

Contextualising research and evaluation to inform policy and practice

Prof. Daryl Higgins
Director, Institute of Child Protection Studies

E daryl.higgins@acu.edu.au

W www.acu.edu.au/icps

Twitter [@ACU_ICPS](https://twitter.com/ACU_ICPS) [@HigginsDaryl](https://twitter.com/HigginsDaryl)

LinkedIn [daryl-higgins-57390115](https://www.linkedin.com/in/daryl-higgins-57390115)

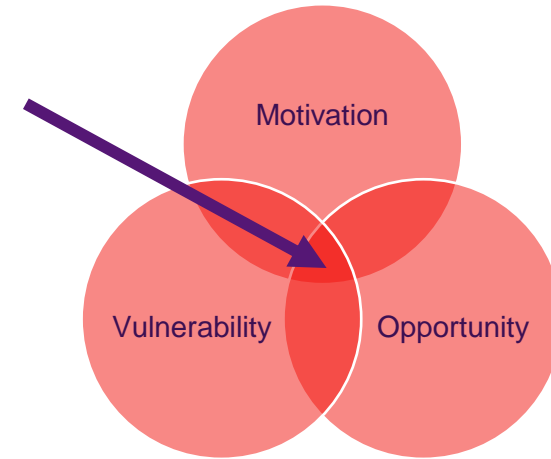
Context Matters Online Symposium
Sexual Violence Research and Prevention Unit
University of Sunshine Coast

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Prevention – based on knowledge of causes and contributing factors

Child Sexual Abuse occurs at the intersection of:

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



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

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

REFLECTION: How does 'culture' affect opportunity within different organizational or community contexts?

Population approach for child maltreatment prevention

- Tackling known risk factors via a population approach
- Reducing prevalence of maltreatment
- Addressing prevention efforts—particularly addressing parent need—to have community-wide impact

REFLECTION: *What are the critical components of child safety that could be supported at a population level?*

Child abuse prevention is predicated on:

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

Aim:

- To reduce the ‘burden of disease’ by altering the risk profile of the entire population:

“a rising tide lifts all boats...”

Risks, enablers and protective factors

What do we know about organisational contexts?

- How do organisational environments facilitate—or impede—opportunity to abuse?
- Are all organisations equal?
- To supplement research about victim- and perpetrator-factors, we need to explore what it is about different organisational settings that might increase or decrease the risks.
- Can organisations transform – and increase conditions of safety for children?

REFLECTION: Where do different organisations or contexts on a risk-matrix?

Preventing ‘bad’ people isn’t enough

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

However:

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

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

Boyd 2008; Pratt & Miller, 2012

Box office lessons: the power of the situation



Athlete A documentary

Key issues raised by *Athlete A* regarding USA Gymnastics:

- Failure to report concerns or knowledge of actual harm
- Bad systems—not just bad people—should always be our focus
- Broader context of physical and emotional abuse
- Conditions that facilitated grooming
 - ...of the girls
 - ...of the organisation

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

Box office lessons: on social psychology

Social Psychology knowledge from the 1970s explored on the big screen.

Demonstrates the “power of the situation” to influence individual behaviour

Implications for child-safety in organisations:

- We have failed—and will continue to fail—if we try and focus *solely* on identifying, weeding out, or preventing ‘bad people’ from joining organisations.

What is the role of organisational leaders? Given the ‘power of the situation’, how can we use our leadership roles to shape the situational context, and move towards conditions of safety?

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

Key risks: in child-related organisations

- **Grooming** – the process prior to the act of abuse – relies upon relationship and trust-building between the victim, the perpetrator, and the institutional community.
- The **modus operandi of perpetrators** may differ between institutional contexts, as different settings allow for different opportunities for, and facilitators of, abuse.
- New technology, mobile phones, and social media open up **new avenues for communication, and therefore grooming**, for potential abusers.
- Climate, culture and norms in organisations can **facilitate abuse**:
 - “Just as children are 'groomed' by adults to allow them to perpetrate sexual acts, other adults are also 'groomed' (or desensitised) to perceive potentially risky behaviour as harmless.” (van Dam, 2001)

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

EXAMPLE 1: Sports

One large-scale study of sexual abuse in Australian organised sports:

- Leahy, Pretty, and Tenenbaum (2002) examined the prevalence and long-term effects of sexual abuse in 370 adult Australian athletes representing either elite athletes (for example, on an Australian national team or funded by the Olympic committee) or a regional sample of club athletes.
- 13% of females and 6% of males reported experiencing abuse in the context of their sports participation.

