Commission of Inquiry into
the Tasmanian Government's
Responses to Child Sexual
Abuse in Institutional Settings

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Exploring the safety of children and young people in government run organisations

A report for the Tasmanian Commission of Inquiry into the Tasmanian Government's responses to child sexual abuse in institutional settings

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TRIGGER WARNING

This report provides children and young people's views on safety within institutional contexts. During interviews and focus groups, some children and young people disclosed physical, emotional and sexual abuse and provided accounts of the ways that adults and institutions did and did not respond. Readers should be aware that some content may cause discomfort or distress.

DISCLAIMER

The views and findings expressed in this report are those of the author(s) and do not necessarily reflect those of the Tasmanian Commission of Inquiry.

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Preface

Over the past three decades, researchers and inquiries have uncovered significant child sexual abuse experienced by children and young people within institutions responsible for their care. The impacts of this abuse are long-lasting and profound. Research in Australian and abroad has demonstrated that institutional child sexual abuse has "numerous, pervasive and connected impacts upon the psychological, physical, social, educative and economic wellbeing of victims/survivors" and their families (Blakemore et al., 2017, p35).

The Tasmanian Commission of Inquiry (the Commission) was enacted to explore the nature, extent and responses to institutional child sexual abuse within government institutions within its state. Specifically, the Commission was empowered to consider what the Tasmanian Government should do to:

- Better protect children against child sexual abuse in institutional contexts in the future.

- Achieve best practice in the reporting of, and responding to reports or information about, allegations, incidents or risks of child sexual abuse in institutional contexts.

- Eliminate or reduce impediments that currently exist for responding appropriately to child sexual abuse in institutional contexts, including addressing failures in, and impediments to, reporting, investigation and responding to allegations and incidents of abuse.

- Address, or alleviate the impact of, past and future child sexual abuse in institutional contexts, including, in particular, in ensuring justice for victims through processes for referral for investigation and prosecution and support services.

It acknowledged the significant contribution that the Royal Commission into Institutional Responses to Child Sexual Abuse (the National Royal Commission) and other inquiries have made to uncovering child sexual abuse. However, it observed that the National Royal Commission did not specifically examine, make findings or recommendations about institutions within Tasmania or issues related to government run services. In establishing the Commission, it was recognised that the Tasmanian Government continued to receive reports of child sexual abuse in its institutions (despite attention since the National Royal Commission to build 'child safe' organisations). The Commission is committed to include children and young people's views and experiences to inform their work.

In 2021, the Commission engaged researchers to engage with Tasmanian children and young people to explore how they perceive safety and consider it within institutional contexts.

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Executive summary

In 2021, the Tasmanian Commission of Inquiry was established to consider the Tasmanian Government's responses to allegations and incidents of child sexual abuse in government institutions and those funded to provide services on its behalf. The Commission was established as a response to serious allegations of child sexual abuse in Tasmanian schools, Ashley Youth Detention and Launceston General Hospital.

The Commission aimed to understand Tasmanian children and young people's contemporary experiences of government-run and government-funded services and to use those findings to inform recommendations about how institutions and systems might better prevent and respond to harm. The Commission engaged researchers from the Institute of Child Protection Studies, Australian Catholic University to conduct a study which aimed to work with Tasmanian children and young people to explore:

- how safe they feel in key government institutions

- features of an organisation that increase or decrease their feelings of safety

- the extent to which they feel confident raising safety concerns

- how they would raise these concerns (if inclined), to whom and what influences these decisions

- their level of awareness and understanding of high-risk, harmful or potentially grooming behaviours by adults in an institutional setting (including through online mechanisms)

- their level of awareness and understanding of harmful sexual behaviours that other children and young people may exhibit.

This report provides an overview of the major themes emerging from interviews and focus groups with 59 Tasmanian children and young people who attended primary and secondary school and college, had spent time at Ashley Youth Detention Centre, had lived in out of home care and/or had spent time in hospital.

The value of ethically engaging children to gather their perspectives on safety

This study draws on previous research which demonstrates the value of understanding the lived experiences of children and young people, how they understand and experience safety, their confidence in adults and organisations, and their views on how services and systems can be improved to better prevent and respond when they have been hurt or harmed. It is premised on the view that without an appreciation of what they need to be safe and feel safe and to be confident in adults, organisations and systems can implement strategies that do not adequately protect children and young people or meet their needs. While there is a disjuncture between what children and young people need and want, and what adults and organisations do, children's confidence and their ability to take full advantage of child safe strategies may be constrained.

Nature of interviews and focus groups

Interviews and focus groups were conducted with Tasmanian children and young people from 'institutions of interest' to the Commission. With support from the Departments of Education and Communities, a range of organisations (including government schools and non-government out of home care providers and health services) were invited to support the participation of children and young people by informing them and their parents about the study and to seek their consent.

Focus groups were conducted with 59 children and young people aged 10-18 in schools and out of home care. These groups generally ran for between 60-120 minutes and were often conducted with a teacher or worker present. Focus groups commenced with a discussion about the purpose of research, participants' rights and researchers' responsibilities, the nature of the study and why it was being conducted and how children and young people's views would be used to inform the work of the Commission. Focus groups used a mix of small and larger group discussions,

were activity-based and were solution-focused: asking participants to help adults and organisations come up with strategies that might improve children's safety, their confidence and adult strategies to help prevent them experiencing harm.

Interviews were conducted with children and young people, aged 10-20, who had spent time in out of home care and youth detention. These interviews were sometimes conducted one-on-one while some young people chose to be interviewed with a sibling or peer and/or with an adult present. Interviews followed a similar structure to focus groups but provided individuals or small groups an opportunity to explore the issues more fully.

Recognising that discussions about safety can be sensitive, interviews and focus groups were scaffolded: they captured the things that were front of mind for children and young people and then explored these more fully. As such, children and young people were not confronted with risks or issues that they themselves had not considered. Older young people were informed about the purpose of the Tasmanian Commission and were invited to identify things that they believed the Commission needed to know. They were also given choices as to what they did and did not discuss. During all interviews and focus groups, researchers 'checked in' with participants to ensure that they felt safe and happy to continue. A detailed ethics protocol was developed and the study was conducted with the approval of the University of South Australia and Australian Catholic University Ethics Committees.

Data captured through the interviews and focus groups were analysed and key themes and answers to the research questions were identified using grounded theory techniques.

The study generated some invaluable insights from a select group of Tasmanian children and young people. Due to challenges associated with COVID-19, recruitment for the study was difficult and the number of young people who had experienced time in hospital or youth detention was limited.

Tasmanian children's understanding and experiences of safety in organisational settings

Children and young people believed that they understood and experienced safety in different ways to adults. They differentiated 'feeling safe' (where they felt calm and relaxed) from 'being safe' (where there was an absence of risk or when they were protected from harm). Most children and young people reported being safe and feeling safe most of the time in the institutions with which they interacted. Some gave examples of times when they felt unsafe or had been hurt or harmed.

Children and young people characterised a safe organisation as one where they were surrounded by 'safe people' (including adults and peers) who were kind and caring, who were authentic and demonstrated, through their actions, that they took children's safety seriously. Safe people would step in when there were risks that a child was being harmed and responded appropriately when they had been abused. Safe environments were those where adults had taken steps to remove hazards (such as broken glass), where buildings and furniture were in good repair and were child friendly. Children and young people felt safer when they had some control over their environments and where their freedom of movement was not restricted.

To be safe and feel safe, children and young people stressed the need to feel respected, valued and empowered. They recognised that because they were children, adults sometimes dismissed their needs, wishes or concerns, were hypocritical (expecting children to be respectful while treating them disrespectfully or expecting young people to follow rules when adults did not), and curbed their freedom unnecessarily. They gave examples of how adults sometimes used their power over children.

Children and young people often observed that stability and predictability were essential to their feelings of safety. They gave examples of times when they were not given enough information to know about what was going on, decisions that affected their lives or what adults and organisations were doing to keep them safe. Young people in care felt unsettled due to constant changes in placements, carers and workers and peers. They felt that this constant change restricted their ability to form attachments and forge trustworthy relationships.

In all interviews and focus groups, children and young people stressed the value that they placed on being listened to. They felt safe when adults and organisations spent time ensuring that children and young people had an opportunity to voice their concerns. In child safe organisations, adults need to respond to children's safety needs and issues and, ideally they work with children and young people in their efforts to prevent abuse and respond when they have been harmed. Older participants, in particular, felt that young people could sometimes take the lead in fostering safety and helping their younger peers to stay safe and get help.

Many of the children and young people indicated that they were Aboriginal or Torres Strait Islander but none identified ways in which organisations were taking steps to ensure their cultural safety. One young man felt that his safety would be strengthened if there were Aboriginal staff with whom he could meet, if staff asked about his culture and how he valued it and what might be done to make him feel more comfortable. It is concerning that organisations did not appear to have the concept of cultural safety embedded in their work despite a high percentage of children accessing their services being Aboriginal.

Children and young people's concerns and worries about safety

Although most children and young people felt safe in their organisations, many reported that there were things that they worried about or encountered that placed them at risk. Children and young people in schools often talked about potential risks and things that they were worried about but had not faced. Children and young people in detention and out of home care spoke about maltreatment that they or their peers had experienced.

Across all groups, children and young people were most concerned about and were most likely to have experienced bullying, harassment and physical violence: most often by their peers but sometimes at the hands of adults. Although there was some divergence of views, children and young people had low levels of confidence in adults' and organisations' ability to appreciate how such violence affected them or to adequately prevent or respond to children and young people's concerns. Although reducing violence is not a stated goal of child-safe organisations, it is a concern to children and young people. Their confidence in adults and organisation's ability to deal with these issues affects their confidence in their willingness and ability to respond to other concerns.

Participants were also concerned about sexual harassment, with many older young people having experienced or witnessed it within their organisations. Young people gave examples of times when they had been harassed by their peers and times when adults who had witnessed, or become aware of it, failed to respond adequately. There was a view, among a small number of participants, that adults' and organisations' inability to prevent or respond to harassment reflected broader societal inadequacies that would only be dealt with when the next generation assumed leadership roles.

One emerging issue noted in some interviews and focus groups was online victimisation: sexting, sexual harassment, catfishing (when someone pretends to be someone else to facilitate an online and often problematic relationship) and grooming. Young people reported feeling ill prepared to manage these issues and felt that adults were not often equipped to support them in managing these concerns. They wanted to work with adults to come up with new ways of helping children and young people stay safe in the online space.

In addition to concerns about their peers, children and young people identified a number of risks related to adults. Many participants in schools spoke about these risks as 'potential threats'. Young people in out of home care and youth detention gave examples of times when they had been physically and emotionally abused and when adults charged with the responsibility for their care failed to meet their

needs. Although many children and young people were aware that adults (particularly strangers and those outside their families and organisations) might cause them harm, many reported not being given guidance on what to do if they were abused. A small number of young people gave examples of times when they had been sexually harassed by an adult in an organisation or online.

Many children and young people reported that they did not know enough about safety risks or what to do if they encountered them. Overall, children and young people felt that it would be valuable for adults and organisations to provide them opportunities not only for formal education about these risks but also opportunities to discuss and to raise their worries and concerns with a trusted adult.

Children and young people who had experienced past maltreatment and ongoing trauma argued that to be safe and feel safe in institutions they needed help to be protected and to heal and recover.

Identifying, monitoring and responding to disclosures and safety concerns and complaints

Children and young people spoke about what they would need if they were hurt or harmed by a peer or adult. However, they stressed the need for adults and organisations to take a proactive and preventative stance so that children might not be harmed and so that issues could be dealt with earlier. They encouraged adults to actively and routinely ask children and young people about their worries and their safety concerns rather than waiting for an incident to occur.

To be able to raise a concern or disclose abuse or maltreatment, children and young people felt that they needed to have enough knowledge to know that something was inappropriate or harmful; they needed to know what complaints processes were in place and how to access them; they needed to have at least one trusted adult they could turn to, and have confidence that they would be believed. Most importantly, they needed to know that adults and organisations would take their concerns seriously, that they would be protected from any consequences or repercussions, and that adults and organisations would act. They needed to know that things would change for the better before coming forward to raise a concern or disclose maltreatment.

Creating child–safe systems and reducing systems abuse

Young people in care and detention reflected that much needed to occur to foster children's safety in organisations. They stressed that child protection and youth justice systems also needed to prioritise their safety, reduce risks and create opportunities for children and young people who had experienced maltreatment to heal and grow. They recognised that efforts to prevent and respond to abuse and maltreatment were sometimes thwarted in systems where safe and appropriate placements were not always available, and recognised that individual agencies were not often equipped to meet their broad safety and recovery needs. This has been sometimes referred to as "systems abuse".

Young people in care advocated for more stability for children and young people, by better assessing and matching children and young people with their peers and carers. Given that placement stability was not often achieved, they felt that children and young people needed opportunities to develop enduring relationships with trusted allies and supporters outside of individual agencies. They also felt that it would be beneficial for all children and young people in care and detention to have access to advocates (such as the Child Advocate and Commissioner for Children and Young People) who would proactively seek their views and respond when they had safety concerns.

Given that many children and young people in the child protection and youth justice systems had experienced past and, sometimes, ongoing maltreatment and trauma, participants stressed the need for these systems to be trauma-informed, for agencies to work collaboratively to provide children and young people to heal, recover and grow and to (re)build their trust in systems.

Concluding comments

Most Tasmanian children and young people in this study reported being safe and feeling safe for most of the time in which they engage with institutions. Their feeling of safety is strengthened when they are aware of risks, know what to do and how to seek assistance, have confidence in adults and organisations and their ability to meet their needs and respond when they have been harmed. Some children and young people reported encountering unsafe people and situations within institutions and spoke about peer violence, sexual harassment and bullying and past physical, emotional and sexual abuse by adults. Many children and young people had reservations about adults' and organisations' capacity to understand and respond to children's safety concerns and were keen to collaborate with adults to develop more child-responsive strategies.

Our findings would suggest that child-safe organisations are those that create conditions within which child abuse is prevented while fostering psychosocial and interpersonal safety that enables children and young people to learn, to develop and to grow. Building trustworthy, appropriate and enduring relationships between adults and children and young people is vital to ensure that children are safe and feel safe. For children and young people who have been hurt and harmed within or outside institutions, child-safe organisations require support within child-safe systems that understand, prevent and respond to abuse and trauma and enable child survivors to get the assistance they need to heal and recover. Child-safe organisations and systems place children's safety at the centre and share responsibility to ensure that children's engagement with institutions are not traumatic or traumatising. Child safe organisations need to exist within child safe systems to ensure that systems abuse is minimised.

01 Introduction

1.1 Research aims

This study, commissioned by the Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutions (the Commission), aims to explore Tasmanian children and young people's experiences of safety, to consider the characteristics of a safe organisation, and their awareness of a number of institutional safety risks. Specifically, the study directly engaged Tasmanian children and young people to explore:

- how safe they feel in key government institutions

- features of an organisation that increase or decrease their feelings of safety

- the extent to which they feel confident raising safety concerns

- how they would raise these concerns (if inclined), to whom and what influences these decisions

- their level of awareness and understanding of high-risk, harmful or potentially grooming behaviours by adults in an institutional setting (including through online mechanisms)

- 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.

1.2 The scope and nature of this report

This report describes the methodology and methods used in the Tasmanian Children's Safety study and a summary of findings from interviews and focus groups. The report also compares findings from similar studies, to place the study's themes into the national and international context.

Sections 1-3 introduce the study and provide an overview about the value of understanding children and young people's perspectives on safety (including their perceptions of safety). These sections establish the context of the study by providing a summary of the literature outlining the nature and experience of sexual abuse and sexual violence in key institutional settings: namely schools, out of home care (foster care and residential care), hospitals and youth detention. The approach that was taken in the study is discussed and the methods utilised are described.

Sections 4-7 present the key findings of the study, framed by the research questions. These sections offer an overview of what safety means to Tasmanian children and young people, what Tasmanian children and young people believe makes schools, out of home care, hospital and youth detention safe, what helps and hinders children and young people's safety, and their awareness of risks to their safety.

Section 8 draws from the findings and the broader literature to consider the key findings.

In Section 9, the implications for keeping children and young people safe within different institutional settings are considered.

02 Background

On the 15 March 2021, the Governor of Tasmania established the Tasmanian Commission of Inquiry into the Tasmanian Government's Responses to Child Sexual Abuse in Institutional Settings. The Commission's focus is on the adequacy and appropriateness of the Tasmanian Government's current responses to allegations and incidents of child sexual abuse in institutional contexts.

The Commission was established after public pressure was exerted to respond to serious allegations of child sexual abuse in Tasmanian schools, Ashley Youth Detention Centre and Launceston General Hospital. Although there had been a National Royal Commission relatively recently, no Tasmanian government institutions had been investigated for possible systemic failures in understanding and responding to child sexual abuse.

To position the study within the Tasmanian context and the broader Australian literature, we begin by describing the four 'institutions of interest' that were determined by the Commission: public schools, foster and residential care, youth justice, and hospital settings. These types of institutions were of interest because they are government institutions in which children are particularly vulnerable to child sexual abuse. Before describing these institutional settings, we provide a brief discussion about the value of considering children's safety (including but not limited to sexual abuse), particularly for groups of children and young people who have experienced childhood trauma and previous maltreatment.

2.1 The value of understanding children's perspectives on safety

Despite a growing concern about risks to children and young people's physical, emotional and interpersonal safety (Powell et al., 2021), the literature on how children and young people understand and experience safety, particularly in institutional contexts and how to best foster children and young people's safety in institutional settings, is still developing. Previous research, including that conducted for the National Royal Commission (Moore, McArthur, Death, et al., 2016; Moore et al., 2015; Robinson, 2016), has demonstrated the ways that children and young people's views are sometimes similar but often different from those of adults. These studies have suggested that while adults fail to fully understand or appreciate how children develop a sense of safety and how they experience it, particularly within institutional contexts, 'child-safe' responses may not fully meet their needs. This sentiment is shared by many in the Tasmanian community. In his 2015 report "Strengthening Child Safe Organisations", the then Tasmanian Commissioner for Children and Young People (2015, p4) noted:

> The child safe approach will only be fully effective if children and young people are aware of it, feel some ownership of it and have the opportunity to express their views on how it will work.

