor to identify behaviours that may be pre-cursors to abuse, or strategies utilised to groom children.

Although our participants felt that children should play a part in their own protection, they were adamant that adults and organisations should not be reliant on, or make children and young people feel responsible for, their and their peers' safety. They believed that it is essential that children and young people build their knowledge and skills to protect themselves, to raise concerns and seek help, but it is critical that adults and organisations take the lead. As Finkelhor (2009: p. 180) observed, 'it is morally misguided and perhaps psychologically harmful to place the responsibility [for child abuse prevention] ... on the shoulders of children'.

How children understand and experience safety

Like other groups of children and young people (Moore et al., 2016), participants indicated that safety is discernible through two main aspects: bodily responses and emotions. When they feel safe, they described being calm and relaxed, while feeling unsafe resulted in physical sensations like tightening of the body, butterflies in the stomach and a desire to escape. They also associated feelings of safety with happiness, and feeling unsafe with emotions such as anxiety, nervousness, fear and a sense of being out of control.

Participants highlighted the importance of children and young people being able to confide in a trusted and knowledgeable adult when they had safety concerns. While children felt more confident in disclosing clear instances of abuse, such as sexual touching or physical harm, they expressed the need for adult assistance in discerning the seriousness of 'lesser' concerns, like encountering inappropriate adult behaviour or feeling uncomfortable. This finding is unsurprising because research with adults (including professionals) has indicated that they can also find it difficult to ascertain whether a behaviour is appropriate or not or whether it might be a grooming or 'preparatory' in both the online and offline world (Bennett & O'Donohue, 2014). Unfortunately, adults often report that they would wait until abuse had occurred before intervening (Saunders & McArthur, 2017). The need to equip parents and other adults to understand grooming and other problematic behaviours, and to encourage open dialogue with children, is a vital prevention strategy.

Children and young people wanted adults who were available, who understood risks to children (including child sexual abuse), who were good listeners, who demonstrated understanding, care and respect and who showed that they had taken the child's concerns seriously. Participants wanted reassurance and guidance on what to do and, if necessary, for the adult to intervene. Like studies with young survivors and their experiences of disclosure, young people felt that they and their peers may be reluctant to raise concerns if

they felt that they might be judged or dismissed or if there was a risk that there may be consequences arising from these discussions.

Echoing findings from previous studies (Moore et al., 2020), participants in our study suggested that children and young people might play a role in supporting their peers by not only watching out to make sure that their peers are safe but also being available to younger ones, to help them process their concerns and to encourage help-seeking from a trustworthy adult. This requires young supporters, like their adult counterparts, to have the skills, confidence and willingness to both listen to their peers and to seek support from a trustworthy adult.

Implications for practice

Organisations encouraging and proactively facilitating concern-raising

Other research on children and concern-raising, disclosures and complaints-making have all pointed to children's lack of empowerment and their limited opportunities to speak about things that they are unhappy about and how, with little experience, they often feel quite ill-equipped or unprepared to do so (Alaggia et al., 2019; Bell, 2008; Diaz et al., 2020; Pithouse & Crowley, 2007).

In this study and in previous research, some children have expressed a lack of confidence in raising concerns and in adults' capacity to respond. They also reflected that these types of discussions are limited due to the cultural and intergenerational contexts within which they live.

In addition to being vulnerable due to their size and lack of experience, children and young people tell us that they are also vulnerable as a result of their positioning as children in adultist organisations. When they are seen as lesser, their views less valuable and their concerns less credible than those of adults children report a reluctance to raise concerns (Moore, 2017).

Research has also demonstrated that children and young people often tend to downplay their own concerns, blame themselves for what has occurred or believe that the potential consequences of speaking their mind outweigh the potential benefits of doing so (Diaz et al., 2020). Children and young people also report that they have had very limited experience in speaking unfavourably about adults, about their treatment or to advocate for their needs or wishes. When they have raised concerns, it is more likely than not for these to be dismissed or underappreciated and for children to feel like they have been ignored or not heard (Diaz et al., 2020). Children have told us that when adults and organisations respond poorly to children's concerns about things like bullying, children are unlikely to feel confident about raising concerns related to issues such as child sexual abuse (Moore, et al., 2015).

It follows, then, that 'child-safe' adults and organisations should implement processes that give children opportunities to practice with adults and get used to talking about safety and raising other concerns unrelated to sexual abuse or harm. This may require child-safe organisations to invest in ensuring that adults have the skills to facilitate these learning opportunities and to respond in appropriate ways. Participants in this study gave examples of things that organisations might do to encourage the raising of broad concerns. To inspire confidence, these processes should be

child-friendly and help children see that they were beneficial and, importantly, that adults and organisations took the processes seriously and made decisions informed on what they had heard.

If child safe organisations are to take prevention seriously, they must also make it clear that they want to hear from children and young people about their suspicions or concerns and not limit children's engagement to making complaints of wrongdoing or disclosure of abuse.