Cultural aspects of sports programs have been identified as contributors to the risk of child sexual abuse for children and present barriers to the prevention and reporting of sexual abuse (see next slide)

These are amplified if there's an absence of appropriate policies to address them

(Kaufman, K. L., et al., 2016)

Cultural aspects of sports programs that are risks

- gender stereotypes; code of silence; good-of-the-team; victim-blaming; power of the coach
- emphasis within some sports on power, aggression, strength and competition (normalization of violence)
- bullying, harassment or intimidation (e.g., due to homophobia, sexism or more subtle forms of gender stereotyping) (Higgins, 2013)
- adults within sporting organisations are acting ‘in loco parentis’
- travel
- hands-on nature of many skill development approaches to coaching
- locker room/showers
- physical layout of facilities (isolation)
- opportunities for grooming – of participants, & parents/families (Kaufman, K. L., et al., 2016)

EXAMPLE 2: Schools, early childhood education and care risks

- opportunity – high level of adult-child interaction
- could attract those with paedophilic interest
- ineffective responses to allegations of abuse
- particularly high-risk locations and settings such as change rooms and school camps
- unclear boundaries
- ineffective child safety policies
- ‘passing the trash’ (moving abusive educators and they are re-hired)
- individual-level factors also include: disability, gender (female), exposure to DV at home, age (pre-teen), socially isolated

(Kaufman, K. L., et al., 2016)

EXAMPLE 3: Unique church/faith-based risks

Opportunity – high level of adult-child interaction:

- In the UK, churches were the single largest employer of full-time youth workers (not counting voluntary activities)
- could attract those with paedophilic interest

Considerable cultural and political influence of churches militates against disclosure or intervention

- the authority conferred on clergy allow them to act without fear of repercussions
- some studies find the vow of celibacy attracts some men with a sexual dysfunction
- religious doctrines and practices – including self-governance, and ‘forgiveness’

(Kaufman, K. L. et al. 2016)

EXAMPLE 4: Out-of-home care (OOHC) context-specific risks

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

Not all organisations are equal

Different organisations will have a different risk profile and present different opportunities for grooming behaviour to occur or go undetected

Family-like environments carry the highest risk:

- Staff required to act in *loco parentis*
- Physical contact, showering, changing clothes (e.g. sports)
- Sleep-overs/camps
- Transport (at odd hours)

Not all organisations are equal (cont'd)

Leaders need to drive a process for risk-analysis of organisational activities that focus on issues such as:

- Level of observation/supervision of adult-child interactions
- Use of adults as role-models or mentors
- Use of social media or other potentially private communication avenues
- A culture where abuse might be tolerated (e.g. gender stereotypes, homophobia, alcohol)

Don't lose sight of the big picture:

It is not only about 'risk'...

What are the opportunities for building resilience?

How can staff act as a support for young people who might be vulnerable to, or who have actually experienced maltreatment in the home or elsewhere?

- Sexual abuse, physical abuse, emotional abuse, neglect, or exposure to family violence

Some possible protective factors or supports:

- Being a positive role model (safe; boundaries)
- Encouraging and responding appropriately to abuse occurring elsewhere
- Fostering inclusion and peer support

What does this mean for research?

1. Prevalence data on abuse and its characteristics in different contexts
2. Young people's perceptions of safety in different contexts
3. Adult capability to deliver safeguarding practices in different contexts

The Australian Child Maltreatment Study (ACMS)

Funded for 5 years 2019-23: National Health and Medical Research Council
Project Grant 1158750 (\$2.3m)

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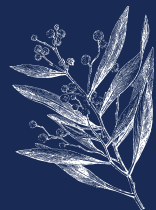
- the Department of the Prime Minister and Cabinet
- Department of Social Services
- Australian Institute of Criminology
- Queensland University of Technology



Australian Government
Department of Social Services



Australian Government
Australian Institute of Criminology



ACMS | Australian
Child
Maltreatment
Study

<https://www.australianchildmaltreatmentstudy.org/>

On Behalf of the ACMS team

- Prof Ben Mathews (QUT)
- Prof Rosana Pacella (Greenwich University)
- Prof Michael Dunne (QUT)
- Prof James Scott (QIMR Berghofer)
- Prof Daryl Higgins (ACU)
- Dr Hannah Thomas (UQ)
- Dr Holly Erskine (UQ)
- Dr Franziska Meinck (University of Edinburgh)
- Prof David Finkelhor (University Of New Hampshire)
- Dr Divna Haslam (Project Manager, QUT)
- Dr Nikki Honey (Senior Research Director, Social Research Centre)



ACMS: Aims

The first comprehensive study of:

1. The **prevalence** of each form of maltreatment (and multi-type abuse)
2. The **characteristics** of these experiences (e.g., child age, sex, timing, frequency, relationship to person inflicting abuse: specific risk profiles)
3. Key **mental and physical health** outcomes through the lifespan
4. **Burden of disease** associated with maltreatment (and other health utilisation outcomes)