More broadly, studies in education, social work and psychology have stressed the need for professionals working with children and young people to foster their emotional safety and provide them environments within which they can grow and develop. For example, research shows that emotional security is a prerequisite to learning and healthy development in the classroom (Janson & King, 2006; Shean & Mander, 2020). Therapeutic interventions for young people who have experienced childhood maltreatment are often compromised when they live in unsafe environments and experience ongoing stress (Lanctôt et al., 2016; Leipoldt et al., 2019; Whittaker et al., 2016) and efforts to rehabilitate young people while in youth detention are undermined when they are physically and emotionally unsafe (Crosby, 2016).

Unfortunately, research has suggested that despite recognition that children and young people need safe environments to develop and grow, some experience their engagement with services as traumatic and retraumatising (Jessiman et al., 2017). Advocates in Australia and abroad have argued that to redress these issues, children and young people need to be engaged in informing how adults and organisations can meet their safety needs and respond when they are being hurt or harmed (CCT, 2015). This study aims to provide insights from Tasmanian children and young people to the Commission of Inquiry, to inform and shape its recommendations.

2.2 Institutions of interest

Tasmanian children and young people engage with a wide range of government-run organisations and institutions. From birth, children interact with professionals employed within universal health, education, child and family support services. When children encounter additional challenges, they are offered a variety of targeted programs that meet their specific needs. This study focused on four of these institutional contexts that children engage with: schools, out of home care, hospitals, and youth detention.

Schools

Context

Most Tasmanian children and young people attend schools daily. In 2021, 56,055 (around 70%) Tasmanian children and young people were enrolled in 195 public schools (ABS, 2022).

Previous inquiries and research

For some time, inquiries have investigated the experience of child sexual abuse within educational settings. Despite this attention, there is a paucity of research that has captured the nature or incidence of abuse that occurs in such settings (Kaufman et al., 2016). Existing studies conducted outside of Australia have found that nearly 10% of students are subject to misconduct by school staff (Kaufman et al., 2016), victims are most often female, and perpetrators are most often male. Students with a disability, from ethnic minorities and from otherwise disadvantaged groups were more likely to experience institutional abuse than their peers (Shakeshaft, 2004).

Increasingly, it has been recognised that schools are also sites where children and young people can experience harm from their peers. As children and young people spend significant periods of time at school and with peers from that setting, it is not surprising that most of the sexual harassment experienced by young people occurs in school settings. In addition, studies have concluded that up to 25% of sexual assaults and 17.5% of rape reported by children and young people occur on school grounds (Turner et al., 2011). Technology facilitated sexual harassment has also been identified as a growing concern (Henry et al., 2020; Taylor et al., 2021), including schools where students interact online both during school hours and after (Tanrikulu, 2018).

In work conducted for the National Royal Commission, researchers reported four factors that appear to place students at greater risk of institutional child sexual abuse in schools, including: 'ineffective responses to allegations of abuse; particularly high-risk locations and settings such as change rooms and school camp; unclear

boundaries; and ineffective child safety policies' (Shakeshaft and Cohen in Kaufman et al., 2016, p57). Similarly, abuse was less frequent in schools that had: "strict and unambiguous sexual harassment policies; dissemination of the specifics and consequences of sexual harassment policies as well as procedures for filing complaints; training of students and school employees on sexual harassment facts; and education around handling incidents of sexual harassment" (Shakeshaft and Cohen in Kaufman et al., 2016, p58).

A recent inquiry was carried out into Tasmanian Department of Education's responses to child sexual abuse (Smallbone & McCormack, 2021) which attempted an analysis of the incidence of child sexual abuse in Tasmanian schools. Unfortunately, the Inquiry was unable to complete this analysis nor were they able to assess the impact of specific safeguarding policies may have on child sexual abuse due to limited and incomplete records. The Inquiry found that during the period from the 1970s to 1990s "concerns, complaints and ineffectual responses literally piled up" (Smallbone & McCormack, 2021).

Out of home care

Context

In Australia, state and territory governments have responsibility for providing child protection services to children and young people who have experienced abuse or neglect and/or when parents are not equipped to provide care or protection to their children (Smyth & Eardley, 2008). Some of these children and young people are placed in the care of the State when they are not able to safely stay at home. They may be placed with family or kin (kinship care), with trained and accredited carers (foster care) or in purpose-built homes with paid staff (residential care).

In Tasmania, the Department of Communities is responsible for children and young people in out of home care and funds a range of non-government agencies to provide foster and residential care services on its behalf. Children and young people in these services are intended to have a government-employed case worker who is responsible for the ongoing case management (care planning and management) for children and young people receiving longer-term protection and support services. The Secretary of the Department is the legal guardian. We understand that is expected that these functions will move to the Department of Education in 2022.

As of 30 June 2020, 1112 children and young people lived in out of home care in Tasmania (AIHW, 2021). Similar to other states and territories, most children on orders are placed with kinship or foster carers (AIHW, 2021). In Tasmania, children and young people can also be placed in sibling groups or residential care, and children and young people who have experienced trauma may have access to therapeutic interventions.

The vision for out of home care in Tasmania is that "... all children and young people are raised in a safe, supportive and nurturing environment with every opportunity to reach their full potential" (Tasmanian Department of Communities, 2022).

Inquiries and previous research

Although many children and young people have a positive out of home care experience, research and inquiries in Australia (including those conducted in Tasmania) have highlighted that many have poorer outcomes than their non-cared for peers (Rauter et al., 2018). Their challenges often continue as they transition out of care (O'Donnell et al., 2020). In addition to being more likely to experience poorer health, wellbeing, and educational outcomes (Paxman et al., 2014; Snow et al., 2020), these studies and inquiries have found that children and young people in the care system are more likely to experience physical, emotional and sexual abuse than their peers and that this maltreatment has significant long-term consequences (Attar-Schwartz, 2011; Collin-Vézina et al., 2011; Khoury-Kassabri & Attar-Schwartz, 2014; Timmerman & Schreuder, 2014). Research has also highlighted that the risks of such maltreatment increase as young people become more entrenched in the child protection system: children in foster care are more likely to experience abuse than their peers in kinship care, and those in residential care are more likely to experience abuse than peers in other forms of out of home care (Euser et al., 2013).

The reasons why children and young people in out of home care experience greater exposure to adult-child sexual abuse, peer sexual victimisation and exploitation than their non-cared for peers are varied. Studies have pointed to individual factors (children and young people's past experiences of abuse and maltreatment, disability and mental health issues and gender), group factors (i.e. the placement of groups of high-risk young people together); organisational cultural factors (i.e. staff using power and intimidation; the dehumanisation of children in care; peer hierarchies and machoistic cultures) and systemic factors (i.e. the high adult-to-child ratio caused by staff shortages and high staff turnover; lack of external monitoring and review) interplaying to increase the likelihood that children and young people are victimised (see: Allroggen et al., 2018; Allroggen et al., 2017; Barter, 2003; Collin-Vézina et al., 2011; Khoury-Kassabri & Attar-Schwartz, 2014; Moore, McArthur, Death, et al., 2016; Timmerman & Schreuder, 2014; Wissink et al., 2018).

According to the Australian Institute of Health and Welfare (AIHW, 2021a), in 2021-22, 1442 Australian children and young people in care were the subjects of substantiated cases of abuse; within these 1442 cases there were 25 young Tasmanians. Within this entire group of Australian children and young people, 41% were aged 10-14 (with 27% aged 5-9 years and 22% aged 15 years or older) and more girls (54%) than boys (46%) experienced abuse. Almost half of those who had experienced abuse were Aboriginal or Torres Strait Islander. Among the sample, 21% of cases were sexual abuse, 32% experiencing physical abuse, 28% emotional abuse and 19% neglect. These figures

may not be representative of all maltreatment experienced in care, particularly as most abuse is not reported or not substantiated (AIHW, 2021; Uliando & Mellor, 2012).

Youth justice

Context

In Tasmania, when children and young people over the age of 10 are charged with a crime, they may be placed on an order to be supervised in the community or in detention facilities[1]. As in other Australian jurisdictions, there is a stated preference in Tasmania for children and young people to be placed on community orders with detention seen as an option of last resort. The rate of Tasmanian young people aged 10 to 17 in juvenile justice detention is 1.5 per 10,000, which is below the national rate of 2.6 per 10,000 and, with South Australia, is the lowest in Australia. In contrast, the rate of community supervision of young people aged 10-17 is 14 per 10,000, above the national rate of 11.4 per 10,000 (AIHW, 2022).

When ordered with a custodial sentence, children and young people are currently placed in the Ashley Youth Detention Centre. Although the facility can accommodate 51 children and young people in five units, the numbers of residents housed at one time is generally low.

According to the AIHW (2022), in 2020-2021, on an average day 118 Tasmanian children and young people aged 10 and over were under juvenile justice supervision, 8% of whom were in detention. Of those detained, 71% were unsentenced – they were either awaiting the outcome of a court matter or had been found guilty but not yet sentenced. The median length of completed periods of detention of Tasmanian young people was 18 days. Similar to other jurisdictions, three times more males interact with the youth justice system compared to females. Despite only making up 10% of the youth population, Aboriginal and or Torres Strait Islander people made up over a third of youth under supervision orders (AIHW, 2022).

Previous research and inquiries

Research in Australia demonstrates that children and young people who are incarcerated have often experienced childhood abuse or maltreatment prior to periods of detention and have been or are still engaged with the child protection system (JHFMHN & JJNSW, 2017). This prior maltreatment not only affects the children and young people's emotional and psychological wellbeing (many demonstrate post-traumatic stress disorders (Abram et al., 2004)), but it also increases their risk of experiencing sexual victimisation and assault while in detention (Ahlin, 2021). International studies have estimated that around 7% of young women and 6% of young men are exposed to forced sexual victimisation either by peers or by staff (Ahlin, 2020).

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1   The Tasmanian Government has recently announced that it will raise the minimum age of detention to 14 years by the end of 2024.

Although it might be argued that, due to their backgrounds and the nature of the custodial environment, all young people who are incarcerated are at risk of experiencing sexual abuse or victimisation, it is equally true that some young people are at greater risk than their peers. These vulnerabilities have been explored within the international literature. In US studies, for example, researchers have demonstrated that younger detainees, young people who are LGBTQIA+ and those with maltreatment abuse histories are more likely than their peers to experience sexual abuse and violence during periods of incarceration (Ahlin, 2021). Studies have also demonstrated that the longer a child or young person stays in detention, the greater the likelihood they are to experience sexual victimisation (Ahlin, 2021).

The risks of adult-detainee abuse and exploitation are also greater for detainees in juvenile facilities than in adult centres. In fact, within the international literature, the rates of self-reported forced adult-child sexual victimisation are greater than the rates of peer sexual victimisation within youth detention centres. The rates of sexual misconduct are higher again (Beck & Rantala, 2016).

Ahlin (2021, p16) posits that this greater risk might be explained by the nature of the roles that youth justice staff assume in custodial settings:

> Unlike adult jails and prisons, where guards and inmates are above the age of 18, youth are poised to experience exploitation or coercion that could be cloaked behind the guise of guardianship.

In her work in the United States, Ahlin (2021) also found that young people who had experienced other forms of violence and abuse by staff during periods of incarceration were more likely than their peers to experience sexual assault by adults and their peers. Young people with maltreatment histories and young people who were non-heterosexual were also at higher risk of adult-child victimisation than their peers.

There have been at least two previous inquiries in the last decade into Ashley Youth Detention Centre: the Harker Review (2015) that focused on human resources and budget issues, and one completed by the Commissioner for Children in Tasmania (2013). The 2013 Inquiry drew attention to the disproportionately high percentage of the youth budget spent on young people in detention compared to funds spent on community youth justice, arguing that detention should be regarded as 'a last resort'. It focused specifically on the role and alternatives to detention, including diversionary strategies, alternatives to incarceration and finally to assess the possible closure of Ashley. Both reports acknowledged the significant research findings that point to adverse outcomes of young people's detention including on their safety.

In addition to these inquiries, a series of investigations, inspections and reviews have been conducted by the Tasmanian Ombudsman the Custodial Inspector

and independent contractors. These reports which have highlighted a number of significant challenges that, although not specifically focused on child sexual abuse, may play a part in enabling abuse to occur. Broadly, these reports have stressed the need for the Ashley Youth Detention Centre to be less punitive and more rehabilitative, have highlighted concerns about the safety of detainees and staff and identified inadequate policies and processes for identifying and responding to concerns.[2]

Hospitals

Context

The Tasmanian Government, like all states and territories provide a wide range of health services that includes responsibility for ambulances, community health and primary health care in partnership with the Federal Government.

In Tasmania there are also four government-run hospitals including Royal Hobart, Launceston General Hospital, Northwest Regional Hospitals (Burnie and Latrobe) and Mersey Community Hospital. Each of the major hospitals have paediatric units and a range of outpatient services for children and young people including mental health issues. Currently there is no mental health in-patient facility for children and young people.

Previous research and inquiries

Unlike the other government institutions of interest to the Commission, there is limited research focused on hospital services and child sexual abuse. The extent and nature of child sexual abuse and violence in hospitals is not well developed. It is difficult to estimate the prevalence of breaches of sexual boundaries made by healthcare professionals, particularly those perpetrated on children, as most child sexual abuse remains hidden (Parke & Karsna, 2018). As the UK Truth Project, established to hear and learn from victim survivors of child sexual abuse in England and Wales, notes: research into healthcare professionals who are perpetrators of sexual abuse is dated and sparse (Zammit et al., 2020, p16).

However, there are key factors that shape children's safety in the context of organisations; some of these factors are common to other organisations and institutions and some reflect the specific nature of hospital contexts. For example, some risk factors are particular to children, particularly vulnerable children (e.g., children with disabilities), who are recognised as facing distinctive safety or safeguarding issues in hospitals. A further factor to shape children's safety in the context of hospitals is due to the nature of the interaction between adults and children. Trust is placed in medical practitioners who are permitted to view and touch

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2   See Appendix 5 for a list of these Inquiries.

intimate parts of the patient's anatomy, generally expect instructions to be followed without questioning and are often in one-on-one situations which place the children in potentially unsafe situations (RCIIRCSA 2015).

Other factors are based on the nature of the organisational type. For example, Palmer and Feldman (2018) identified how hospitals as formal institutions have a role in facilitating abuse by allowing adults to obtain compliance over their victims. The physical design of a hospital can influence opportunities for abuse; this is similar in other 'total institutions' or residential institutions that afford abusers the opportunity to sexually abuse children undetected (Palmer & Feldman, 2018).

The vulnerabilities of children and young people in hospitals were explored by the National Royal Commission (2015, p4) which observed that:

> Child patients are particularly vulnerable as they and their parents repose so much trust in medical practitioners that they permit those medical practitioners to view and touch intimate parts of the child's anatomy. The private one-on-one settings of medical consultations and the propensity of child patients to follow instructions from adult health care providers without question place child patients in a highly vulnerable position.

The Truth Project echoed the National Royal Commission's findings. It also found that workers associated with health and hospital systems (beyond medical practitioners) hold similar levels of power and can use their positions within the hospital system to hurt or manipulate children and young people (Zammit et al., 2020). With respect to organisational structure power imbalances, such as those between health professionals and children, the ways in which children are constructed and de-personalised as 'patients' shape environments conducive to patient abuse. This is exacerbated by a workforce culture that, regardless of formal policy, prevents people from speaking up when there are concerns about wrongdoing (Simpson et al., 2019).

There are limited data on the prevalence and incidence of child sexual abuse carried out in the context of health services.

An independent investigation into the systems (legislation, policies, practices and procedures) of the Tasmanian Health Service in relation to the management of historical allegations of child sexual abuse was announced in 2020. This investigation was subsumed into the broader Commission of Inquiry.

This study draws heavily on an approach developed and utilised by our research team in a series of research projects conducted for the Royal Commission into Institutional Responses to Child Sexual Abuse (Moore, McArthur, Death, et al., 2016; Moore, McArthur, Heerde, et al., 2016; Moore et al., 2015). In this section we provide an overview of our conceptual framework, our approach to ethics and recruitment, as well as a description of research participants, data collection and analysis.

03 Methodology

3.1 Conceptual framework

This study has been framed by a theoretical approach informed by Childhood Studies, which asserts that children understand and experience the world in different ways to adults and that to fully appreciate and respond to their safety needs (within and outside of institutions), policy-makers and practitioners must give children and young people opportunities to inform safeguarding policies and practices (Moore et al., 2015).

The study is also underpinned by a commitment to balancing children's rights to participation and protection. Children's right to participation is articulated in the United Nations Convention on the Rights of the Child (1989) which asserts an obligation to provide children and young people opportunities to form and express views and for these views to be given due weight when decisions are made that affect their lives. Arguably, this includes providing children the opportunity to shape the policies and practices that affect their lives (Larkins et al., 2014) and places the onus on organisations to not only give children and young people opportunities to have a say but for decision-makers to listen and respond appropriately (Kennan, Brady et al, 2019).

At the same time, there is an obligation for those working with children and young people to also uphold their rights to protection and the prevention of maltreatment or harm. Within the research context, researchers must minimise the risk of distress

or harm that children and young people might experience, and reduce the risk that their participation leads to unintended consequences for them as individuals or as a group (Alderson & Morrow, 2020).

As such, the research team for this study engaged children and young people in 'protective participation', whereby they were afforded the opportunity to engage in the research. Specifically, they were permitted to engage on their terms, in ways that were ethical and robust, and mitigated any risks that might emerge. It was hoped that through their participation, children and young people increased their engagement in discussions about safety and to build their confidence that adults and systems took their safety seriously.

3.2 Ethics

There is growing consensus that children and young people can and should play a role in informing how adults and organisations prevent, identify and respond to their safety needs (Goddard & Mudaly, 2009). Researchers have increasingly considered how to best engage children and young people in such research and to do so ethically and robustly (Powell et al., 2012; Randall et al., 2016).

Within the literature, there is a common view that children and young people who have experienced child sexual abuse should be considered 'vulnerable' and that there is an onus on researchers to ensure, at every stage of the research, to put in place strategies to reduce the risk of re-traumatisation and further harm (Hutchfield & Coren, 2011; Randall et al., 2016).

For this study, we drew upon our previous research experience in conceptualising and implementing this study (Moore et al., 2011), and from the growing literature on ethical research with children and young people (Powell et al., 2012). Although this study did not specifically seek to recruit children and young people who had experienced institutional abuse, we recognised that it was likely that some participants may have had past experiences of maltreatment. Given that many young people in out of home care and youth detention have child abuse histories (Malvaso et al., 2017), we acknowledged the need to act carefully to ensure that all young people could participate safely. In establishing the study, guidelines were developed to inform the way we would conduct the study safely and to respond to any concerns arising (Appendix 1: Conducting the study ethically).