Encouraging children to raise safety concerns

To confidently raise concerns with a trusted adult, participants in our study felt that they and their peers needed to: trust their feelings and bodily responses; have an appreciation of risks to their safety (including grooming and child sexual abuse); and be able to articulate their concerns both in relation to feelings but also in ways that might elicit a positive response from adults.

When asked what might best help children and young people to build this confidence and skills, most participants spoke about both formal and informal education. Although only some of the young people talked about having such conversations in their families, almost all participants felt that parents and siblings were best placed to have such discussions. However, as discussed below, parents often say they feel ill-equipped to respond to their child's concerns (Mendelson & Letourneau, 2015) and may, unintentionally, provide children with poor advice (Guastaferrero et al., 2019). Our findings reiterate the value of actively engaging and equipping parents to be able to have appropriate and informed discussions and to educate their children about child abuse prevention (Hunt & Walsh, 2011).

Strengthening adults and organisational capacity to respond to children's safety concerns

Participants also pointed to the benefits of having access to knowledgeable adults (other than parents) who were willing and able to have discussions, provide information and educate young people about issues related to safety and what they might do if in a situation where they felt unsafe or were suspicious about the behaviour of another. They reflected, however, that they were not receiving such information at school, with most sex and relationship education focused on the mechanics of sexual intercourse, the risks of sexually transmitted diseases and risks within their own boyfriend-girlfriend relationships. They, and others, have recognised the need to upskill adults to be able to have these conversations and to engage young people proactively and effectively (Chizimba, 2021; Christensen et al., 2024; Russell & Higgins, 2019).

Young people told us that they were rarely told about risks related to adult-youth interactions and never about sexual abuse or exploitation perpetrated by a known adult. What they knew about online and offline abuse was gleaned from friends, Instagram or the internet. As a result, young people were aware that they did not always have the best information or knowledge to make assessments nor the right language to be able to express any concerns that they might have with an adult.

Young participants' views echoed findings from research on sexual and relationship education in Australia and abroad. Although there has been progress made in strengthening these programs,

evaluations have demonstrated that some information on 'more sensitive topics', such as threats from known adults within families and institutions and the dynamics of grooming, is lacking, as are discussions about how young people might raise concerns prior to abuse occurring.

Providing opportunities to support children's engagement

Children and young people expressed a strong desire to play a role in their own protection. Our study advocates for children's voices to inform prevention strategies, particularly in contexts like child abuse and maltreatment (Lansdown, 2006; Tisdall, 2017). Our work highlights the importance of recognising children as active participants rather than passive recipients in their safety. Incorporating children's insights challenges adult-centric paradigms, fostering policies that empower and protect vulnerable groups, while building children's confidence that adults and organisations can adequately respond to their concerns.

Socially, often, children aren't believed when they say something. Their opinions aren't valued as much because they're children, because they're young. A lack of life experience ... If children and young people aren't involved in stuff like this, then there's no insight into the mishaps and mistreatments that happen within these institutions. Therefore, there can be no change if you're not speaking directly to victims and sufferers of what goes on (HOS_1, 17)

Limitations

This study had several limitations. Firstly, despite significant attempts to recruit participants to the study, the number of participants who spoke about their time in hospital or youth detention settings was small due to COVID-related barriers. Secondly, there was a diversity of experience across the sample, with many of those in school settings reporting fewer complex needs than those who talked about out-of-home care and detention. This may mean that we have only touched the surface in identifying and discussing complex issues that might have arisen with a broader sample. Thirdly, although we had a good proportion of Aboriginal participants (18%), our analysis did not find any real differences in their views and experiences and that of non-Aboriginal participants. This needs further exploration. Notwithstanding these challenges, the interviews and focus groups yielded broad and shared themes, with young people raising needs and concerns that can be related to a range of institutional settings.

Conclusions

Echoing the views of child abuse advocates, researchers and others, participants stressed the importance of adults and organisations not only responding to child sexual abuse but also taking steps to actively prevent it. They believed that although children and young people should not be expected to take the lead in (or be made to feel responsible for) preventative efforts, participants felt that they could and should play a part in raising safety concerns. This required them to trust their feelings and bodily responses, to be able to express their concerns and wishes and for adults to respect and take notice when they sought guidance, acknowledgement and support.

Empowering children to raise concerns related to sexual abuse is crucial for their safety and wellbeing. When children are encouraged to speak up about uncomfortable or abusive situations, they gain a sense of agency and control over their own bodies and boundaries. Open communication allows them to seek help and support, which can prevent further abuse and provide timely intervention. Additionally, empowering children to raise concerns fosters a trusting and supportive environment, ensuring that adults and authorities are vigilant in protecting them from harm. By giving children a voice, a safer and more aware society that prioritises their protection and wellbeing can be created.

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