Study Design

- Informed by global systematic review and analysis*
- **Nationwide cross-sectional survey**
- Computer-assisted telephone interviews (CATI)
- Approx. 8,500 participants aged 16 and over
 - 3,500 adolescents/young adults aged 16-24
 - 1,000 adults in each of the following strata:
 - ❑ 25-34, 35-44, 45-54, 55-64, >65
- Enables measurement of health through life

* Mathews, B., Pacella, R., Dunne, M., Simunovic, M., & Marston, C. (2020). Improving measurement of child abuse and neglect: a systematic review and analysis of national prevalence studies. PLoS ONE 15(1): e0227884. <https://doi.org/10.1371/journal.pone.0227884>



Study Protocol published

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BMJ Open The Australian Child Maltreatment Study (ACMS): protocol for a national survey of the prevalence of child abuse and neglect, associated mental disorders and physical health problems, and burden of disease

Ben Mathews^{1,2,3}, Rosana Pacella⁴, Michael Dunne⁵, James Scott⁶, David Finkelhor⁶, Franziska Meinck⁷, Daryl J Higgins⁸, Holly Erskine⁹, Hannah J Thomas¹⁰, Divna Haslam¹¹, Nam Tran¹¹, Ha Le¹, Nikki Honey¹², Karen Kellard¹³, David Lawrence¹³

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Correspondence to: Professor Ben Mathews; b.mathews@qut.edu.au

ABSTRACT

Introduction Child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect and exposure to domestic violence) is widely understood to be associated with multiple mental health disorders, physical health problems and health risk behaviours throughout life. However, Australia lacks fundamental evidence about the prevalence and characteristics of child maltreatment, its associations with mental disorders and physical health, and the associated burden of disease. These evidence gaps impede the development of public health strategies to better prevent and respond to child maltreatment. The aims of this research are to generate the first comprehensive population-based national data on the prevalence of child maltreatment in Australia, identify associations with mental disorders and physical health conditions and other adverse consequences, estimate attributable burden of disease and indicate targeted areas for future optimal public health prevention strategies.

Methods and analysis The Australian Child Maltreatment Study (ACMS) is a nationwide, cross-sectional study of Australia's population aged 16 years and over. A survey of approximately 10 000 Australians will capture retrospective self-reported data on the experience in childhood of all five types of maltreatment (physical abuse, sexual abuse, emotional abuse, neglect and exposure to domestic violence). A customised, multimodule survey instrument has been designed to obtain information including: the prevalence and characteristics of these experiences; diagnostic screening of common mental health disorders; physical health, health risk behaviours and health service utilisation. The survey will be administered in March–November 2021 to a random sample of the nationwide population, recruited through mobile phone numbers. Participants will be surveyed using computer-assisted telephone interviews, conducted by trained interviewers from the Social Research Centre, an agency with extensive experience in studies of health and adversity. Rigorous protocols protect the safety of both participants

Strengths and limitations of this study

- This is the first Australian study of the national prevalence of all five forms of child maltreatment (physical abuse, sexual abuse, emotional abuse, neglect and exposure to domestic violence), and the co-occurrence of different types (multiple maltreatment).
- The study also measures associations between child maltreatment and mental disorders, physical health and health risk behaviours that occur throughout life, burden of disease attributable to all forms of child maltreatment and how multiple maltreatment influences overall burden of disease.
- The study is internationally significant through its use of a comprehensive, rigorously designed and tested survey instrument to obtain reliable data about the prevalence of all forms of child maltreatment and associations with health problems and risk behaviours, and enables comparison of these experiences over different historical eras.
- The study captures further nuanced information about high-risk profiles and the contextual characteristics of maltreatment, to inform future targeted public health interventions aimed at reducing maltreatment and its adverse health, behavioural and social consequences.
- While the study involves a representative random sample of the population aged 16 years and over, some subpopulations may be under-represented, including those who are homeless or living in institutions.

and interviewers, and comply with all ethical and legal requirements. Analysis will include descriptive statistics reporting the prevalence of individual and multiple child maltreatment, multiple logistic and linear regression analyses to determine associations with mental disorders

Survey instrument

The JVQ-R2: Adapted Version (Australian Child Maltreatment Study)

Extensive design and testing process

Sections include:

- Demographics (age, gender, sexuality, ethnicity, OOHC, education, employment, income)
- **Maltreatment**
- Adverse childhood experiences
- Peer bullying (physical, verbal, relational, online); sibling violence
- Criminal justice involvement (arrested, convicted, imprisoned)
- Mental health
- Physical health
- Health risk behaviours
- Service use



Examples of contextual factors being explored in the ACMS:

- identity or relationship to the person perpetrating the harm
- the gender of the person perpetrating harm (teacher, sports coach, clergy etc.)
- Institutional contexts and responses, such as:
 - the role of the person perpetrating harm (parent, family friend, teacher, sports coach, clergy etc.)
 - the type of organizational setting (church/religious organisation, school, sports club, etc.)
 - whether the abuse was ever disclosed to authorities
 - whether any protective action was taken as a response

Across contexts: Harmful Sexual Behaviour from children and/or adolescents

Screener questions include the following topics potentially related to HSBs:

1. Sharing sexual images without consent
2. Doing something sexual that was offensive/intimidating
3. Looking at private parts
4. Touching private parts
5. Trying to force to have sex
6. Forced sex

Follow-up questions:

- frequency (number of times; or duration over time)
- age of onset and cessation
- relationship with person(s) who did the acts – including:
 - siblings or others who lived with them
 - others u18 who were known
 - others u18 who were **not** known
- institutional context
- disclosure & support received

Children and young people's safety

2018-2020 Report



Institute of Child Protection Studies

Douglas Russell

Professor Daryl Higgins

April 2021

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

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

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

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

CHILDREN'S SAFETY SURVEY

2018 - 2020 RESULTS

Who participated?

1851 Children and young people



23 Aboriginal 4 Torres Strait



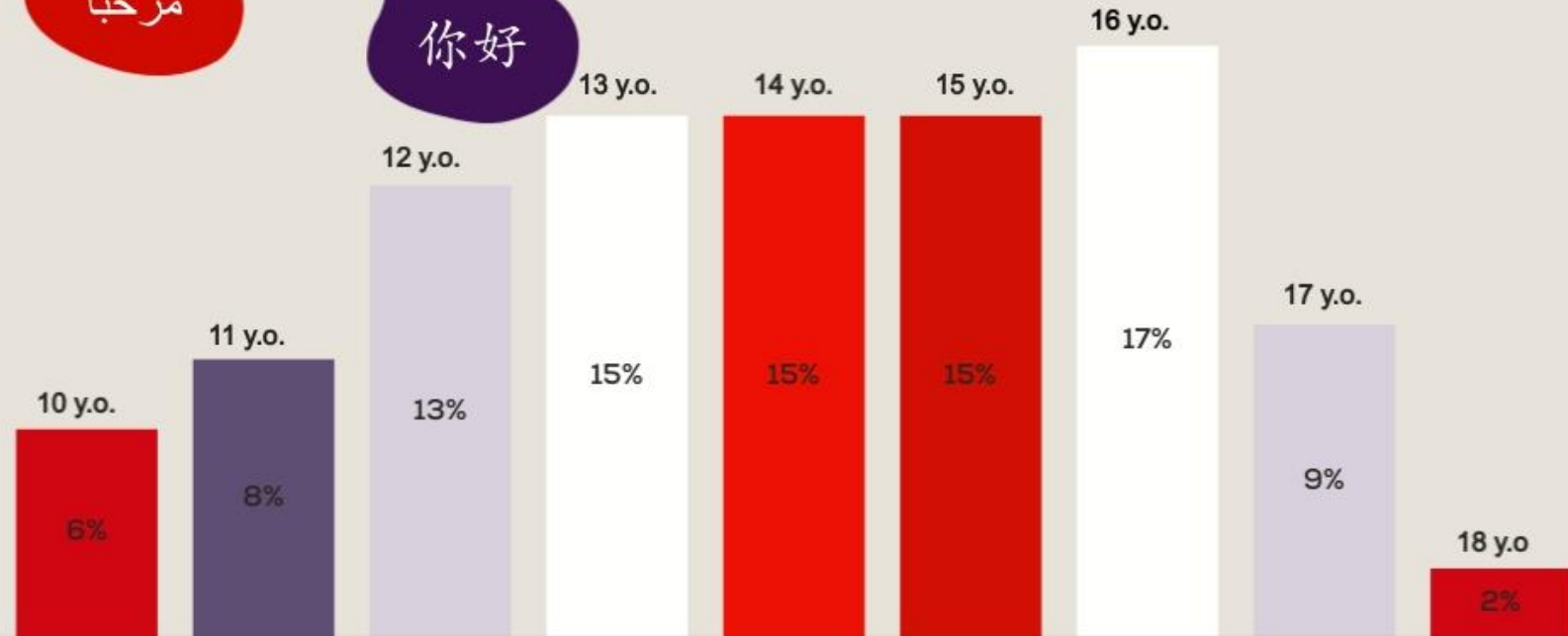
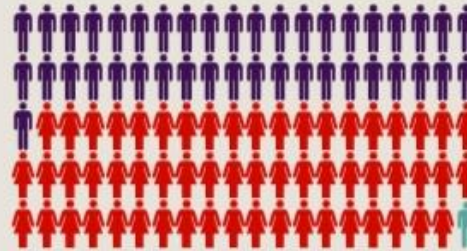
5 both Aboriginal and Torres Strait Islanders

ciao

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

مرحبا

你好



How old were participants?