For the purposes of this study, a series of protocols were developed to minimise the risks for children and young people and appropriately respond if ethical issues arose.

The protocols include:

- A **screening tool** which determines whether children and young people are in the right headspace to participate, that they are not currently experiencing any issues that may affect their safe participation, and that they are suitably prepared for participation.

- A **distress and discomfort** tool and protocol which helps researchers identify and respond if a child or young person experiences any adverse impacts while engaging in the research (See Appendix 2).

- A **disclosure protocol** which articulates the ways in which researchers will respond to any disclosures. This includes responsibilities for responding in-the-moment, for identifying appropriate supports and making warm referrals to independent agencies, if required (See Appendix 2).

- A **reflexive tool** that helps researchers identify any concerns and to take appropriate action.

The study was conducted with the approval of the University of South Australia Human Research Ethics Committee (#204281) and responsibility transferred and ratified by Australian Catholic University. Approvals were also sought from and granted by the Tasmanian Departments of Education and Communities.

Tasmanian Departmental and organisational approvals were also required to recruit children and young people through government and non-government agencies. Due to concerns about the length of time that it would have taken to seek and be provided approval to conduct research in government health agencies,[3] a decision was made to recruit young people who had been in hospital through non-health related agencies.

Consent processes in this study

At the beginning of each interview or focus group, we used a series of games or introductory activities to build rapport and help children and young people understand what they were being asked to do and what 'rights' they had during their participation in the study (as reported in Moore, McArthur, Death, et al., 2016; Moore et al., 2015). Participants were then led through a 5-step consent process co-designed with children and young people in previous participatory research (see: Moore et al., 2018).

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3   See: https://www.health.tas.gov.au/about/research/research-governance

Responses to disclosures of child sexual abuse or other safety concerns

In line with international guidance and Tasmanian legislation[4], we took the position that we had a moral and legal responsibility to report disclosures when we believed that: (a) there was an imminent threat to the participant's safety or the safety and wellbeing of other children and young people; (b) that the incident was unknown and/or not acted upon previously; (c) the child or young person explicitly wanted us to act on their concerns (Silverio et al., 2021). Underpinning our approach to reporting or otherwise acting on disclosure was our commitment to informed choice. Disclosing participants were informed that we had a responsibility to report but gave them choices as to how those reports were being made (Moore et al., 2018). Further detail about our protocol for responding to disclosures or ongoing safety concerns are included in Appendix 2: Responding to disclosures and distress protocol.

In eight interviews or focus groups, individual young people disclosed safety issues without prompting. The process articulated in the guidelines was followed.

3.3 Partner engagement and recruitment

Commencing in October 2021, the team communicated with a wide range of stakeholders and partners. It was anticipated that partner engagement would occur from October to December 2021, however this continued through January to March 2022. This delay occurred as several organisations reported that they were short-staffed due to Covid-related illness or isolation requirements. Others reported limited contact with children and young people due to policies designed to minimise the spread of the virus. In addition, some organisations were reluctant to allow us to conduct research on-site. As a result, recruitment was prolonged, and a second wave of data collection was required.

Participants were primarily recruited through partner organisations providing services to children and young people in a range of settings, including health and hospital, out of home and residential care, youth detention and education. Many of these were non-government organisations but child protection and youth justice agencies also supported children and young people's participation. Partner organisations were briefed about the study, its aims and nature and were encouraged to identify and approach children and young people who might safely and willingly participate. Children, young people and their parents were provided information letters, brochures and a link to an animation to explain the study, to inform their consent to participate.

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4   See: s13 of the Children, Young Persons and Their Families Act 1997 and s105A of the Criminal Code Act 1924

During recruitment, children and young people were informed that they would receive a $30 gift voucher for participating in the study, as a recognition of their time and expertise. They were informed that they would be able to keep the voucher regardless of whether they completed an interview or focus group or not.

Inclusion and exclusion criteria

The research team held the view that any eligible child or young person should be able to participate in the research and the team took responsibility for developing methods that enabled children and young people to participate ethically and meaningfully. However, it was recognised that some children and young people may not be in the right headspace to participate in the research and, due to recent life experiences, may be at greater risk of experiencing distress when asked about issues such as safety and abuse prevention.

As such, a screening tool was utilised to help partner organisations, our researchers and children and young people consider whether individuals might be able to participate safely. The tool (included in Appendix 3) included questions about the individual's eligibility (i.e., age and engagement with a Tasmanian government-run service or funded services), current and recent life events and the nature of existing networks of support available to individual children and young people. The tool was used not to exclude children and young people from participating but giving them and those adults who support them the opportunity to consider any vulnerabilities and to determine whether they might self-select out of the study.

In addition, the research team (in consultation with the Commission) made some decisions about not engaging children and young people who may not be able to safely participate. For example, given the ethical sensitivities of conducting research in detention centres, particularly challenges of ensuring their privacy, anonymity and confidentiality while incarcerated (Ogilvie & Lynch, 2001), young people currently in youth detention were not recruited to the research. It was also decided that children and young people who were currently in hospital, who had significant mental health concerns or were currently involved in a court proceeding related to sexual abuse or sexual assault, would not be involved in the research.

Table 1: Inclusion and exclusion criteria

Sector	Inclusion	Exclusion	Other exclusions
Out of home care: foster care, residential care	Aged 12-20 who are currently in care in Tasmania or who have been in care in the past 2 years		Young people who: • Have recently experienced a traumatic life event that might affect their coping skills
Youth detention	Aged 15-20 years who have spent time in youth detention in the past 2 years	Young people were currently being detained at the youth detention centre	• Have had a recent hospitalisation for a health or mental health concern
Hospitals	Aged 12-18 who have been in hospital in the past 2 years	Young people who were in hospital or whose health or wellbeing were currently poor	• Were currently involved in a court proceeding related to sexual abuse or sexual assault charges (as a perpetrator or victim)
Schools and education	Aged 10-18 attending a public primary or secondary school or college	Children and young people who had only attended non-government schools (including home-school)	

3.4 Participants

Fifty-nine (59) children and young people participated in the study. As shown in Table 2, children and young people were living in or had lived in out of home care; had spent a period in youth detention or hospital; or were students at a public primary or secondary school or college.[5]

Table 2: Participants

Age range	Females	Males	Other gender	Aboriginal or Torres Strait Islander	Total number	Data collection methods
Out-of-home: foster care, residential care						
13-20yrs	2	12	1	6	14	Focus Group + interviews
Youth detention						
16-17	1	2	0	1	3	Interviews
Hospitals						
15-20	2*	4*	0	1	6*	Focus Group + Interviews
Schools and education						
11-12yrs	5	4	0	2	9	Focus Group
12-16	12*	10*	0	NI	22*	Focus Groups x2
16-17	8	1	0	1	9	Focus Group
TOTAL	28	30	1	11	59	

5   Note: 5 young people were recruited through a high school and spent 20 minutes talking about their experiences in hospitals or health settings and the remaining 25 minutes talking about their experiences in school. As such, they are counted in both the school and hospital numbers but not in the total. These are indicated with an asterisk (*).

3.5 Methods

Nature of interviews and focus groups

Seventeen interviews and five focus groups were conducted between February and May 2022. Children and young people participated in either a one-on-one interview (which took between 20 and 75 minutes to complete) or a focus group where between 7-12 individuals participated in small group and large group discussions. Each was facilitated either by a single researcher or in pairs. Children and young people were given the option of having a support person present.

Children and young people were led through a consent process (as discussed above) 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 what they would look for in determining whether a place was safe, what they would expect adults, staff and other children and young people to be doing, and what people, environments and interactions would compromise their and their peers' safety and feelings of safety. When appropriate, children and young people were asked to consider the extent to which they were safe in their current or most recent interactions with a particular organisation.

They were then asked to identify 'worries' or 'safety concerns' and determine, using the Worry Matrix (see Appendix 4), whether these risks were likely and what impact they would have on a child or young person who encountered them. Children and young people were then asked to identify one or more risks that may be of interest to the Tasmanian Commission of Inquiry and to consider what a child or young person who encountered the nominated risk or threat would want and need, how they believed that adults and organisations would respond and what they needed to improve.

If participants had identified concerns related to adult-child interactions, or concerns related to interpersonal safety, sexual abuse or maltreatment, participants were asked about their knowledge about the issues (not their experiences of them) and what they or others would do in such instances. In focus groups and interviews with young people older than 15, we also shared concerns that had been identified by the Tasmanian Commission of Inquiry, including grooming, institutional child sexual abuse, peer sexual assault and other harmful sexual behaviours. Participants were also asked about their level of knowledge, confidence and ability to protect themselves and seek out help when required.

Participants in each interview and focus group were then asked what advice they would give to certain organisations and services:

- to those who were in charge of or responsible for keeping children and young people safe in their institutional context

- to the Tasmanian Commission on how to improve the safety and wellbeing of children and young people

- to service providers about what the service system could do to help children and young people be and feel safe and protect them from harm.

A short questionnaire was then administered which 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 and colleagues' (2014) National Survey of Children Exposed to Violence.

3.6 Analysis

Interviews and focus groups generated significant amounts of data which were recorded and transcribed. Activities such as the Worry Matrix completed in focus groups were also recorded on butcher paper or on white boards which were photographed at the end of each session. Data also included researcher notes and impressions.

This qualitative study is set within a paradigm that assumes that reality is socially constructed and 'it is what participants perceive it to be' (Creswell & Miller, 2000, p. 125). The primary aim of this study with its qualitative design is to gain a better understanding of children and young people's experiences of safety. As discussed above, this approach recognises the value of children and young people's unique viewpoints that can only be fully understood within the context of their experience and worldviews.

In line with this design, a thematic analysis was used to inductively answer the research questions. This enabled us to provide a rich and deep understanding of children's experience of safety and the meaning they give to this concept and the needs they have. These analytic processes allowed for categories and concepts to develop to answer the research questions while allowing broader patterns to be identified to describe the key factors young people stated were important to them.

Each focus group and interview transcript were examined in depth and then compared. Through this coding process, common themes across the interviews and focus groups were identified, based on the meanings and interpretations found in the transcripts (Punch, 2013; Silverman, 2011).

The data, using NVivo (a qualitative research software package), were recorded, sorted and analysed. Both members of the research team carried out coding on the transcripts and this process was reviewed to ensure consistency (Boyatzis, 1998; Padgett, 2008).

The following strategies were used to establish trustworthiness in the analysis (Lincoln, 1995): the deliberate recruitment of children and young people to ensure a large enough sample to support our conclusions; double coding and reflective discussion about findings across the research team; and member/participant checking (Moore, Noble-Carr, et al., 2016).

Major codes included:

- Perceptions of safety (safe/unsafe)

- Risks to safety (adults/peers/external/environmental/online)

- Safety needs

- Characteristics of organisations (purpose/environment/practices/leadership/staff/peers/external/complaints)

- Raising concerns/disclosing

- Awareness of risks (high-risk adults/grooming/exploitation / harmful sexual behaviour/online)

- Recommendations for improvement

Quotes from children and young people exemplify and illustrate the shared experiences that emerged during the research and analysis, and aligns with the methodological approach adopted, which aims to evoke the qualitative insights and lived reality central to the research.

For the purposes of this report, we have labeled each quote with a unique identifier. These labels clarify whether the quoted participant came from the foster or residential care (OOHC), youth justice (YJ) or hospital (HOS) sample and how old they were. For example, the label "(OOHC_1, YP13)" indicates that the quoted participant was from the foster care or residential care sample and was aged 13.

When the quoted participant engaged in a focus group, we use the label to identify whether they were in a group in a primary school (FG_PS), high school (FG_HS) College (FG_COL) or out of home care (FG_OOHC). The label (FG_HS_ HOS) is used to indicate that the participant was engaged in a session at their high school that specifically focused on their time in hospital.

To ensure the anonymity of the young person who identified as non-binary we have not included an indicator of gender in any of these labels.

3.7 Limitations

There were several limitations in this study due mainly to the range and differences in individual experiences of institutions of interest to the Commission. For example, children and young people who discussed safe schools generally had fewer complex needs compared to those young people who talked about the nature of out of home care and detention.

The numbers of young people who had experienced detention and health services were small due to difficulties in recruitment. This was despite an extension of the data collection period, multiple interactions with services and the ability to complete interviews as flexibly as possible (in person, online or telephone) to meet young people's needs.

Notwithstanding these issues, the interviews and focus groups were able to elicit broad and shared themes and the needs and concerns young people talked about can be related to a range of institutional settings.

Findings

This section provides an overview of the findings as they pertain to how Tasmanian children and young people understand and experience safety within institutional settings and the types of characteristics of organisations that help or hinder their sense of safety. It also identifies which characteristics children and young people believe influence their exposure to safety concerns. The section then considers the risks and experiences that Tasmanian children and young people have had (or are worried about encountering) within organisational settings before. It then goes on to discuss what they believe they need from adults and organisations to be able to raise their safety concerns or disclose abuse or other harm.

04

Tasmanian children's understanding and experiences of safety in organisational settings

A key focus of the study was to capture how Tasmanian children understand and experience safety in their organisational settings as well as the characteristics of an organisation that helped them be safe and feel safe. In interviews and focus groups, children and young people were asked what they thought was meant by the word safe before considering what a 'safe school' a 'safe placement' a 'safe hospital' and a 'safe youth detention centre' looked like, felt like and did to prevent harm and meet children's safety needs.

Children and young people in this study generally talked about safety as the absence of risks (many of which will be discussed in section 5) and feelings of being calm, settled and relaxed. Safe organisations were marked by the availability of safe and protective adults and peers and fostered safe environments that were hazard-free and child friendly. When interacting with safe organisations, children and young people felt respected, valued and empowered and things were stable and predictable. Their sense of safety and confidence was strengthened when they felt like adults respected their views and actively listened to them, provided them opportunities to talk about their worries and concerns and to work collaboratively with adults to identify strategies to prevent and respond when issues arose. Having some agency and freedom was valued.

4.1 How children understand and experience safety

In interviews and focus groups, children and young people were asked about what it meant to be safe and feel safe. For many, safety was experienced: in their bodies, in their thoughts and feelings and demonstrated in their actions. In schools, for example, younger students talked about being calm, about being relaxed and about not feeling stressed, anxious or afraid. Conversely, when they felt unsafe: 'it's in your body. Like when you're shaking… your body is tingling' (FG_PS).

Children and young people also spoke about safety in terms of its absence or in terms of risks, threats and harm.

> Being safe means knowing that you're not going to get hurt, that you don't have to be constantly asking "am I going to be bashed or abused" and do I have to be like on the constant lookout. (FG_HS)

Older students sometimes talked about how feelings of being safe influenced their ability to concentrate or relate to others and the world around them. In one focus group, for example, students spoke about their experiences in a previous school where violence and fighting were all around them. They talked about how this unnerved them and how they took action to keep themselves 'small' and 'invisible' so that they were not the victims of their peers' behaviours.

Although children and young people often reported that they determined whether someone, somewhere or something was safe or unsafe by their bodily and emotional response, they conceded that this was not always a good indicator of safety. They believed that there were times when they were safe when they felt unsafe and vice versa. For example, one girl in the primary school group observed:

> Half the time when they say you're safe, you end up not being safe. Like I've seen a million stories about rollercoasters where they say that you're safe… but then people die on them! (FG_PS)

Similarly, there were times when children and young people were unsafe but felt (or at least reported) that they were safe and felt safe. This was evident during interviews with young people living in out of home care and youth detention who reported that they were always safe in these environments but then listed off some significant threats to their safety and wellbeing. When asked further about this, these young people acknowledged that other young people might feel unsafe, but they themselves did not. It was as though, when there were constant threats, it becomes a normal occurrence to be managed.

As such, children and young people across interviews and focus groups often felt that their perceptions of safety were sometimes good indicators of whether they were safe or not but that they could not always rely on feelings to determine if a person, place or experience was a threat.

4.2 Children and young people's perceptions of being safe (or unsafe) in key government institutions

Children and young people in each interview and focus group were then asked what made their organisation safe. They considered what made their school, hospital, care placement or period in youth detention safe, what a safe organisation looked like and felt like and, if appropriate, whether they felt safe in their institutional setting. Most, but not all, children and young people reported feeling safe most of the time in the institutions with which they interact.

> Yeah, I feel safe most of the time. I mean when you're like being bullied or something happens with a teacher, you might feel unsafe for a while but overall, yeah, we're pretty safe. (FG_HS)

> YP 1:   I felt safe all of the times, because me and my brother had wonderful carers.

> YP 2:   Yeah, the carers were kind. You could actually get comfortable, and actually know that we're safe. But for me, I was … pretty much safe, but not all the way.

> YP 1:   Like half and half, maybe.

> YP 2:   Yeah, like half and half between. (OOHC_1, 12 & 13)

They could often describe characteristics of a safe organisation, including that they were surrounded by safe and supportive adults and peers, they felt respected, valued and empowered, there was stability and predictability, their views were sought and acted upon, they had some agency and freedom and played a part in helping their organisation to reduce risks and respond to safety concerns.

Safe people

In almost all interviews and focus groups, children and young people were quick to identify relationships with safe people as key to their experiences of safety. This included safe adults and safe peers as well as advocates and allies outside of the organisation (see discussion of this group in section 7).

Participants felt that all adults associated with an organisation needed to be safe. Participants were often emphatic that not all workers, teachers, carers or adults were the same and that only some were available, approachable and had the willingness and ability to respond to children's needs. There was a sense that even when children and young people were surrounded by adults, there were only some who they felt could take on the role of a trusted adult.

Known and trusted

Children and young people reported that they believed individual staff were safe when children and young people knew them and had built a relationship with them. In some settings (particularly in hospital, youth detention and out of home care), children and young people remarked that with so many different adults coming in and out of their lives they felt unsettled and were uncomfortable with staff. Several young people used the term 'strangers' with respect to new workers and professionals who they did not know or trust.