Which sectors did organisations belong to?



Education 81%



Out-of-home care 5%



Youth development 3.5%



After school care 4%



Community services 4%

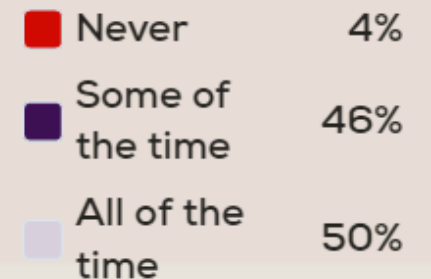
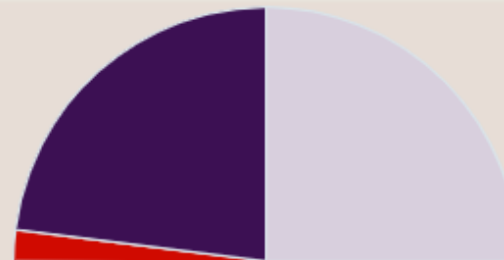


Sports 2%



Faith-based 0.5%

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

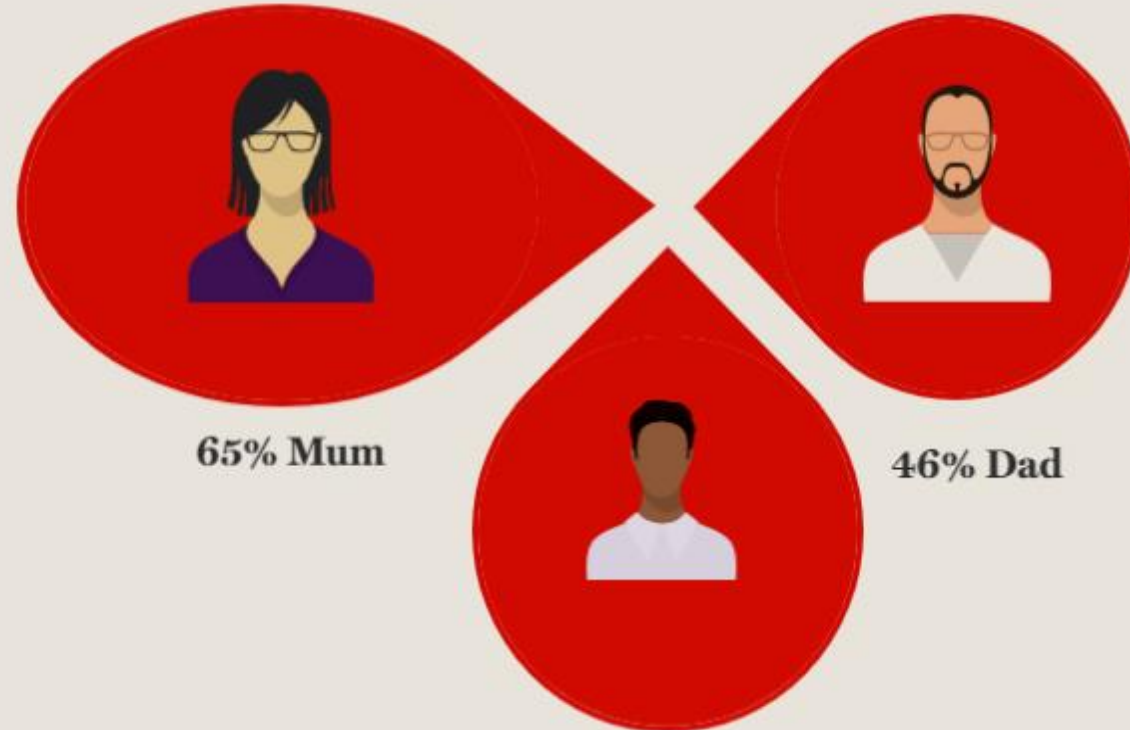


How children and young people predicted they'd act if feeling unsafe with an adult



**89% of participants
would tell someone**

The top three people children and young people would tell



Did children and
young people have
confidence in
adults?



**64% of participants had confidence
in adults to help them**

**71% of participants agreed that adults in
their organisation believe it's their job to
help unsafe children and young people**

**Only 34% of participants agreed they'd
know what to do in an unsafe situation
because their organisation had
discussed situations like this**

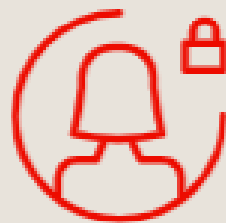
What were the barriers to children and young people seeking help?