> The first thing that makes young people safe is knowing the workers, knowing who they are. Workers are obviously strangers when they come into the house and obviously knowing something about them is really important. So, knowing who's on the roster and if you know who they are it's obviously better because otherwise they're strangers coming into your house. (OOHC_10, 17)

Kind, caring and interested

There was a broad consensus about the characteristics of a safe adults with young people using words such as "kind" and "caring": adults "who you could get comfortable with and actually know that we are safe" (OOHC_1, M12). In the context of a hospital, safe adults were those who were "friendly and kind", and "who showed interest" and asked young people what they needed. In the context of schools safe adults are people who care. In the context of youth detention, young people identified 'good workers' who talked to young people, spent time playing games with them and getting them food; while in out of home care, one young person said adults needed to be understanding and open:

> Being kind and always making sure they take into consideration their feelings, and things, so that the young person feels like they can trust them. Well, I think the people that are carers, or are looking after the children, need to be very understanding and have to know that not every child is going to be the same, or even sometimes not similar whatsoever. It's very important that they are open to different … There's going to be challenges that they might have never experienced before, and they need to know how to deal with those instead of having a more violent or worse reaction. (OOHC_12, 15)

Another young person in residential care described a worker he thought was 'safe' by saying she did things for him like buying food when he wanted it and letting him use her WIFI when he ran out. He said: 'She was very relaxed about everything' (OOHC_7, 16).

Children and young people also thought that these adults needed to be genuine – that they needed to be authentically interested in children and young people, respected them and wanted the best for them. This meant that these adults not only needed to "say the right things" but also to demonstrate their authenticity through their behaviours. Children and young people in school, for example, felt "let down" by teachers who told students that they could come to them with problems (like bullying) but who then dismissed or downplayed their concerns.

> [You feel unsafe] when teachers go 'come to us and we'll look after you... [but then] when you're in a fight and the teachers just 'stay away from each other' or 'stick up for yourself'... when it's bad advice. (FG_HS)

Safe adults were otherwise described as those who want to do their job, who want to be in the role where they are interacting with young people. Conversely, staff who didn't want to be there, were in their job for the wrong reason and did not want to help children were not safe. Participants defined unsafe adults as carers who did not have the right caring attitude for the children in their care and teachers who are not tuned into children because they are distracted by other things or who are "really disrespectful".

> [Safe 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)

Protective

Safe adults were ones who took children's safety seriously and took an active interest in watching, taking notice and responding when issues arose. This required them to know children and young people well and to watch to see if their behaviours indicated that they were unsafe:

> If even the slightest thing changes in my attitude, they know something's wrong. I could be crabby for a day, just a bit more pissed off, and they'd just be like, "Hey, what's going on?" You know? Just something very minor. Right? I mean, a lot of the time my mental troubles are nothing like that. It's not like, "I've been touched." No. If someone touched me, I'd punch them in the face. (OOHC_5, 17)

The children and young people stressed the importance of adults stepping in to protect them. They noted that some teachers, some workers and some youth detention workers were not helpful because they did not step in to stop children

from being bullied, harassed or threatened. These adults were considered unsafe, and their lack of action compounded children's distrust and sense of hopelessness:

> [Children] would kinda get depressed [if adults didn't protect them] because we're told the teachers are there to look out for us but when they don't help us, who are we supposed to turn to?... It makes you feel unsafe because you are all alone and you have to do it by yourself... you would feel horrible because there's no one you can trust. (FG_PS).

Most importantly, adults needed to act on what children and young people have asked of them to demonstrate that they are sincere.

Protective peers

When asked to consider what made a safe school, out of home care placement or detention centre, children and young people often spoke about siblings, friends and trustworthy peers. As will be discussed below (see Section 5), other children and young people were often considered a threat. However, many children and young people reported that they would turn to their siblings, peers or friends when they felt unsafe and when they needed help. Young people who had been in care with siblings reflected that this was invaluable it was good to have someone who they could turn to for support and advice while looking out for and protecting each other from any safety threats.

> You're safer if you have lots of friends, good friends, ones that will watch out for you. If you're lonely and no-one wants to be your friend then you won't feel safe and you won't have no-one. (FG_PS)

Peers were also seen as increasing safety by being protective and were the ones that would intervene when a child or young person was unsafe. Protective peers would be available to talk through worries and concerns. They could help other children and young people seek support when needed.

> You need someone you can kick it off with, you know, who you can talk to who knows what you've gone through. It's good when you're matched with someone like that. It makes life so much better. (OOHC_6, 16)

On the other hand, children and young people identified that, as with adults, not all children and young people would act in ways that protected other's safety:

> Like, most other children are nice and that, and lots I'd call friends but 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)

Safe environments

Many of the children and young people spent time thinking about the environments and how these either influenced their sense of safety or potentially caused them harm. The sense of safety related to both the feel of the environment as well as a sense of privacy, ownership and control. In addition, the right physical environment, whether that be a private room or a shared safe space, meant children and young people were able to remove themselves from harm, sometimes from their peers.

Some environments were seen as full of potential dangers. Students felt that run-down schools, schools where equipment was damaged or where there was broken glass in playgrounds, and where there were no fences protecting younger students from busy roads were all unsafe. Young people in out of home care sometimes spoke about how it made them feel uncomfortable living in houses where there were holes in walls, damage to buildings and broken furniture.

Several young people who had experienced a stay in hospital said they did not feel safe due to a range of issues including the nature of the environment. They talked about how hospitals for children are creepy and sterile and did not feel child friendly. One young person described it this way:

> My room was dark. I didn't have access to a window. It felt like solitary confinement. It was quite horrible: that situation, I didn't feel safe. I didn't feel like I could flourish in an area like that. I didn't feel like I could get better in an area like that. It really wasn't until I was moved into a room where there were three windows and where I had different nurses, where I felt like, "Okay, I'm starting to get better. I can do this. I can get out of here." (HOS_1, 17)

The environment could also make children and young people feel safe. Some children and young people talked about how they now felt safe in homes that were clean and homely and where there was space that they could enjoy. They also liked having their own space:

> You don't have to live with anybody else, they're not sharing rooms. (FG_OOHC)

Children and young people reported that their rooms were safe because it was theirs, and often because they were refuges from the threats that they encountered outside. Some young people in care also mentioned that they valued when in residential or foster care they had choices about how their room could look.

> We would get a choice of bed, type of thing. So, we would choose the size of the bed, and stuff like that... Stuff you want over your doona, pillowcases, yeah all that sort of thing. (OOHC_1, 13)

For young people in out of home care having a lock on their bedroom door was valued so that they "could be alone and protected" from harm (OOHC_8, M15 & M16). A young person who had experienced time in youth detention described how when he was angry, he would remove himself from what was happening and go to his room and listen to music. Another young person talked about how having your own space in hospital is really important.

> I've had a few surgeries and sometimes I am in a room by myself, sometimes I am in room with someone else and that doesn't feel comfortable being in a room with someone you don't know it's being in a room with strangers. (FG_HS_HOS)

Having a space where young people could go for respite from the threats that surrounded them was seen as vital. For students in schools, a 'safe space' or 'time out zone' was seen as helpful for children and young people who needed to escape threats of violence or bullying.

> There should be a place where you can go if you are feeling unsafe. Somewhere to escape, somewhere where there's someone who can ask you if you're OK and what you need. (FG_PS)

In this study, some children and young people in foster care or who were living in independent housing shared this sentiment, reporting that they felt most safe when they were with their carers or were at their new homes alone.

Children and young people are respected, valued and empowered

When discussing safety in organisations children and young people identified how essential it is for them to be respected, valued and empowered. Participants noted that they were often relatively powerless in the institutions in which they interact compared to adults. They described a range of factors such as the need for stability, information and choices as key to building their sense of safety and agency.

Some children and young people specifically recognised that adults often have and exert more power than children to make rules and decisions. Several described that they felt as if there were situations when they felt powerless to change circumstances or make decisions (even when they felt unsafe) and often felt disempowered by adult responses or lack of responses to unsafe situations. Some young people argued that because of the uneven power between adults and children and young people, adults needed to proactively ask children about whether they felt safe rather than leaving it up to children. When these factors were in place, children and young people said they felt safer or would feel safer.

Several participants in the College focus group talked about how having double standards being applied between students and teachers led to power imbalances that made them feel unsafe.

> There was a feeling like there was a double standard at school: that adults expect young people to be respectful and non-violent, but teachers still use their power over students, they can be disrespectful in the way that they speak to students, they work in ways that showed they were in charge and used that against students for example "I can swear at you but you can't swear at me". (FG_COL)

Similarly, young people who had lived in out of home care described how power was sometimes used.

> Some of them go to uni and once they have a degree they come and use that power on us and then we feel bad. They think that we are in the wrong (FG_OOHC).

A young person who had spent time in hospital talked about a health worker who specifically told him he must comply and follow the rules even when these seemed unfair or unjustified. He also mentioned another situation when a decision was changed to not allow him to leave the hospital on day leave. He felt that this decision was arbitrary and not in his best interests.

Stability and predictability

Across the various groups, children and young people often spoke about feeling safer in institutions that were familiar and when they had stability. When asked about their concerns about high school, for example, students in the primary-school group talked about being fearful about the unknown, about their worries about getting lost and not having familiar adults to whom they could turn if they needed help. Although some felt a sense of anticipation, some voiced a fear of the unknown.

Children and young people who were in out of home care described how their safety and their sense of safety were often compromised due to a lack of stability in their lives. Stability appeared to enable a level of predictability, which was also important to help children and young people feel safe. With a sense of stability and consistency of care, their feelings of safety increased. Being moved into care and moving placements without clear information or preparation about what was going to occur or why it was happening made it very difficult to find a safe place. Not knowing how long they would be in a care placement made it difficult to build meaningful relationships.

Having information was not only about what was going to happen but also about the need for adults to provide them with appropriate information about risks, about

their circumstances and what decisions were being made that affected them and their safety. Many young people were of the view that they were not always provided with the information that ensured they felt safe, especially young people in out of home care. They provided multiple examples of times when they didn't know what was going on, didn't know why they had been removed from their families, were not told that they are being moved from one carer to another or to another residential care home. This 'not knowing' led to children and young people feeling unsafe and uncertain – never knowing whether they were in a stable and settled living arrangement and never knowing what was going to happen and why.

Listening to children

Almost all young people identified that to feel safe they had to be listened to by adults. Being listened to sends a message to young people that their views are important and valued. However, young people felt that decisions often get made without first soliciting their views or that their views are ignored. Participants also described how sometimes adults stepped in and responded or made decisions without involving them.

One young person who had a stay in hospital described it like this:

> They need to be taken seriously. They need to be listened to, to be told, "I believe you." I felt, and I had been sitting on that for a whole week, for a whole seven days, I still felt like a nuisance. I still felt as if I was just complaining. I had heard nurses saying I was complaining. It really only felt like [only] one staff member I [talked to listened and respected me]. Keep in mind, there were six members on the medical team, and I was looked after and tended to by eight nurses a day. 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)

Another young person also did not feel as if he was listened to when he was admitted to hospital after going to casualty with suicidal thoughts and kept against his will – staff did not believe him when he informed them that he was suffering from trauma.

> Well, I was held in hospital against my will… for bipolar… for nearly a week. Because they believed I was psychotic and bipolar, and they don't give a fuck about trauma they just label [you with] something and throw you in there and think they can… I ended up going to hospital because I had suicidal thoughts because of my trauma and my pain and my stress from everything that was hitting me in August last year… between my ex moving up north, by being sexually and mentally abused by dad, between that and all the stuff I was going through mentally: like not being able to cope with my brothers' anniversary

coming up, that all hit me hard... I wasn't in a good space, but I knew from the get-go that I wasn't bipolar or psychotic. They did all the tests and none of them came back saying I was bipolar or psychotic, but they still held me against my will. (OOHC_3, 17).

He described how staff wouldn't let him leave and lied about how long he had to stay.

Another young woman in care felt that workers and carers did not always try to get to know her or ask about her experiences. Instead, she felt that they judged her based on what was in her file or what they had heard from their peers. When asked what she valued, she argued that it was important for workers to really listen and to understand what had gone on from the young person's perspective:

> I feel like there's so much miscommunication between carers and agency case workers and actual child protection case workers. I have had people say that I have this characteristic, which is completely different, and they said, "Oh, we got that from your case file from such and such." I was like, "Where did you get that from? That was never a part of my personality, never will be." So, yeah, I think just miscommunication makes it harder to really find out how the kid's feeling, because so many people are involved all the time, constantly rotating in and out. (OOHC_11, 17)

Children and young people's role in identifying and helping to prevent and respond to safety risks

Several participants talked about how important it was adults in institutions engage children and young people in discussions about risks and how they can be mitigated. This was seen as a way to potentially rebalance the power between children and adults and could lead to more effective responses.

> That's the other stupid thing I don't like. There is this culture of adults are always right and adults know best... Sometimes adults do not know best. Sometimes adults are not always right, but kids are still encouraged to wholeheartedly believe everything is right and everything that comes out... of their mouth is good, but sometimes it's not. (OOHC_11, 17)

In one group of student representative council members (SRC), participants considered the potential role that they and other school leaders might play in ensuring that their school was a safe place for all young people. They talked about how they appreciated things that their school had done when they were younger that helped forge relationships between younger and older students. For example, one young man remembered that in his first year of high school, the year seven students and year ten students shared physical education lessons together. He liked this strategy because it meant that he got to meet older students, found out that they were not as scary as he had first imagined, and felt that he could turn to them

if he was ever hurt or bullied or needed advice. He pledged to talk to the school's Deputy Principal about reinstating this arrangement as well as looking at how the SRC might change.

> At the moment we're like another layer of discipline … Like our role is to make sure that the younger students are doing the right thing and like discipline them if they're not. 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)

Participants also gave advice as to how organisations might develop child-friendly mechanisms through which children and young people could play a part to identify and respond to safety concerns. In a focus group where children talked about a teacher who had assaulted a student, for example, they believed that to prevent a similar situation occurring in the future their school might (a) place a 'worries' box at the front of the school where children could confidentially flag any safety concerns they had or to raise issues with their principal; (b) the principal might proactively and regularly ask children for feedback about their school and their observations about staff and students; and (c) the school might hold 'safety sessions' (similar to the focus group conducted for this study) where children and young people might talk about ways that the school might strengthen their strategies to protect children and respond to their safety needs.

Having some agency and freedom

For some participants, particularly those who had spent time in residential care, youth detention, or hospitals, safety also related to having some control over their space, their ability to move around, and their sense of freedom. Not being able to 'escape' or otherwise leave was a particular concern for many who reported feeling uneasy and uncomfortable. Young people in out of home care often reported a similar sense of uneasiness when they felt restricted in what they could do, who they could associate with and whether they were able to spend time away from their carers or workers. Two young people who were placed in closed hospital wards, and were kept against their will, reported great discomfort and felt that these restrictions compromised their sense of safety and their mental health. Having some sense of agency and freedom seemed important, particularly for those who were not able to enjoy these due to organisational or practical restrictions.

Some participants recognised that sometimes adults need to intervene even when young people don't want them to. For example, several young people in residential care talked about how staff called the police to try and find them if they stayed out

past the arranged curfew. Although they found this annoying, feeling like it curtailed their freedom, when asked why they thought residential care staff called the police, they responded by saying it is "because they don't think that we are safe and yeah it is pretty fair to do that" (OOHC_6, 16). Another young woman identified how a curfew and the calling of police is a positive strategy to keep young people safe.

> I think having a curfew is good at 9:30 that keeps us safe and if we don't come home, they call the police, and the police look out for us and bring young people home. (OOHC_10, 17)

Cultural safety

A large proportion of participants in this study indicated they had Aboriginal and/or Torres Strait Islander heritage (11/59). The numbers are not too surprising considering the over representation of Aboriginal and Torres Strait Islander children and young people in out of home care and youth justice. During interviews, we asked them specifically about the concept of cultural safety and the role that cultural identity plays in contributing to safety and wellbeing. Only one young person could discuss the concept of cultural safety without any definition. He was not able to identify any attempts to acknowledge his culture and respond to what might be needed to strengthen it while he was in hospital.

> I didn't really feel represented or supported in terms of my cultural identity. I wasn't even asked if this was something that I wanted, or if this was something that I valued about myself. It wasn't until I had been mentioning parts of my culture to nurses that that was a topic of conversation.
>
> [Q: So, you would've been able to tell it was culturally safe for you. In what ways? How would it have been culturally safe for you?]
>
> If I had an Aboriginal youth worker come over. I didn't feel support in that aspect. And also, even whether there was access to national indigenous TV on the television, whether there was an Aboriginal mural in the hospital or things like that. (HOS_1, 17)

Other young people mentioned other ways they learnt about their culture, for example through school. A young person acknowledged that he was linked into an Aboriginal service and after discussion agreed that "looking after the cultural" was something that he had experienced in his time in detention. Another young woman said she had never heard of the concept of cultural safety or of how it might be reflected in practice.

> No, I've never heard of that I don't know what that means, and I haven't had any of those things. (OOHC_10, 17)

In summary, children and young people characterised safe schools, out of home care settings, youth detention and hospitals as those where they are surrounded by adults and peers who are trustworthy, genuine, and take action when children need them. They are more likely to be safe and feel safe in environments that are clean and tidy and where there is an absence of hazards. In safe organisations, children and young people feel respected, valued and empowered and they enjoy stability and predictability. Adults and organisations demonstrate that they value children and young people by respecting their views and truly listening and responding to their needs and wishes while giving groups of children opportunities to help inform how adults and organisations are keeping them safe.

Overwhelmingly, children and young people talked about safety in relation to the absence of risks. These risks (including children and young people's worries and threats) will be considered in Section 5.

05 Children and young people's experiences of safety risks

The previous section outlined how being respected and having some sense of influence seemed important to many: some young people wanted to have some say about where they lived, who they lived with and what workers they interacted with. Others were unhappy about the level of control that carers and staff had over their lives and reported being restricted in what they did and what friends they could spend time with. Having some autonomy and freedom was important to several young people. A key element to feeling unsafe reported by many young people is when they raised issues, and were either not taken seriously, dismissed or not believed. This issue is further discussed in Section 6. In this section, Section 5, we provide an account of the safety risks that children and young people believed were present in institutions and those that they were worried about.

In all interviews and focus groups, children and young people were asked to generate a list of worries and concerns that children and young people their age might have within an institutional setting. For example, students in primary school were asked "What are some of the big things that children are worried about at school?" They were then asked to determine whether (a) it was likely that a child or young person would encounter that risk and, (b) if they did, how much of an impact would it have on them and their lives.

With participants aged 15 years or older and/or who had raised risks related to the research questions (i.e., adult-child abuse, grooming, harmful sexual behaviours), we used our professional judgment to discuss issues of interest to the Tasmanian Commission of Inquiry.

In interviews and focus groups, children and young people described dozens of risks and concerns that they and other children and young people had within institutional contexts. Children and young people in school settings generally identified potential risks (things that could happen) while those in youth detention, foster and residential care spoke about actual risks (things that had happened).

The types of things that worried children and young people or made them feel unsafe varied. Some related to the nature of the service that was being provided within a particular institutional setting. For example, children and young people in schools reported anxiety about their schoolwork, their parents' expectations about grades and their own success. Other young people talked about worries about how they might be treated by adults and peers while in an institution. Young people who reflected on their experiences in hospital or health services, reported feeling unsafe because they were given very little information about their treatment and felt like their opinions about their treatment (i.e., what medication they were on) were dismissed by medical staff. Young people in schools, residential care and youth justice spoke about the violence that they experienced in these settings. For the purposes of this report, we will focus primarily on interpersonal safety risks relevant to the work of the Commission.

Almost all young people could identify how they, at times, felt unsafe in institutions. This feeling of being unsafe was linked to experiencing bullying or violence or observing it. As discussed in Section 4, many young people reported that during their time in foster and residential care and youth detention, spaces and people often did not feel safe. Many talked about how the physical environment was often chaotic, damaged or in disrepair, and did not always afford them privacy.

5.1 Unsafe peers

Children and young people raised several risks that related to their peers. Many young people identified bullying, harassment and violence as major threats that they had experienced. Sexual abuse and assault were also raised as something that was more likely to happen to young people in out of home care or in the community. Participants were also able to identify strategies adults used to try and protect young people from other young people.

Bullying, violence and intimidation

Bullying was raised as a key concern for many children and young people, particularly in school settings. When asked to rate how likely it was for a child to experience these issues, many participants determined that it was 'highly likely', recalling incidents in their current or previous schools. For these students, bullying varied from teasing and name-calling through to serious physical fights and intimidation. Many participants observed, with some frustration, that teachers and schools often dismissed the impacts of bullying which students believed were significant:

> One time there was an incident when someone tried to chuck a rock at my head. And I went to the school and told them, but they didn't do anything. So, I didn't feel safe because they didn't do anything about it... We had meetings with the school, but they didn't take it seriously. (FG_PS)

Young people in care or detention also describe how they were unsafe due to the violent behaviours of their peers. They reported constant threats of physical violence and times when they had been bullied and attacked by their peers. One young person described how he was attacked by another resident who had stolen money from him. Another spoke about a peer who used to bully him and how this young man burned his most significant possessions, photographs of his grandmother and great grandmother:

> [He was like one of the] bullies you see on TV shows and stuff. If you tell someone then they go get revenge on you. I remember I tried to run away one night, and I had packed a suitcase full of clothes. I had a picture of my great grandmother and a picture of my grandmother, and he burned those pictures... And he burned them and made me watch. Then tried to stab me with a butter knife but I was standing away while in the pantry. (OOHC_7, 16)

He recalled the impact of this bullying and how this affected his sense of safety:

> I was absolutely terrified. I almost gave myself up. I tried to just sleep through it. I was thinking at that moment it would be better to be dead than to go through it. It was like a horror movie. (OOHC_7, 16)

Some young people reflecting on why bullying and violence was prevalent in care settings felt that it was because many residents had experienced trauma or were dealing with their own issues that affected their behaviour:

> Other kids in care have been hurt and those children have had in worse [than us] and they are noticeably worse, they have anger issues, they lash out, they constantly black out and its unsafe for the other kids to be there. (FG_OOHC)

One young person described how he was being bullied and threatened by another young person in residential care that resulted in him having to be moved because of his response to this behaviour. He felt this was unfair.

> I've been in some Residential [units]… For the first year and a half, I was in that I was physically and mentally manipulated for nearly the whole entire time, and I was quote unquote a "problem" and I had to be moved… The only way I knew how to react to people who were being aggressive was to become the aggressor… that's the only way I dealt with it. (OOHC_3, 17)

Another was of the view that staff didn't do enough to move young people who use violence.

> Instead of just move the dangerous kid away for a month, actually move the kid who's in danger to their own house. Because that was something that annoyed me a lot… Then they'd come back. It caused me to be sick for two weeks. Having fever dreams and stuff. Had the doctors come around. I was just so nervous. (OOHC_7, 16)

As will be discussed further in Section 6, children and young people reflected that their safety was often compromised due to the poor matching of children in care. As noted above, they recalled that their peers' behaviours and challenges not only threatened them but also had an impact when they were concerned.

I was in a placement with these kids. They had never been in care before. And one of them, I think she was 13, she was quite violent and aggressive. And it was shocking to me because she was such a lovely girl most of the time. And then if she got angry, it was just … It just happened and you wouldn't expect that. I think if you have already a child in your care that is not stable, or sensible in a way, you shouldn't … put other kids there that have a background with people like that. Or even just, you shouldn't put a kid there, full stop.

> I wasn't scared of her being able to hurt me. I was more scared for her safety. For her … She would try and run away. She would … And their parents were very violent. If they found them, they would not hold back. And it was just… Yes, I feel bad for their situation. But at the same time, I'm also in a bad situation, so I need to be able to feel safe where I am not having to constantly be anxious about what might happen next. (OOHC_12, 15)

To increase safety, participants who had experienced youth detention identified how essential it was to segregate younger young people from older young people. This strategy could keep detainees safe. But it was not always implemented or successful.

> Yeah. I reckon they should do that, separate young boys from the older fucking boys, because it's hectic in there because they get out thinking they're big fucking Terry Tough Nuts because they hang around the big boys over there.

They think they're massive when they get out and just end up doing more crime, because then they're hanging around them boys when they get out. (YJ_3, 16)

Another young person felt that this strategy of separating younger detainees from older ones did not always happen.

Why put the 13-year-old up with all the fucking people that are like 17 and 18 years old? But now they've got one little 13-year-old in there. He's trying to get up with all of us and then he says something wrong, and he ends up getting himself bashed. (YJ_1, 17)

Sexual harassment and assault

In some of the interviews and focus groups with older young people, participants identified peer sexual harassment as one of their or their peers' concerns in institutional settings. In other interviews or focus groups, we asked them specifically about whether it was something that young people worried about. In most focus groups with older young people, participants felt that peer sexual harassment and assault were likely or highly likely and assessed the impacts to be significant. Some participants gave brief descriptions of sexual harassment that had happened to them or a friend.

In school settings, for example, young women talked about harassment that occurred both at school and after school by fellow students. Primary-school aged students talked about it occurring on the bus to school. Young women who had been in detention or out of home care reported similar encounters. We heard that when individual young women were the only females in detention they felt lonely and isolated and were not able to use facilities (such as the gym or pool) because they had been segregated from the boys. We heard that young women received significant inappropriate attention from boys which was often dismissed or, on occasion supported by staff.

Yeah, when I was outside, doing shit outside, and then because it was separated off where the pool and the fucking exercise shit is, and I was just sitting on it, because there's chickens and all up there. Sat there playing with the chickens, and because there's a big fence and then there's all the units, and there'd be boys walking from the units to the gym or something, so they'd walk past me, but different side of the fence, and just yell shit out. Other girls might be in there and they'd probably do the same to them, because it's the only girl in there. (YJ_3, 16)

There were also examples given where young men sexually harassed both boys and girls. One young man in youth detention described a serious situation where he was threatened with rape. Young people in youth detention raised concerns for their younger peers, believing that they were at risk of experiencing sexual assault by older youth while detained.

Across some of these interviews and focus groups, participants reported the limited ability for institutions to prevent and adequately respond to issues of sexual harassment and assault. Participants felt that there were several reasons for this. Firstly, they argued that there was a broader cultural problem in Australia where the gravity of sexual harassment and assault and impacts for victims was not fully appreciated:

> There's an issue at a societal level – as a community we don't really take sexual harassment seriously enough or take action. So sometimes that plays out at schools. (FG_COL)

> Tying it into the broader Australian society, you've got a culture where people don't really believe victims or understand how it affects people. (FG_COL)

They argued that this made it difficult for all victims, but most especially for young people to raise their concerns and to be taken seriously:

> 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. (FG_COL)

Young people also talked about the shame related to sexual harassment and assault and felt that it was hard for them to find a trusted adult who they believed would not judge them, who were prepared to listen to their story and not dismiss it because it was too difficult to hear, and who would take action to respond.

Sadly, some participants felt that sexual harassment was an issue that would continue to affect young people until adults took the issues seriously. One pair of young people were pessimistic and felt that sexual harassment would only be dealt with when their generation became leaders.

Online harassment

Young people in several interviews and focus groups raised concerns related to the online space. Many spoke about online platforms as presenting a potential risk rather than something they or their peers had experienced. However, some spoke about instances where they had been victimised in the cyber world. When asked about the likelihood of young people experiencing problems online there was a variety of views – some believed that it was a relatively low risk, while others (mostly young women) felt that it was highly likely that young people would come across scenarios where they might be manipulated, exploited or harassed online.

Some of the online safety risks raised by young people included sexting (the sending of explicit 'selfies'), sexual harassment, catfishing (when someone pretends to be someone else to facilitate an online and often problematic relationship) and grooming. When asked, many young people reported that they were somewhat aware of the risks but felt that they were ill-prepared to identify these risks and what to do if they encountered them online.

In a focus group, a young person shared what had happened to him in the online environment and who he told about it.

> When I was thirteen there was a situation where I got pressured into making a video and they were like 'I'm going to show your Mum'. I had a freak out and then I thought, OK whatever and then I went to a social worker and they said that they could talk to the school and let people know that [the bullies] could get in trouble for blackmail, because it's illegal, and [the social worker] said she could find a way to get the images or video taken down if it was published but that the school needed to send the message that the students would get caught. (FG_HS)

Young people were somewhat ambivalent about adults' and organisations' understanding of risks posed in the online space and often did not have confidence that adults and organisations would know what to do or how to respond if young people sought support. One group felt that it would be invaluable if adults and young people worked together to better understand the nature of online risks and to find ways to prevent and respond.

5.2 Unsafe adults

In almost all interviews and focus groups, children and young people identified adults as a potential source of danger or harm. However, most children and young people only spoke about abusive adults in the hypothetical: talking about adults who could potentially abuse you or cause you harm rather than disclosing scenarios when they had directly encountered these individuals.

However, almost all children and young people could identify adults with whom they had contact that made them feel unsafe. In some groups, children and young people talked about 'creepy adults' who did not necessarily do anything to cause them harm but who made them feel uncomfortable and acted in ways that felt inappropriate or 'weird'. Participants in a school focus group identified teachers who yell or threaten children as not safe adults.

Young people in out of home care and youth detention sometimes spoke of adults who had caused them harm: either before or during their engagement with an institution. This harm was more often emotional, sometimes physical and, in a very few cases, sexual in nature. Young people in out of home care and youth detention

also gave examples when adults had failed to meet their needs or protect them from harm.

It is important to note that not all children and young people who lived in care had been hurt or harmed in care. Some reported being incredibly safe and felt that their workers and foster carers were their key supporters and protected them from harm. This contrasted with others who characterised their time in care as being abusive:

> Since I was like, what was I, 8 or 9 years old? I've been sexually, mentally and physically abused while in care, by multiple people including like youth and other adults. (OOHC_3, 17)

Inappropriate discipline and physical punishment

A small number of the young people who had spent time in youth detention spoke about times when they and their peers had been assaulted by staff, often during restraints or after a critical incident:

> I had a few restraints, because I was young, back then I was having fun. Got restrained a heap of times. Got taken to my room. I got bashed multiple times by the staff and just thrown around. Obviously, they had to restrain me, but they're trained to restrain people in a certain [way] like … Not sit there and lay knees into you and that, and hit you in the back of the head. And there have been times where they've just stripped me of all my clothes and left me in my room and that. (YJ_2, 17)

> They dragged me mate back to his room and bashed him… I think he got kicked in the guts by one worker. He got bashed by a worker in his bedroom… got choked out by an older worker… They make it look like they're not doing something, but they are. (YJ_1, 17)

Young people in out of home care also gave examples of times when their foster carers who were physically violent or threatening:

> One of the carers drank a lot of alcohol and they came to punch my cousin in his sleep. (FG_OOHC)

Emotional abuse

A number of young people who had lived in out of home care talked about being emotionally abused by their foster carers. In some instances, they reported that they were teased or bullied by their carers or made to feel worthless. A young person talked about emotional abuse she experienced in care with a carer saying things like "you don't deserve to be loved" or "you are fat". She felt this behaviour is easier to get away with. Reflecting on her care experience she compared physical abuse to emotional abuse.

It's only happened one or two times (physical abuse), but yeah. I think that it's a lot better and I think the carers know if they were to do that, that someone would find out about it, whereas emotional abuse I think is a lot easier to get away with for a carer... I think that also they need to have better ways of recognising it and have better systems in place to recognise when a carer is emotionally abusing a child, and then they need to act on that. So, give the child counselling and therapy and make sure that the child isn't forever negatively impacted by that sort of thing. (OOHC_11, 17).

Other young people talked about how workers spoke about them to others.

Yeah, they all talk shit to each other, them workers do. They talk about other people to you, and then you don't know what they're saying to other people about you. Some girl was mouthing off to me and said, "This worker said you was like this'. She sent me a video of it and all. Said, "One of these workers said it," and yeah. They just always talk about other people to other people. Just keeps going around and it causes fights with other kids because someone said this and someone says that, and it always ended up in a physical fight or just caused shit between friendships and groups. (YJ_3, 16)

Neglect and failure to meet children's needs

For some young people who had experienced residential care or detention, unsafe adults manifested in a variety of ways from ignoring young people's basic needs, not intervening when a young person was unsafe or not responding when a young person had been harmed. In one group, young people talked about foster carers who would intentionally withhold food or comfort as a form of discipline:

[They would] lock us in our rooms for three or four hours... if we didn't say "thank you for dinner", stuff like that... And they'd lock us outside while they ate dinner if we had talked back to them about something. (FG_OOHC)

Young people who had been in foster or residential care also talked about carers and workers who did not meet their emotional needs. They reported feeling unloved and unsupported and that these adults did not have the skills or willingness to show them affection or care.

Sometimes kids in care, they get really attached to the point where they just go up and hug. And sometimes the carer might not be a huggy person. I was in that situation. I was very stressed and I'm a very affectionate person, so I wanted to give her a hug and she was obviously [uncomfortable]... She told me, she was like, "Oh, I'm not a very affectionate person". And to me that was like I hit a wall. I need that affection. (OOHC_12, 15)

As discussed in Section 4, some participants spoke about their need to know what was going on in their lives and for information about what had happened to them,

how long they might be in care, what support might be available and what plans (if any) were in place for them to return home. They said that without such information they felt unsafe, on edge and unsettled.

Students in schools and a small number of young people in out of home care and youth detention also spoke about times when carers or workers failed to protect them from violence or abuse perpetrated by another member of staff or a peer. In most of these instances, they reported that adults failed to respond when they told them about an incident. There were also examples of times when adults were witness to violent or abusive behaviour and did not intervene or allowed the violence to escalate.

> And I told them multiple times over the years [about being physically assaulted], not just when I was younger... [that] I've been bashed by lots of people... They're like, "you've been a cunt to us, so why should we protect you?"... That's what really pissed me off with the whole centre. They're supposed to be there, worrying about our safety, but they're sitting there, and they let us get bashed and stuff. And they sit there and watch you get bashed; they laugh about it. They say "Oh, I reckon you won that fight" or "he won that fight." What the fuck's that shit? That's wrong! (YJ_2, 17)

Sexual abuse and harassment

When participants were asked about the unsafe people and situations that children and young people might encounter in institutions, many identified concerns about sexual abuse or harassment by adults. Children and young people most often talked about these risks in hypothetical terms, with only a small number disclosing that they had been sexually abused or harassed by an adult.

In focus groups with younger participants, for example, children talked about adults in vans and "creepy people, bad people, people who touch you in a weird way, paedophiles" (FG_PS). Unprompted, they felt that unsafe adults were those who touched you inappropriately:

> Safe touch is if you have consent, and they are OK with you doing it... Unsafe is if you're a paedophile... If they touch you when you don't like it or it's on your private parts. (FG_PS)

In several groups, participants characterised abusive relationships in terms of consent. In one focus group, two participants argued that if a young person consented to a sexual relationship with a teacher, then that relationship "might be OK if both of you are OK with it" (FG_HS). This statement caused significant debate, with many of the young people either arguing that any adult-child relationship was inappropriate or that any sexual relationship between an adult in authority and a child was abusive.

Three young people disclosed sexual abuse by an adult – one at home, one in foster care and one in youth detention[6] while others talked about staff making inappropriate comments of a sexual nature.

> And even if I had, they're supposed to put me in a [cell with a camera] and not strip me of me clothes. But they done that anyway. And that was really awkward, having three blokes, they're looking at you, why? You're young, naked, standing there. And then making jokes, saying, "Oh, you've got a little one, there." And I'm like sitting there, bawling my eyes out, because I've just been fucked up and I've just gotten my clothes stripped off, full invasion of your privacy. (YJ_2, 17)

One young person reported that it was not unlikely for a child in care to encounter an adult who might have 'urges' towards children. They felt that it was beholden on such people to refrain from becoming foster carers and for services to actively screen and monitor carers and staff to ensure that children were safe.

> If you are controlled by your urges, then you shouldn't be a carer, full stop. Shouldn't do a lot of things, full stop. But especially if you're looking after children and you can't control your sexual urges or the way you are around other people... I don't think it's a big risk, but I know that I've been around [adults], mostly males, that haven't been very good at controlling that. (OOHC_12, 15)

Sexual exploitation

A number of participants reflected that some young people in care were vulnerable to sexual exploitation by adults outside of the out of home care system. They believed that this was sometimes because young people in care were either seeking a loving relationship with an adult or did not have the knowledge or understanding of abusive relationships to identify when they were vulnerable.

> So, I know that sometimes people ... their parents might have been sexually abusive, so they ... Even if your parents are horrible, you still associate that with love, so I think then children go on to sort of associate that abuse with being in

6   To protect the anonymity of these participants we have not included detail of their abuse here. Adhering to our child protection protocol, these young people were not asked to disclose their abuse or to provide any detail to researchers. When a disclosure was made, researchers determined whether we had any legal or moral reporting obligations , which included consideration of whether(a) the young person had disclosed this information to someone else, (b) whether any action had been taken by another adult or organisation to report and/or act on the abuse, (c) if there were any safety threats to the young person or other child or young person who might interact with the alleged perpetrator of abuse. Further detail is provided in Appendix 2.