Overall, 49% of participants felt there were barriers to them seeking should they feel unsafe



57% of participants felt adults are too busy to help them



60% of participants felt adults don't care about them in situations like this



10% of participants were unsure if adults would know what to do

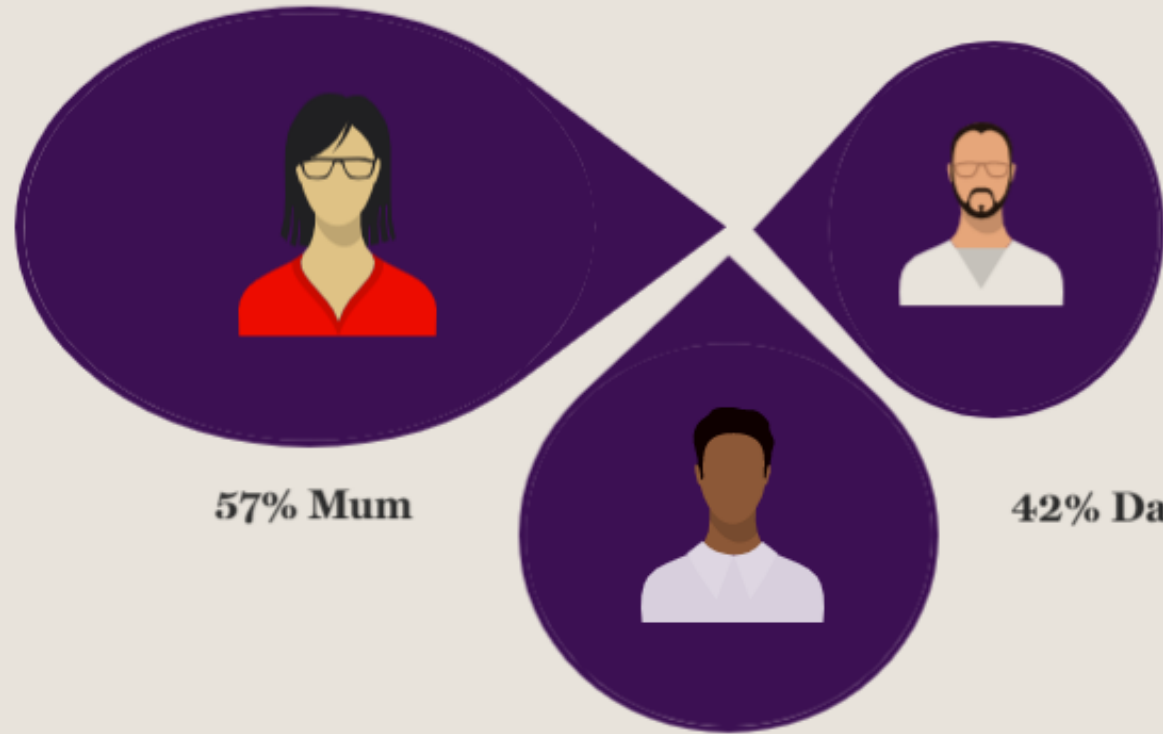
How did children and young people predict they would act if they felt unsafe with a peer?

Peer scenario



85% of participants
would tell someone

The top three people children
and young people would tell



57% Mum

42% Dad

50% Friend

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

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

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

Did children
and young
people have
confidence in
adults?



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



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



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



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



35% of participants would feel uncomfortable talking with an adult



Safe kids and young people survey

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

Explore project



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

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

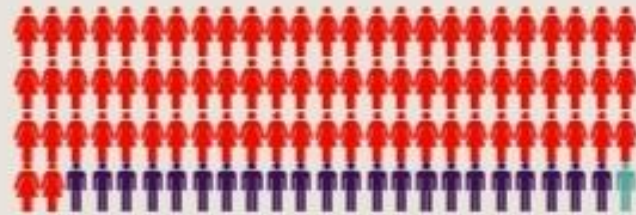
- perceptions of safety
- confidence in adults and in your organisation to prevent and respond to their concerns related to child sexual abuse and other forms of harm
- barriers that restrict attempts to seek help.

SAFEGUARDING CAPABILITIES SURVEY

2018 - 2020 RESULTS

Who participated in the survey?