Children and young people's experiences of safety risks

a relationship with somebody. So, I think that that might be one of the ways that we can help children and young people help themselves to stop being taken advantage of is helping them relearn that love and a relationship doesn't have abuse in it, and any ... If a relationship has abuse, it's not a loving relationship. It's a manipulative one. I think that helping them learn that and relearn that is probably an important way or a good way, because people sometimes tend to go back to that, subconsciously, or sometimes even consciously. (OOHC_11, 17)

Grooming

When older participants raised concerns about unsafe adults within and outside an institution, we asked what they knew about grooming and other interpersonal safety risks. Across the groups of children and young people, only a few knew what grooming was and could explain it, what they might look out for, or how they knew about these behaviours. Others explicitly stated that they did not know about grooming or the ways that adults might manipulate them.

For those young people who had a sense of what grooming behaviour was, they gave some examples of that understanding and a sense of whether it posed a risk to children's safety. In focus groups, young people felt that grooming was unlikely to be experienced by children and young people but that the consequences of being groomed were significant. However, this was not a universal view. For example, one young woman in residential care felt that grooming type behaviour happened pretty often when:

> ... adults meet young people and promise them things. And it happens to young people at night and the workers set up a care plan to stop that happening and put a curfew in place. (OOHC_10, 17)

Another young person in care said they were taught about grooming in sexual health at school and reading about what it is online.

> I think it's where you slowly build up to doing things to a younger person, and it's more sexual things. And it can sometimes lead to it feeling OK. And if not, a lot of the time, it can end up that they're too scared to do something about it and they think, "Oh, well, if it's happening this much, it must be normal". (OOHC_12, 15)

Online harassment by adults

In the discussion on grooming some young people identified how the internet can be a risk to children and young people's safety.

> Sometimes [young people] might get into a situation where they're pressured to send pictures and sometimes they might get blackmailed... there's no way you can prepare yourself for that because it can go in so many different ways. (FG_COL)

The examples given included being manipulated and pressured to send pictures or videos of themselves, being aware that people who you don't know on the internet may not be who they say they are (for example catfishing). Particularly the older young people in the study were able to give a variety of examples of the risks online to children and young people.

> Yeah, girls put up pictures on Instagram and Facebook and older men can contact them and make contact with them. There is also bullying and other things online. It happened to me when I was at school, but my school stopped it by suspending or expelling the people who were bullying me. (OOHC_11, 17)

> This guy did that on TikTok… He was getting all these hot girl pictures off the internet and then he was posting them, and then he accidentally posted a photo of himself, and he was a really old man. (OOHC_13, 15)

Young people in care felt that they and their peers were particularly vulnerable to online issues and pointed to the fact that often they did not have enough knowledge about how to determine whether someone was using grooming behaviours. Others pointed to the fact that some young people in care are more isolated from others and are seeking friendships and connections:

> I think it's more with kids in care that they're willing to do … If someone reached out, had no idea who the kid was, and was like, "Hey, do you want to meet up?" I feel like a kid in care … I don't know if this is true, but I feel like a kid that's in care would be more likely to agree to that because … They want to make connections and they possibly aren't … They probably don't have that many friends. I hate to say it, but I know a lot of people in care that are very isolated. And if someone that is kind to them via social media and looks like a nice person, why wouldn't you go physically?… I feel like if you're in care, you're going to want to talk to more people and be able to let them know about what's going on in your life. And sometimes people that reach out to you, aren't the best people to talk to. (OOHC_12, 15)

Lack of preparation and education

When considering what children and young people need to be safe, participants argued that it was important for them to understand the risks of adult-child abuse and exploitation and felt that this should be covered at school and in formal and informal conversations with adults.

Although some young people could identify risks they had learned at school or at home, most participants reported limited sexual education and felt that it was confined to discussions about biology, sexual health (such as prevention of sexually transmitted infections) and consent in peer relationships.

> 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 with them. (FG_COL)

Some felt that the current curriculum does not provide much education on issues such as adult-child sexual abuse, institutional child sexual abuse or who to turn to if you experience harm. Others believed that adults did not fully understand the online space and were naïve about the risks that young people experienced there. Older young people believed that younger children may not have the knowledge or skills to be able to protect themselves online but that they were internet savvy and could protect themselves.

> I feel like they should [talk about issues like grooming] up until they're about 15, 16 years old, every year or two, they do just a little class in a system where they get someone at least semi-professional to come in and talk about this and that… You know what I mean? Because school sex ed is like, we have a week to talk about, "This is the vagina, this is the penis. You put the penis in the vagina, and that's how you have babies." That's what it is… It doesn't cover grooming, it doesn't cover rape, none of that shit. (OOHC_5, 17)

In summary, children and young people discussed risks to their safety from peers and adults including bullying, violence, child maltreatment, grooming, and sexual exploitation through online methods.

06 Identifying, monitoring and responding to disclosures and safety concerns and complaints

In Section 5 we described some of the concerns that children and young people had about their safety and gave examples of times when they had been hurt or harmed by an adult or peer. In this section we provide an overview of what children and young people believed they would need if they were worried about their safety or if they encountered an unsafe adult or peer. They identified things they believed were essential in a child-safe response to their concerns or incidents of harm. We then discuss the various ways that children's safety concerns might be identified (both by children and by adults/organisations) including, but not limited to, complaints processes.

In interviews and focus groups, children and young people were asked to choose one or more of their safety concerns and consider (a) what a child or young person would need if they encountered this situation; (b) what a child would do if it happened to them (c) how they believed that adults and organisations would respond; and (d) what advice they would give to adults and organisations to better prevent and manage the safety concerns of children and young people. As part of these discussions, children and young people were specifically asked about how they might voice their concerns, what influenced their confidence in adults in raising concerns and what they most needed through these processes.

In many of the interviews and focus groups, children and young people saw the value of formal complaints processes but prioritised adults and organisations taking a proactive stance in relation to identifying and responding to children and young

people's concerns. They felt that, for a number of reasons, children and young people may not feel confident in raising their concerns or making a complaint and believed that to make a complaint, something concrete needed to have happened. Young people in one focus group wondered "why do they [institutions] have to wait until something bad happens before they do something?" (FG_PS) and argued that "if a young person feels unsafe that should be enough for adults to respond" (FG_PS). Participants stressed the need for all children and young people to have access to a trusted adult, champion or ally and for adults and organisations to have an awareness of the risks to children's safety and be equipped to take notice and identify when children are at risk of harm.

Child-friendly complaints processes were well articulated and organisations took steps to ensure that children and young people were aware of what they should do if they need help. Children and young people often needed an adult confidant or ally who could support them to raise their concerns, to know that organisations would take their concerns seriously. Recognising that many children and young people would be reluctant to make a complaint for fear that they would not be believed, that nothing would be done or that there would be consequence if they made complaints, participants needed assurance that adults and organisations would respond in appropriate ways.

6.1 What children and young people want and need if they are unsafe or have been harmed

Reflecting our commitment to our child-led methodology, children and young people began the second phase of their interview or focus group by choosing a worry, risk or issue that they believed (a) was important to children and young people and (b) would be of interest to the Tasmanian Commission of Inquiry. The worries or risks that participants chose were wide ranging and included bullying, peer violence, sexual harassment, risks on the way to school, online harassment, and inappropriate staff-client relationships. In some interviews and groups, children and young people talked about what they thought they or their peers would need if they encountered an unsafe person, situation or incident and how they believed adults and organisations would respond. Young people who had experienced maltreatment talked about what they had wanted and needed, and their assessment on how organisations and systems actually responded.

Although there were some differences among the groups, depending on the issue considered, participants consistently believed that when or if safety was threatened,

they would feel afraid, ashamed, weak or powerless and confused about whether the threat they experienced was a problem and what they should do about it. They talked about physical responses – about feeling sick, trembling and 'shutting down' – as well as the toll that these concerns would take on their emotional and mental health:

> You'd feel scared, out of control, depressed... when I was being harassed, I hid myself away and was anxious about everything. (FG_HS)

In school settings, young people felt that these risks or experiences would also affect their relationships with their peers, teachers and their ability to learn and observed that "if this stuff has happened to you, you stop wanting to be with friends, you stop listening and you can't concentrate... How can you learn if you don't feel safe" (FG_COL).

A trusted adult, champion or ally within an organisation

As discussed in Section 4, children and young people across all interviews and focus groups were quick to identify the need to have a trusted adult, champion or ally who they could turn to if they were worried or if they had experienced an unsafe person, situation or incident. In some situations, children and young people reported that they would turn to a sibling, friend or peer, but they were aware that these peers may not always have the ability to meet their needs.

Overwhelmingly, children and young people talked about the need to be able to trust these adults, to have confidence that they would take their concerns seriously, believe them, and act. In a number of focus groups, they reported that not all adults could assume this role, reporting that some would not be approachable, that some would dismiss or downplay their concerns or would not respond well.

For children and young people in school focus groups, these trusted adults were most likely their parents who they believed would know their children well enough to know how much an incident was affecting them and would take responsibility for dealing with their concerns.

Children and young people often spoke about their parents and the protective role that they played both in relation to the child's homelife but also in relation to their engagement with institutions. When one young person was in hospital, for example, he reported feeling a lot more at ease knowing that his parents were there to make sure he was getting the care that he needed, to help him raise concerns and to advocate on his behalf. This view was shared among others who had spent time in hospital.

> When there were issues, my mother had to go to the front counter, the main hub desk of the paediatric unit, and voice her frustration on behalf of not only my parents, but also me. (HOS_1, 17)

> It does help to have someone to talk to. They said parents could sleep on a couch on the room. If I needed something I would ask my mum to ask them because I was too scared to talk to nurses. I was a real timid little kid. I just felt really little and [I would] just get mum to do it. (FG_HS_HOS)

When asked with whom they would raise any interpersonal safety concerns, children and young people in schools most often identified a parent first – believing that they would, most often (but not always), champion their children's needs and hold institutions to account when things were wrong. However, many of the participants who lived in out of home care or had spent time in youth detention were separated from their parents – either due to removals or in relation to distance. For some of these young people, a child protection worker or youth worker assumed this protective or supportive role:

> I think most of them are [doing well] … They will advocate for your situation, and they will talk to you, make sure you're OK. Obviously, if something's going on, they are, most of the time, good at helping. When I was not in a very good place, I was talking to my carer at the time and she went to my CSO (Child Safe Officer from the Department of Communities), and my CSO got me into headspace, and it worked out in the end. (OOHC_11, 15)

Other children and young people talked about other adults within an institution, including a school principal or deputy, an agency manager or leader or their child safety officer (CSO). These individuals appeared to be identified because they could be impartial, had authority and were responsible for children's safety.

Others felt that they would have to go outside of the institution to find someone that they trusted. As will be discussed in Section 7, some young people talked about advocates such as the Commissioner for Children and Young People or the Child Advocate as people they could turn to. Others talked about contacting the police or lawyers and many said that they would contact Kids Helpline, headspace or another trusted youth service to find someone who could provide them with advice.

For adults and organisations to understand risks, to pay attention and notice when things are not right

Participants in a number of groups felt that it was important for adults and organisations to not rely on children and young people being able to identify issues, to raise them or to seek some action. There were many situations where children and young people felt that an incident might have been avoided if there was greater

monitoring of adults in organisations by leadership or by parties external to the institution. As will be discussed below, those who had experienced maltreatment sometimes reflected those children and young people were not always able to raise concerns or make complaints and felt that it was the institution or systems' responsibility not theirs to identify safety issues.

Others felt that children had less information about safety risks and were not always good at assessing whether they were safe or not. One young person reflected on his experiences of physical and emotional abuse in care and how, at the time, he did not realise that he was being harmed. He recalled that due to his own family background, that was also marked by physical and sexual abuse, he wasn't aware of what 'good parenting' was like and thought that all adults treated children in this way. He shared how it was only when he started to visit parenting websites where new parents would share their experiences and discuss what was "OK and what's not OK" (OOHC_, M16) he realised that some behaviours were inappropriate. He and other young people reflected that some children and young people were not always aware about risks and were not always effective at determining whether they were safe or not and that professionals and institutions are required to do so.

One young man felt that workers and carers needed to notice when children's behaviours demonstrated that something might not be alright:

> A lot of the time, I feel like the kids, they change their attitude towards [an abuser] after it happens… [The abuser] tends to put a threat towards that kid, be like 'Hey, if you say anything about this, this will happen' and a lot of the time, because kids being kids, they believe it. They believe that person could do this shit and get away with it… It's not until they get older that they realised that they can stop it. So, I feel like, [adults need to] figure out their 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. (OOHC_5, 17)

Some young people talked about issues such as harassment and online and face-to-face bullying where they believed that they would not raise their concerns for fear of being judged or made to feel that the maltreatment was their fault. Others felt that they were more likely to try to deal with a situation themselves and would only seek help when things escalated, or they were 'out of their depth'. One young man posited that "you'd probably wait until it was too late" (FG_COL). He felt that it would be helpful for adults to notice when children and young people were acting differently, were more reserved or were acting out, and to proactively 'check-in' to see whether there was anything they needed help with.

> 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)

Adults needed to not only understand and pay attention, they also had to be better equipped and comfortable to talk with children and young people about tough or embarrassing issues.

> 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)

6.2 What young people need if they raise a concern or make a complaint

In each interview and focus group, children and young people were asked what they would do if they were harmed or mistreated by an adult or peer. They were asked what they would need to have in place to raise a concern safely and confidently, and what they wanted and needed from adults and organisations in response. They were able to identify a range of elements that increased the possibility they would raise their safety concerns. This included being aware of the processes as well as a trusted person they can share their concerns with. Many participants raised the issue of adults not believing them when they raised worries or complaints. Therefore, being believed was identified as critical to children and young people informing adults of their concerns. Finally, young people felt that there needed to be action as a result of raising concerns, action that was visible to them, and that there would be no negative consequences in response to situations when they were at risk of or being actually harmed.

Awareness of an organisation's complaints process

Children and young people had varied levels of understanding about their institution's complaints processes. When asked what they would do if they were unsafe or had been harmed, most said that they would turn to someone outside the organisation to raise their concern or make a complaint. Only a few young people were aware that they could make complaints in their organisation, with even fewer giving examples of times when they had done so.

Given that many children and young people were not aware of their organisation's complaint process, people argued that more investment in ensuring that all individuals know what is expected, what will happen, how they will be protected as a result and how to utilise these processes is warranted.

A trusted confidant

As noted in previous sections, children and young people wanted and needed allies and confidants that were accessible and, preferably, proactive in engaging children and young people to ask if they had any worries or concerns or wanted to make a complaint. These adults needed to be non-judgmental, have a good appreciation of risks and how to deal with them and to demonstrate a commitment to acting on what children wanted and needed.

> We need to talk about these things more openly… 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… So yeah, I think so that 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 or trust. (FG_HS)

When talking about issues such as sexual harassment and sexual assault, some young people felt that they would be more likely to talk to a professional who had expertise in this area. They noted that youth workers from youth services (such as headspace) may also be used to talk to young people about issues of a sexual nature and would be more receptive to having difficult conversations. Several children and young people reported a lack of trust in adults, particularly those working in the 'systems' (i.e., police, child protection, health systems) due to failures of these professionals to protect them or respond appropriately to their safety concerns in the past.

Young people who had experienced past maltreatment were also more likely to report that they distrusted adults and organisations and that this may be a barrier to them raising concerns or making complaints:

> 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)

Being believed

Many young people talked about how frustrating it is for them not to be believed by adults when they reported they were unsafe. They provided reasons for why this might occur. For example, adults often told them there was nothing that could be done if they didn't see an event with their own eyes. Some children described situations such as being bullied or where there was fighting between peers when teachers did not do anything about the situation or provided unhelpful advice.

One young person who had had a poor hospital situation explained how not being believed affects how safe and well young people feel.

> 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. I also think because I was unwell mentally, physically. But regardless, if I'm unwell, I should still be treated with compassionate decency. To treat somebody in that state in such dehumanising and most humiliating way, it just makes you feel worse. It makes you not want to commit to getting better. It makes you feel like you're hopeless. (H0S_1, 17)

This young person went on to describe how making a complaint or raising concerns did not resolve the situation and left him feeling as if his concerns were not being taken seriously. He felt that to be believed and listened to was essential for children who felt unsafe in institutions like hospitals.

Action and visible consequences

Across many of the interviews and focus groups, children and young people reported that to be safe and feel safe they needed for organisations to clearly articulate their expectations of staff and young people in relation to safety and the consequences for those who hurt or harmed others.

Some young people gave examples of times when adults or organisations were quick to respond. They reported confidence in their organisations. They believed that because they had had this positive experience, if a similar issue emerged in the future, they would report it.

> It happened to me when I was at school, but my school stopped it by suspending or expelling the people who were bullying me. (OOHC_10, 17)

> But if you also tell the principal, what they would probably do, is they would… So, this is probably not the same in every school, but this is what happens at our school. They would get the student that was bullying you, and have a chat with them, and see their side of the story, and stuff like that. Why they did this, and if this was correct. (OOHC_2, 13)

However, many of the young people who gave examples of times when they had raised concerns or made complaints about the behaviour of others recalled with frustration the ways that adults or organisations had responded. Many shared that their teacher or worker had dismissed their concerns.

> I remember saying I wanted to go to a different house [because I was being assaulted by a peer]. I don't want to be here.
>
> [Q: Who did you say that stuff to?]
>
> My carers, I'd just be like 'Please don't let him come back'.
>
> [Q: What was their response?]
>
> They're like 'It's going to be fine'. It wasn't... They should actually listen, yeah. (OOHC_7, 16)

Those who had raised concerns or made complaints without a positive outcome often harboured great resentment and anger about the way that they had been treated.

> I've still got a lot of hate and rage for my old carer for the fact that she got away for [the physical and emotional abuse] and she's still getting away with abuse towards young kids" [INTERVIEWER: I assume you've told people about this?"] "Shit yeah, I've told multiple people about it, but nobody's done anything about it. And the anger I feel about it is intense. (OOHC_3, 17)

Other young people talked about times when adults had intervened but that their responses were short-lived or ineffective. Young people in detention and residential care, for example, often talked about their violent peers being taken out of their unit or house for short periods of time after which the harassment re-commenced, sometimes with greater voracity as the bully sought revenge. Secondary-school students echoed this frustration; in one story, bullies on the bus were forced to find another way to school for a week and then returned and re-commenced their behaviour.

In a focus group where young people talked about the issue of sexual harassment, participants observed that it was vital that the victims and perpetrators of violence needed to see that action was being taken, as did the broader school community. In the absence of visible consequences, victims of assault might feel disbelieved, harassers would feel that their behaviours are acceptable, and bystanders would have little confidence that adults and organisations would respond if they were in a similar circumstance in the future:

It's [sometimes] good that [the school's response to harassment] is kept quiet, but at the same time students are watching to see what the school is doing so if you don't know what they've done you wonder if they've taken it seriously… for both people who harass others and for those who have been the victim. (FG_COL)

Being protected from consequences or repercussions

A number of participants felt that it might be dangerous for them to raise concerns related to their maltreatment by adults or peers and identified this as a barrier to raising concerns, making complaints or seeking help. Young people in detention and residential care, for example, talked about cultures where 'snitches' were frowned upon or where their adult and peer harassers retaliated when their behaviours were raised.

One young person in youth detention described being searched by workers who used significant force that intentionally caused him pain. After saying he would complain about what had happened, the worker replied "Go on do it. No-one is going to believe you" (YJ_2 17).

More broadly, children and young people generally felt that it was difficult to raise concerns and feared that if their peers and others knew that they had been bullied, harassed or assaulted that they would be treated differently, judged or made to feel responsible. In a number of groups, the importance of confidentiality was stressed, believing that they should have the choice as to who might know about their situation and the fact that they had raised their concerns.

One young man recommended that young people should be able to have phones in their cells to make restricted calls to the Commissioner for Children and Young People so that they could make complaints and raise concerns without retribution.

They should have a phone system [in the new centre]. You log in numbers, that are your numbers and then you have a certain amount of phone calls… it's not likely they're going to have unlimited phone calls… but that way your staff won't know who you're calling. (YJ_2, 17)

Many of the children and young people in this study reported a lack of faith in adults and organisations preventing and adequately responding to their safety needs. When asked what they would most need if they were hurt or harmed, participants stressed the importance of adults and organisations noticing that they needed help rather than waiting for a child or young person to make a complaint. They also argued that, given the fact that some children may not know that they had been harmed or exploited, adults and organisations should take a preventative and proactive stance, routinely 'checking in' and asking children and young people if they have any worries or concerns.

Children and young people argued that they may be unlikely to make complaints if they felt that adults and organisations might disbelieve them, might not act, may not protect them from consequences or repercussions, or that things would not improve as a result of their disclosure. As such, they argued the need for organisations to have clear and child-friendly complaints mechanisms, that are actively shared with children and young people that included safeguards and a focus on action.

As some children and young people felt ill-equipped to raise concerns and have their safety needs met within institutional settings, participants stressed the need to have allies outside of organisations to whom they could turn if they needed help. This is further discussed in Section 7 which considers ways that adults, organisations and systems might play a part in fostering children and young people's safety, minimising systems abuse and reducing threats. We stress the value of creating 'child safe systems' in which children and young people are protected and are given opportunities to heal, recover and grow.

07 Elements of a child-safe system and reducing systems abuse

Children and young people engage with multiple services and systems. Some of the children and young people in out of home care, for example, had been placed with various workers and carers, were supported by multiple agencies and had numerous statutory child protection workers over many years. They also go to school, sometimes access health and mental health services, and interact with the youth justice system.

In sections 4-6 above we discuss children and young people's experiences and perceptions of safety, their understanding of risks to safety, and ways in which organisations can identify, monitor and respond to risks to safety or incidences of harm.

However, they believed that this was not enough. Instead, children and young people talked about the part that adults and other institutions outside of their schools, residential care or foster care agency, youth detention or hospital could also play to strengthen their safety.

They also recognised that sometimes decisions were made outside of an organisation that put them at risk. In the context of out of home care, for example, participants spoke about decisions that were made by 'child protection' such as how long they might stay in a particular placement, where they were placed, who they were placed with, and how issues might be resolved if they had been hurt or harmed.

When asked what they would do if they had been hurt or harmed or if they needed help to deal with a worry, children and young people across groups often identified adults and other organisations to whom they would turn. They felt that outsiders might be made available to children and young people to raise concerns or give advice when a child was unhappy with what was being done (or not being done) within an organisation or when they were concerned about what would happen if they spoke up within their institutional setting.

Young people who had experienced maltreatment within or prior to their engagement with a service, also gave accounts of being in individual agencies for short periods of time and felt that these agencies might not have the time, resources or opportunities to provide children and young people the help that they needed to recover from past trauma and to heal and grow. The need to create systems, within which organisations worked together to meet young people's therapeutic needs was apparent.

In this section we broaden our focus from individual organisations (i.e. out of home care providers or the Ashley Youth Detention Centre) and draw on children and young people's views to discuss what a "child-safe system" might look like. For the purposes of this section the "child safe systems" includes the various agencies, services, institutions with which children and young people interact and focus on the child protection, youth justice, health and education systems.

We also examine how they believe a system might foster their safety while minimising 'systems abuse', defined as 'harm done to children in the context of policies or programs that are designed to provide care and protection' (Cashmore et al., 1993, p1).

7.1 A child–safe system prioritises children and young people's safety

Strengthening safety through appropriate and stable placements

As described in Section 4, stability was vital to help young people feel safe. However, many children and young people in care reported that a lack of stability in placements made them feel unsafe and sometimes made it difficult for them to make positive attachments to foster carers, staff and other protective adults.

Stability appeared to enable a level of predictability, which was also important to help children and young people feel safe. With a sense of stability and consistency of care,

their feelings of safety increased. Being moved into care and moving placements without clear information or preparation about what was going to occur or why it was happening made it very difficult to find a safe place. Not knowing how long they would be in a care placement made it difficult to build meaningful relationships. Over time, a sense of unease became pervasive with young people feeling unsettled and anxious:

> Imagine if you're sitting in a wobbly chair. It feels like that, but emotionally. Like anything could just drop at any moment… I have never had an actual home. There has never been anywhere I've felt [is] like… [a] home, because over the last seven, eight years I've been in foster care, I've had seven, eight placements, so I've moved every year. And because I had never … there was never a place that was mine, which resulted in me feeling not safe. (OOHC_11, 17)

> My sister, she's good at not getting emotionally attached because it's obviously a trauma response. The fact that we've moved so much, she doesn't get attached to people, unless she's known you for a very long amount of time, she will not trust you whatsoever … I, on the other hand, get very attached to people, very quickly. I suppose it's the opposite response as her. (OOHC_12, 15)

Several young people felt that being moved from residential care or foster care without preparation was very unsettling. They argued that being prepared for change would make them feel better about the change. One participant felt that preparation and choice was critical because children worried when they didn't know what was happening, or what the new carers would be like. If children are prepared properly, one young person said, it would make them feel safer.

> Yes, because then the person or child, I should say, that's going into this place, will go, "OK, well, I've actually met the people that I'm going to be with. They actually seem very kind and loving. I've chosen the house that I want to stay at. It looks good, and I can get used to it." And then you've also chosen the beds, and stuff like that. (OOHC_1, 13)

> And see which one they feel more comfortable with, and then we'll introduce them to some of the people that they're going to be with, so that they know who those are. Probably another thing, is probably like we did with one of our houses. We would get a choice of bed, type of thing. So we would choose the size of the bed, and stuff like that. Types of bed, sheeting, and stuff like that. (OOHC_2, 13)

The same young people described that when they first went to their current carers, they were prepared by having sleepovers before they moved permanently. They also described how when they moved, they had a party to celebrate their arrival. In contrast, another participant described how they and their sibling were picked up from school by the case worker with no preparation and no information that it was going to happen or, in fact, why it was going to happen. Reflecting on being removed

from their parents, this young person still felt many years later that she didn't really know why they had been removed.

> It was very scary. It was also very abrupt. I was 10 at the time, so they couldn't really tell me what was going on, so I just felt like I'd been whisked away from my parents, or my parent, and I wasn't entirely told why I was taken either. It took me years to figure out why. Nobody really explicitly told me... (I just wanted) somebody to tell me, just like a case worker or the people that I was with, just telling me that this is why and laying out the reasons. (OOHC_11, 17)

Another young person described being moved from one placement to another without being involved in any discussion.

> Nothing bad happened really, but me and my sister, we know if we're going to be moved. And I remember we were ... My CSO came to pick me and my sister up, and we went on a drive. She picked us up from school, in the middle of the day. And I remember she was saying, "Oh, I can't really tell you what's going on "Someone will have a talk to you when we get there." And I said to my sister, I was like, "We're leaving, aren't we?" (OOHC_12, 15)

This young person felt that they should have been informed of the move and been given more notice.

> I think she was worried that we were going to get really upset and then she'd have to deal with us crying and then ... She wasn't the best. Well, I think it would've been better if there was more notice. Also, if we were told the day before, maybe, going to school would not be a good idea because then we're stressed and we're more likely to say things we might not mean, or we're more likely to not do work, or something like that. (OOHC_12, 15)

Young people's placement instability occurred within a sector marked by a lack of options, driven by a lack of foster carers and other alternatives. Some young people felt that more effort could be invested in identifying family or kin they could stay with, who could provide them care and support. Providing children and young people enough information and helping them prepare for change was seen as vital.

Better matching of children and young people with carers, homes and peers

As discussed throughout the report, children and young people reported threats that they had experienced in the out of home care system. Children and young people noted that they often felt unsafe when living with peers or foster siblings. They believed that these peers were violent and abusive due to their own trauma and maltreatment histories. Their behaviours caused children and young people significant stress. As one young person reflected:

> Group homes don't always turn out well because there's multiple different kids that have all come from different backgrounds, all have their issues. That usually doesn't match a lot of the time. So, I feel like in group home situations, maybe put kids that have had similar backgrounds, rather than just be like, "Hey, three random kids, plop." (OOHC_5, 17)

Young people talked about times when they were physically assaulted because they did not get along with their peers and often threatened each other with violence. One young man reflected that these assaults and his subsequent exit to a homeless service might have been avoided if more time had been invested in determining whether the matching of two young people with significant trauma histories was a good idea.

> Safety in resi care? In my own experience, if you're put with a kid that is going through like I was, not me specifically but another youth I lived with, is going through drug abuse, mental manipulation by their own parents and you are holding them in a place they don't want to be, wouldn't that be a marker to move them? That's how I ended up being abused. (OOHC_3, 17)

He, and others, gave examples of times when they had been victimised by peers which resulted in them being moved from a house or unit where they felt safe.

> Anyway, one day [one of the other boys] actually came out and tried to stab me with [a] scalpel, so I slammed his head into a brick wall, and then I get kicked out and thrown into a homeless shelter for defending myself. (OOHC_5, 17)

Similarly, several young people who had lived in foster care reported that they were sometimes matched with carers who were not always equipped or did not have appropriate skills to meet their needs. These young people reported that it was vital that more time is invested in ensuring that young people were placed with foster carers who were 'the right fit' and were able to meet children's emotional needs. Such assessments did not appear to have taken place:

> Those next carers, there was a couple, they couldn't deal with me and [my sister's] emotional trauma. It sort of triggered them, so they had to move on, and we moved to somewhere that was two hours away from [where we went to school and had friends] and so I was at that point where I was like, 'I'm not standing for change anymore. I'm not standing for people just kind of pushing me around' … So we moved [in with] another lady in town and she actually just kind of kicked us out. We still don't really know why. She said that we were just too hard and, yeah. Then we went to a couple that didn't believe in mental health and had … me and my sister are part of the LGBT community, so they didn't believe in that and they were very patronising… we needed the right fit. (OOHC _11, 17)

Some reported that they had been matched with amazing carers who cared for them, supported them and protected them from harm. Some young people felt that their carers needed to not only be warm and caring but to also be able to deal with their foster child's trauma and the behaviours that were demonstrated when these traumas had not been resolved.

These young people were often aware that a constant shortage of carers meant the out of home care system made placement decisions based on what was available not what was the best for the child or young person. Decisions made by child protection and non-government organisations frequently happened with little discussion and limited information, with the young person themselves left feeling scared and uncertain, only adding to their feelings of trauma.

Supporting enduring relationships outside of organisations

Many of the young people who lived in the out of home care system were often desperate for trusting and enduring relationships. As discussed above, they felt that all children in care need an ally who knew them, who was trustworthy and who was available and accessible. These allies were committed to the child's best interests and proactively took steps to ensure that they were safe. They advocated on young people's behalf and could help them find solutions when they needed help. However, young people reported that as they often moved from one agency to another and from one placement to the next, relationships with trusted adults were often disrupted or severed. Young people therefore valued relationships with allies that were enduring and were not limited to an individual placement or setting. They believed that adults outside of organisations might better assume these important roles.

When young people could identify these people, they were often a past carer, worker or family member. For example, one young man talked about how his first foster carers had discovered that he had become homeless after being moved from a violent house. He reported that they took him in and gave him a place to stay until they could help him find independent living. They continued to invite him to their house weekly, asked him how he was doing, asked if there was anything he was unsure about, and asked how he could deal with any challenges he faced. As he commented:

> We're a very close family, pretty much… they've retired from foster care but yet, this shows they care… Still after retiring, [they] still talk to me and I have dinner with them… And I'm about to turn 18 [and] it's not like they've just gone "he turned 19, let's give up on him". (OOHC_5, 17)

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Other young people observed that such relationships were often not supported by 'the system' which discouraged children and young people having contact with workers or carers after they had moved placements or exited a service. They believed that this was unfair and felt that this caused many young people to feel rejected and left them alone and unsupported.

Access to trusted advocates outside of an agency

When asked who they would turn to if they were being harmed or maltreated, many young people in foster or residential care or youth detention identified professionals outside of their agency they would seek support from. When children and young people had a stable case worker (who sits outside of the direct care provider), they often argued that this child protection practitioner was helpful and helped them navigate the care system.

> Before it was quite stressful because we didn't have a very good [case worker]. [Our new worker] does her job really well and we are in contact with her most of the time. (OOHC_12, 15)

They recollected times when they had made complaints to their child protection workers about an unsafe foster carer or an otherwise unsafe placement. In some instances, they reported that these workers were able to take quick and decisive action, moving them to another house or home. However, this required that they had access to this external worker, that the worker believed them and took their concerns seriously, and that other care options were available.

> I actually tried to tell people, "This isn't working and this is what they're doing" and they didn't believe because [my foster carer who was being emotionally abusive and neglectful] said that I was a little hoodlum and I'm stealing. I was doing this. I was stealing food out of the cupboard because they didn't feed me. (OOHC_11, 17)

Some children and young people in care reported that they might turn to a child protection case worker if they were being hurt or harmed by a carer, a peer or a worker in residential care. However, some observed that because they saw these practitioners irregularly, they often had not built trust with them and did not always have confidence that they would respond effectively. They argued that a high staff turnover meant that sometimes they were not assigned a worker or that there was a constant churn. They said that if they oversaw the system, they would ensure that every child had someone in 'the system' that they knew and trusted with whom they had an ongoing and enduring relationship.

I didn't even know my case worker back then... I don't have one now. I'm on an order but I don't have one. Child protection have not assigned me a case worker, I haven't got one, but I've got someone who's higher up trying to fill those shoes but you're not doing the same job because you're not seeing me. (OOHC_3, 17)

Access to external formal advocates

In addition to child protection practitioners, many of the children and young people in foster and residential care and youth detention identified the Tasmanian Commissioner for Children and Young People or the Child Advocate for Out of Home Care as someone that they might (and often had) turned to when they were unsafe or had a complaint. They valued that these advocates sat outside their organisation and were able to independently act on their behalf.

They valued these champions because they believed children, advocated for them and had authority to act. In these instances, young people generally reported having a pre-existing relationship with these individuals (having met them at a care conference or a service visit). They reflected that because they had that personal connection, they felt more confident in contacting them and seeking help.

> I had met the child advocate through a group that we did... So I knew her and I texted her and I was like, "This isn't OK." And she was like, "Sure, OK" and then she dealt with those two times that I needed her... [she will] get you out of [an unsafe situation] immediately. If there is an actual problem, she does this detective thing where she dives deep into the case and then as soon as she finds something wrong, she rectifies it, and because she's a bigger person [and is in a position of authority] they immediately snap into action and do what they need to do. [The advocate] gets results quickly, which means there isn't time for me to have backlash, whereas [my NGO agency] might have to sit on that, or they might choose to sit on it because nobody's telling they need to do it right now. That's one of the reasons why I would happily tell [the Advocate] about those things because I knew something would happen straight away. (OOHC_11, 17)

Although most young people in care or detention were aware that the Commissioner for Children and Young People and Child Advocate were able to help them make complaints some said that they were not always allowed or encouraged to make contact with them, while others reported that there were repercussions for doing so.

> Usually, we use a complaint form that goes up to some high up people or we are allowed to call the Commissioner, but sometimes they don't let us call the Commissioner. (YJ _1, 17)

> That's another thing that Ashley [Detention Centre] hates as well. They put all these posters up and that, but deep down they hate it. If you say, 'I want to call the Commissioner,' they're just like, 'Oh, you're going to do that, are you?' Because most time people do it to complain about a certain staff member. And

then that staff member doesn't do shit for you. They say, 'Well, if you call the Commissioner, then I'm not doing shit for you.' They're like, 'I'll give you what I have to, I'll give you your food and that, but only because I have to by law, but I'm not going to sit there and like you. If you do that, you're just a scumbag. The amount of times I've had that said to me, then like, 'No, I'm only joking'. (YJ _2, M17)

When talking about the role that these advocates had, a number reflected that it would be advantageous for these individuals (or others) to be proactive in engaging with children and young people in care and detention, asking them whether they feel safe or have any safety concerns or would like to make a complaint. Those who had engaged with these advocates reflected that they were confident and felt empowered to raise concerns but felt that other children and young people, particularly those in unsafe situations, might need more help to be able to speak about their situations.

But I think it's just scary [getting in contact with her if you don't know her]. She's a very higher up person. It's scary to contact somebody like that, especially if you're 12… Imagine you have never heard of her and somebody says, "Oh, you should go to the advocate". As a young child, you're like, "OK, how do I do that?". Normally you would ask your parents or the adults, but if the adults are the people that you're having trouble with, then you know, [you can't rely on them]. (OOHC_11, 17)

Supporting healing, recovery and growth within systems

In interviews with young people who had experienced some form of maltreatment or abuse, many reflected on the longer term effects that these events had played on their lives. Some of the young people in out of home care talked about these impacts in relation to trauma.

Two young people, for example, reflected that due to the abuse in their families and their maltreatment by past foster carers, they found it difficult to engage with carers and other adults. They believed that those adults weren't good at understanding or responding to their pain and the ways that their experience shaped their behaviours. They recalled that this affected their placements with carers who "couldn't deal with [young people's] emotional trauma… it sort of triggered them" (OOHC_11, 17) so they were moved to another home.

Other young people in out of home care had similar experiences. They argued that much of the violence they had seen in their peers (particularly in residential care) was a result of past trauma and were frustrated by the fact that workers and carers often did not take this into account when dealing with young people.