633 Staff/volunteers



77% Female

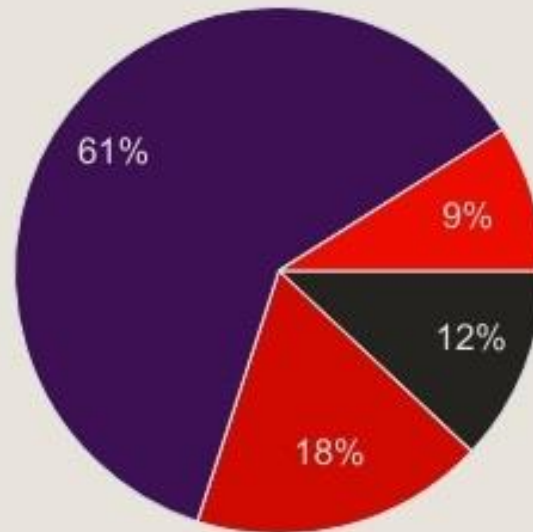
22% Male

1% Gender diverse

Who were the participants?



61% Practitioners/Volunteers
(teacher, social worker
or therapist)



9% Administrators
(not a frontline
staff member)



12% Leaders
(CEO, director,
principal)



18% Middle Managers
(team leader, coordinator)

What sector were the participants from?



**Youth
development**
43%



Education
27%



Sport
12%



**Community
services**
10%



Faith-based
6%



**After
school
care**
2%



Organisational culture

Participants were asked about their level of awareness of policies and procedures and their perception of the culture of child safety within the organisation.

85% of participants agreed or strongly agreed that they were aware of policies and procedures and that the organisation had a culture of child safety.

Participants had greater awareness in relation to:

- existing codes of conduct that define how adults should interact with children and young people.
- leaders in their organisation who understand the importance of safeguarding.

Participants had less awareness of:

- how they could be building the sexual safety skills of young people by staff and volunteers.
- whether their organisation was providing staff training about sexual abuse.



Confidence to act

Participants were asked about their level of confidence to take action to prevent abuse or respond to young people's concerns.

78% of participants agreed or strongly agreed that they were confident to take action to prevent abuse or respond to young people's concerns.

Participants were most confident in:

- being able to fulfil their mandatory reporting obligations
- helping young people to have respectful relationships with each other.

Participants were least confident in:

- providing appropriate support to young people who have experienced sexual abuse.
- including the perspectives of young people when addressing sexual abuse risks.

Attitudes to prevention

Participants were asked about their attitudes that relate to the prevention of abuse and the agency of children and young people.

95% of participants agreed or strongly agreed to having attitudes that support the prevention and appropriate response to child sexual abuse.



Participants' attitudes most supportive in preventing abuse:

- not believing young people who get sexually abused have usually acted promiscuously or somehow 'asked' for it
- believing a young person's wellbeing is more important than protecting the organisation's reputation if abuse were to occur.

Participants' attitude that may get in the way of good sexual abuse prevention:

- believing that screening staff and volunteers with working with children checks is the only real way to prevent abuse.



Prevention knowledge

Participants were asked about their knowledge related to situational prevention and the role of educating staff and children about abuse.

87% of participants agreed or strongly agreed that they possess knowledge of situational prevention and the role of educating staff and children and young people.

Participants' knowledge was highest regarding the fact that:

- many people, not just the child or young person who was abused themselves, can be affected by sexual abuse.

Participants' knowledge was poorest in relation to areas such as:

- the negative impact that high staff turnover can have in making children and young people less comfortable to speak up about their sexual safety concerns
- child sexual abuse is more likely to occur when there are opportunities for adults to spend time interacting with children out of sight of other adults.

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

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



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



Preventing child sexual abuse

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

<https://safeguardingchildren.acu.edu.au/self-assessment>

WHAT CAN I DO NOW?

2018-2020 Recommendations

Action steps for
children and
young people



1. **Talk to your friends** about what you want adults to do to help you feel safe in your organisation (like school or a sports club).
2. **Consider who are the trusted adults** you would talk to if you or a friend felt unsafe. You could also talk about this with a parent or carer you trust.
3. **Talk with the trusted adults** in your organisation and tell them about what you would like from them in supporting your right to safety.

4. **Build trusting relationships** with the children and young people through engaging in meaningful conversations on a wide range of topics. Listen, take them seriously.

5. **Initiate safety conversations** explicitly and frequently with children and young people, including both listening to what they want and telling them how you can support them if they felt unsafe.

6. **Champion the rights of children to be safe.** Think how you can raise awareness of children's right to safety across your whole organisation.

Action steps for
workers and
practitioners



Action steps
for leaders



7. **Discuss children's safety often, with everyone.** This includes listening to children and young people themselves, parents, carers, staff (frontline and administration), and volunteers.

8. **Provide ongoing professional learning** for staff and volunteers about safeguarding children and young people and particularly on how to support a child or young person if they have concerns or when they feel unsafe.

9. **Talk about safety processes** you use that go beyond pre-employment suitability screening (i.e., Working with Children Checks) that ensure children and young people's safety.

10. **Share safeguarding policies and procedures** regularly with children and young people using child-friendly language that is suitable for their age.

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

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

Culture change through leadership, governance and practice

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

Skills in how to provide child-centred responses to disclosures

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

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

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

Effective pre-employment strategies such as values-based interviewing

The Institute of Child Protection Studies (ICPS) enhances outcomes for children, young people and families through:

- quality, child-centred research
- program evaluation
- training and community education
- advocacy and policy development

We are nationally recognised for our expertise in child protection and preventing and responding to the abuse and neglect of children.

We promote children's participation, strengthen service systems, inform practice and support child-safe communities.



Please hover your phone camera over to QR code to access the ICPS website.

Safeguarding children portal

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

Visit the portal



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

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

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



ACU Safeguarding Children Capability Framework

Our Safeguarding Children Capability Framework informs all courses, programs, services and information provided by ACU.



Please hover camera over the QR code to link to Framework on the Portal website.

The ACU Safeguarding Children Capability Framework draws on research by ICPS and the Royal Commission into Institutional Responses to Child Sexual Abuse, as well as government standards, such as the Victorian Government's Child-Safe Standards, which apply to all organisations providing services to children and young people up to the age of 18.

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



Tools and resources for how to support children through child-centred approaches

The tools and resources can be used by services and practitioners to build on current work to work with and support children.



Please hover camera over the QR code to link to the Kids Central Toolkit on the Portal website

The Kids Central Toolkit aims to provide workers and services with information, resources and tools to use child-centred approaches in their work with children, young people and families.

The Toolkit is based around six key principles that support child-centred practice, and each principle includes a range of tools and resources, which are available to download.

<https://safeguardingchildren.acu.edu.au/practice-tools/tools-and-resources-for-how-to-support-children-through-child-centred-approaches>

- The Australian Council for Children and Youth Organisation's *Safeguarding Children* is an accreditation program run by the Australian Childhood Foundation
www.safeguardingchildren.com.au
- Life Without Barriers – *We Put Children First*
www.lwb.org.au/childrenfirst
- Childwise has published *12 Steps to Building Child Safe Organisations* and conducts regular training, such as *Choose with Care* and cybersafety programs
www.childwise.net
- Erooga, M. (ed). (2012). *Creating safer organisations: Practical steps to prevent the abuse of children by those working with them*. Wiley-Blackwell: Chichester, UK.
- Developing an understanding of how children understand and experience safety in institutions
<http://www.acu.edu.au/621059>
- CFCA resources on organisational issues:
<https://aifs.gov.au/cfca/topics/child-safe-organisations>
<https://aifs.gov.au/cfca/publications/child-maltreatment-organisations-risk-factors-and-strate>
- Protecting Australia's Children Research Register:
<https://aifs.gov.au/cfca/topics/child-safe-organisations>
<https://aifs.gov.au/cfca/publications/child-maltreatment-organisations-risk-factors-and-strate>
- Royal Commission into Institutional Responses to Child Sexual Abuse
<http://www.childabuseroyalcommission.gov.au/policy-and-research/our-policy-work/making-institutions-child-safe.aspx>

- Erooga, M., Kaufman, K. & Zatzkin, J.G. (2019). *Powerful perpetrators, hidden in plain sight: an international analysis of organisational child sexual abuse cases*. Journal of Sexual Aggression. DOI: [10.1080/13552600.2019.1645897](https://doi.org/10.1080/13552600.2019.1645897)
- Kaufman, K. L., Erooga, M., with Stewart, K., Zatzkin, J., McConnell, E., Tews, H., & Higgins, D. (2016). *Risk profiles for institutional child sexual abuse: A literature review*. Sydney: Royal Commission into Institutional Responses to Child Sexual Abuse, Sydney <http://www.childabuseroyalcommission.gov.au/policy-and-research/our-research/published-research/risk-profiles-for-institutional-child-sexual-abuse>
- Kaufman, K., Hayes, A., & Knox, L. A. (2010). The situational prevention model: Creating safer environments for children and adolescents. In K. L. Kaufman (ed), *The prevention of sexual violence: A practitioner's sourcebook*. Holyoke, MA: NEARI Press.
- Morley, S. & Higgins, D. (2017) Understanding Situational Crime Prevention for Child Sexual Abuse: What services need to know. https://safeguardingchildren.acu.edu.au/-/media/feature/micrositesarticles/safeguardingchildren/situational_crime_prevention_for_csa.pdf?la=en&hash=2DF883057B2BCE6F5AF5F644D9A135C9
- Pratt, R., & Miller, R. (2012). Adolescents with sexually abusive behaviours and their families: Best interests case practice model - Specialist practice resource. Victorian Department of Health and Human Services. <https://www.cpmanual.vic.gov.au/sites/default/files/Adolescents%20sexually%20abusive%20behavs%20specialist%20resource%202012%203004%20.pdf>