> Being in a good spot with good people at a younger age definitely helps.
> If you're in a rough spot, so say if someone is not in a good mental place, like
> they've got trauma there, especially if they're angry kids, usually the aggressive
> ones are the ones that have been through some shit because they never learnt
> how to regulate it, they haven't been with the right people. (OOHC_5, 17)

In recalling an incident when their foster siblings were physically violent, one
young person explained:

> That child was so emotionally distraught that they had to lash out physically.
> And each time… that that happened [in out of home care] it was a child that had
> just been taken away from their parents. So, I think the reason why children
> physically hit, attack, anything physical is always going to be a [response to
> their] emotional [needs]… Again, counselling, giving them therapy, giving them
> that emotional support to work through that so that they don't explode and hit
> another kid. (OOHC_11, 17)

Young people believed that it was imperative that the systems (i.e. child protection,
out of home care, youth justice, health etc.) took active steps to help all children
and young people who had experienced childhood or institutional abuse to receive
therapy, to heal and recover. Unfortunately, they believed that often 'the system'
felt that it was enough to remove a child from an unsafe circumstance or to otherwise
reduce the risk without appreciating what the child or young person needed to heal.

> It's weird because the system, you expect it to know how trauma works, but the
> way that they act suggests that they don't. The way that they act is six months
> of therapy will fix you, or as soon as you move out of that dangerous situation,
> the triggers are gone. But that's not how it works. That's not how a kid's mind
> works. That's not how anybody's mind works. It's going to linger. That's going
> to stay with that kid. Especially because if an adult is told, 'you're fat, you're ugly'
> [they] don't care they have the cognitive reasoning to say 'well, that's not true.'
> If someone says that to a child, they don't have that, so some part of them will
> say, 'All of that is true'. (OOHC_11, 17)

They talked about the need to be able to have someone within the systems
with whom they could discuss their maltreatment, to be able to explore their
emotions and be able to get help to be able to heal and grow. Unfortunately, many
talked about the absence of this support and understanding and how they were
managing their trauma alone.

> People just need to let things out, and some people let things out through
> family and friends, but some people don't have those people, and some people
> have such complex emotions that they need to go to see a therapist … It's
> just reminding the kids of those emotions and helping them through them will
> probably stop the violent behaviours. (OOHC_11, 17)

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> Sometimes I just feel like I can just turn my emotions off, and I do…
> I mean, my brain just goes into rational mode. That's how I got through it.
> I compartmentalise a lot and I shove things down and then six months later I'll
> start crying about the really scary things that happened because yeah, I have
> done a lot of mental gymnastics to try and deal with what I've been through and
> I'm starting to unravel them, but it's really hard to unravel a triple hexagon in my
> head. (OOHC_11, 17)

They argued that therapeutic support needed to be available to all children and young people, particularly at times when they most wanted and needed it. They felt that the support needed to be adequate and available for young people after they had exited care if their trauma had been left unresolved. One young man had experienced significant childhood abuse and unresolved trauma. He believed that this led to his mental health issues, and recalled that due to a lack of support he was involuntarily placed in hospital.

> I ended up going to hospital because I had suicidal thoughts because of my
> trauma and my pain and my stress from everything that [had happened]. "They
> don't give a fuck about trauma; they just label you with something and throw you
> 'in a ward' and think they can. (OOHC_3, 17)

Participants argued that it is essential that children and young people who have been maltreated, prior to or while engaging in an institution, are provided with appropriate trauma-informed supports that are enduring and enable them to recover, heal and grow.

(Re)building trust in systems

Children and young people who had experienced abuse or maltreatment reported a lack of trust in adults, particularly those working within the system (i.e. police, child protection, health). They gave multiple examples of ways in which these systems and people working within them had failed to protect them, failed to act in ways that fostered their sense of safety or failed to respond when they had safety concerns. This lack of trust led them to be ambivalent about adults outside of their institution and their ability, willingness and authority to act on a child's behalf and to adequately respond if a child raised a concern, made a complaint or disclosed their abuse. This distrust is evident in this young person's reflection:

> When it comes to the government, I've got a lot of hatred for them. (OOHC_3, 17)

If systems are to become child safe, investment is required to restore children's trust in adults, organisations and systems and for them to witness and experience these player's shared commitment to protecting children and young people from harm. Without such trust, children and young people may be reluctant to raise concerns

and make disclosures, to seek support (now and into the future) and to accept assistance to heal and recover.

Individual adults and individual agencies can play an important role in fostering children and young people's safety, preventing abuse, responding when children have been harmed, and providing opportunities for children and young people who have been maltreated to heal, recover and grow. However, children and young people told us that there were system-level issues and inadequacies that placed them in unsafe settings and failed to fully meet their safety needs. Concerted collaborative efforts are required to ensure that children and young people are protected, that each child has access to advocates outside of individual agencies they can turn to, and receives the therapeutic support they require to heal and grow. Without trust in systems, children and young people's confidence in adults and organisations is compromised and effort is required to restore their ability to seek the support that they need.

08 Discussion

In this study, children and young people provided important insights into what they need to be safe and feel safe and the ways that adults and organisations might foster their safety and respond when they have been hurt or harmed. In this section we consider the key themes emerging from interviews and focus groups and consider them in relation to the existing literature. The section is structured around the key questions explored by children and young people, including:

- how safe they feel in key government institutions

- features of an organisation that increase or decrease their feelings of safety

- the extent to which they feel confident raising safety concerns

- how they would raise these concerns (if inclined), to whom and what influences these decisions

- their level of awareness and understanding of high-risk, harmful or potentially grooming behaviours by adults in an institutional setting (including through online mechanisms)

- their level of awareness and understanding of harmful sexual behaviours that other children and young people may exhibit.

8.1 How safe do children and young people feel in their institutions and what features of an organisation increase or decrease their safety?

In interviews and focus groups, children and young people were asked whether they felt safe in their schools, foster and residential care placements, in youth detention and while in hospitals. Most children and young people reported that they felt safe most of the time within the institutions with which they interacted.

However, children and young people who had previously experienced maltreatment often reported that they had not always felt safe in government institutions. Despite initially reporting that they felt safe and had always felt safe, some of the young people talked about significant threats. In fact, many reported that they had lived in settings that were marked by a lack of safety. As will be further discussed below, they shared stories of violence, abuse and victimisation which they believed had long-lasting effects on their sense of safety: in themselves, in others, in organisations and within systems. Many reported that these past traumas continued to take their toll on their emotional and mental health, their ability to trust and form meaningful relationships and their confidence in workers in 'the system', including police, justice and prisons, child protection and out of home care. Some young people who had transitioned from care observed that it was only when they had exited these systems that they could feel safe and talked about their own efforts to heal and recover.

Children and young people who had been maltreated felt that it was vital for organisations to reduce the likelihood of them experiencing risks again (being safe). Like in previous studies, other children and young people stressed the need to also feel safe in organisational settings. Feeling safe has been shown to be essential in previous research on youth-serving organisations (Huefner et al., 2020; Wilson et al., 2020). These studies have demonstrated that unless children and young people feel safe in schools, they are more likely to be absent, less likely to participate and less likely to achieve (Janson & King, 2006; Shean & Mander, 2020).

Similarly, studies in youth justice have pointed to the need for young people to have a level of interpersonal and emotional safety if rehabilitative outcomes are going to be achieved (Crosby, 2016). Studies have also shown that for young people in foster and residential care, safety is seen as a cornerstone of therapeutic intervention (Lanctôt et al., 2016; Leipoldt et al., 2019; Whittaker et al., 2016). This work reflects our position that in addition to preventing the risks of institutional child sexual abuse, 'child safe organisations' foster children and young people's emotional and psychological safety.

How children and young people understand, experience and assess their safety within institutional contexts varied across groups and interviews. However, we found participants could identify characteristics of organisations that made them more or less safe for children and young people. In particular, children and young people stressed the importance of safe environments and relationships and their need to be treated well, to be cared for and respected and the valuable role they can play in informing child safe strategies.

Safe environments

Participants in our study, echoed the perspectives of young people in previous research in relation to the physical environment (Fram & Dickmann, 2012; Kumar et al., 2008). They stressed the way that the physical environment influenced their sense of safety and the interpersonal safety risks they encountered there. Children and young people reported that they felt safer in environments that were clean, were not damaged and where they could have freedom of movement. This reflects international evidence that demonstrates how the physical environment influences not only children's emotional safety but, in turn, influences their behaviours. These studies show that problems, including violence, are less likely to occur in environments that are tidy, risk-free and in good repair (Fram & Dickmann, 2012; Kumar et al., 2008).

In addition, children and young people advocated the need for 'safe spaces' where children and young people could escape from the threats of violence, bullying and harassment that surrounded them. They also valued access to a supportive adult who could help them and protect them from harm.

Safe relationships

Similar to previous studies (Moore et al., 2018; Robinson & Graham, 2021; Sellers et al., 2020), we learned that supportive adults were essential within child safe organisations. Although children and young people recognised, and gave examples of, adults who might hurt and harm them, fundamentally they believed that adults could and should be their greatest protectors, allies and responders. It became apparent that not all adults assumed these roles. Some children and young people identified how their parents would take a role to ensure that children were safe in institutions by being advocates, believing them and taking action.

Given that some children and young people were ambivalent about their parents' understanding and ability to respond to their safety concerns (which has also been highlighted in previous studies (Saunders & McArthur, 2017)), our research affirms the need to invest in strategies to strengthen parent's knowledge and skills and to further embed them in child safe environments (Hébert et al., 2002; Holman & Koenig Kellas, 2018).

Children and young people recognised that in addition to adults who might hurt or harm them, there were adults who did not particularly care about children or see it as their responsibility to protect them or respond when they encountered unsafe people, places or experiences. Some children and young people spoke emphatically about staff who spent their time on their phones rather than being with children and young people, monitoring their safety and intervening when they were threatened.

Safe staff were those who were aware of safety risks, who noticed when a child or young person's behaviour demonstrated that something was not right, who proactively asked them if they were OK, who intervened when they were being harmed and who worked with the child or young person to deal with an issue if it emerged. This echoed findings from research with children on the mainland which found that adult's 'taking notice' was the key factor that influenced children's perceptions of safety (Moore, McArthur, Heerde, et al., 2016).

Just as adults play a part in fostering a sense of safety in institutional contexts, so do children and young people's siblings, friends and supportive peers. This also reflects findings in other studies (Kelly et al., 2021; Moore et al., 2020; National Institute for Health and Care Excellence, 2021). Again, participants made it clear that not all peers were safe or interested in playing a protective role. However, children and young people often identified peers that they would go to for support. Some older students in schools felt that they might also have a part to play in protecting younger students and responding when they were unsafe. Siblings in out of home care gave examples of times when they had either given or received support from their brothers and sisters.

How they are treated, cared for and respected and how they feel

In addition to who was in an institutional setting, children and young people talked about safety in terms of how people in the organisation treated them. They reported that they felt safer when they felt cared for, valued and respected. Other research demonstrates that when they feel adults take responsibility for meeting children's emotional and safety needs, they feel cared for (Marshall et al., 2020). When their unique talents, interests and views are given weight they feel valued, and when

adults see them as having rights and work with them to achieve shared goals they feel respected (Marshall et al., 2020).

In conducting this study, it was evident that many of the organisations with which we interacted felt that they had a responsibility for protecting children and young people and supported children's active participation in our work. However, many of the children and young people we met with felt that their organisations did not always foster cultures that valued children and their views. They sometimes remarked about the inherent power imbalances within organisations which they, on occasion, believed reflected broader views about children – that they were naïve, had less to contribute than adults, and should respect the authority of adults and ultimately should do what adults told them.

In our previous research (Moore, 2017) we found that children felt that in some instances, adults in organisations were more likely to listen to other adults and to dismiss, downplay or disbelieve children when they raised their concerns. In that research, children and young people observed that children's positioning in relation to adults and within organisations sustains their vulnerability to abuse and can be a barrier to children raising concerns and adults responding appropriately. As such, child-safe organisations need to consider ways in which they can redress children's vulnerability and ensure that children and young people do not encounter adults' attitudes and behaviours as a barrier to seeking support or disclosing maltreatment.

Safe organisations also fostered a sense of stability and predictability (Steinkopf et al., 2020). Children and young people wanted to know what was happening around them, to feel secure and to have enough information to know what decisions were being made about them, what strategies were in place to keep themselves safe and how rules were being applied. Similar to findings from other Australian research (Bollinger, 2017; Moore, McArthur, Death, et al., 2016), children and young people in out of home care felt that their sense of stability and predictability was undermined by short placements, high turnover of staff and peers, and a lack of information about what was going to happen for them and their families. Having enough information was valued by many of the participants.

Children and young people in a range of institutional contexts wanted to feel as though they had some control, and enjoyed being able to spend time away from an organisation. They felt safer when adults involved them in decision making and gave them some scope to express their freedom but were appreciative of adults' efforts to intervene when they were unsafe. They reported that they were not always happy with these interventions but thought that it was appropriate for adults to do so.

Cultural safety was important to at least one young person, who felt that he would be safer and feel safer in an organisation that recognised his cultural identify, where he had access to Aboriginal staff, and where he had opportunities to express

his culture. How cultural safety can be enhanced in organisational settings is still being explored (Lock et al., 2020); however, there is evidence that culturally safe practices can enhance Aboriginal children and young people's trust, confidence and sense of safety in organisations, particularly those providing sexual assault counselling (Funston, 2013). Culturally safe practices can also improve therapeutic outcomes. Although this young man identified cultural safety as playing an important characteristic of a safe organisation, neither he nor any of the other eleven young people who identified as being Aboriginal or Torres Strait Islander could identify ways that their culture was acknowledged, supported or strengthened. Alarmingly, most Aboriginal children and young people did not know what cultural safety was; this suggests this concept is not embedded in the organisations with which they interact.

How they helped inform child safe strategies and responses

Participants stressed the value that they placed in adults and organisations working closely with children and young people to identify and respond to their safety concerns. They reported that they felt safer and were more confident in adults' and organisations' strategies to keep them safe and respond when they had been harmed if they knew that children and young people had helped inform these approaches.

Children and young people who had experienced maltreatment tended to stress the value of adults working with individual children to ensure that what adults and organisations were doing in response to their specific safety concern met their needs (Brady et al., 2019). Groups of children and young people, particularly in schools, stressed the value of what has been described as 'collective engagement' (Larkins et al., 2014), where groups of student leaders and the broader student body might be regularly asked about their safety and, in collaboration with adults, help inform the ways that their schools and teachers might prevent and respond. In both cases, children and young people "are not necessarily wanting to exercise this agency through making 'autonomous decisions'. Rather, children understand decision making as involving compromise and negotiation. This includes wanting to understand decisions made by adults where they differ from children's preferred options" (Mason & Fattore, 2020, p276).

Research with children and young people has demonstrated that meaningful participation can enhance children and young people's safety and confidence in adults and organisations: when their engagement offers them opportunities to build trustworthy relationships with adults; when there is mutual respect; and when they see that their efforts have led to change. However, when participation is tokenistic and poorly executed, children's confidence can be eroded and their sense of safety reduced (Skauge et al., 2021).

8.2 What are children and young people's safety concerns?

When asked what they need to be safe and feel safe, children and young people were quick to speak about how various interpersonal safety risks impeded their sense of safety as well as their confidence in adults and organisations. Across the sample, some children and young people identified potential risks that they were worried about, and/or risks that were present in their environments and maltreatment that they had directly experienced. Predominantly, children and young people in school settings spoke about potential risks (things that could happen) while those in youth detention, foster and residential care spoke about actual risks (things that had happened). This mirrored findings from the Children's Safety Studies conducted for the National Royal Commission into Institutional Responses to Child Sexual Abuse (Moore, McArthur, Death, et al., 2016; Moore, McArthur, Heerde, et al., 2016; Moore et al., 2015).

Although many of the interpersonal safety risks that were identified may not appear to be directly related to those of interest to the Tasmanian Commission of Inquiry and this study's research questions (notably adult-child and peer sexual abuse and sexual maltreatment), they are relevant for a number of important reasons. Firstly, there is an established literature that demonstrates that children and young people who experience one form of maltreatment are at greater risk of other and future abuse (Briere et al., 2020; Walker et al., 2019), including within institutions (Musicaro et al., 2019). Secondly, children and young people who have experienced previous maltreatment can sometimes develop a sense that abusive behaviours are normal and that these behaviours might be expected (Aadnanes & Gulbrandsen, 2018; Briggs & Hawkins, 1996; Musicaro et al., 2019). Experiences of abuse and poor responses to maltreatment can dehumanise children and young people and lower their expectations of themselves, their self-worth and confidence in the world around them. Thirdly, previous work has demonstrated that children and young people's confidence in adults and organisations and their willingness to raise concerns and make disclosures is influenced by their past experiences (Waterman et al., 2022). For example, young people argued in the Children's Safety Studies that if they believed that their school was unwilling to deal with issues such as bullying and harassment, children and young people would assume that they would be unwilling to deal with institutional child sexual abuse (Moore, McArthur, Death, et al., 2016; Moore et al., 2015).

We would argue that to achieve intended goals — such as for children and young people to learn (in the case of schools), to positively develop, heal and grow (in the case of out of home and hospitals) and rehabilitate (in the case of detention) — children need to be safe, feel safe and be protected from adverse experiences.

Across the sample, both adult-child and peer safety risks were identified, although the latter more often. We discuss risks from both these groups below.

Peer-related risks

Overwhelmingly, children and young people felt that they were more likely to be threatened or harmed by a peer than an adult within an organisational setting. This view is consistent with the international prevalence literature that demonstrates that children and young people are more likely to experience bullying and harassment and physical and sexual violence perpetrated by their peers than by adults, and that peer violence is a common occurrence within schools, youth detention (Davidson-Arad, 2005; Finlay, 2004), and foster and residential care (Mazzone et al., 2018; Moore et al., 2020). For example, in her research with children and young people in residential care, Attar-Schwartz (2014) found that almost 40% of the children in residential care were victims of unwanted sexual advances or behaviours by a peer.

In this study, children and young people identified bullying, violence and intimidation as being 'highly likely' and having a 'big impact'. Although children and young people identified these threats in school settings, they appeared to be more prevalent within out of home and youth detention settings where participants gave examples of significant violence. Young people in high schools, college and youth detention also gave examples of sexual harassment and assault and reported that they were ambivalent about these institutions' willingness or ability to protect children and young people and adequately respond when children and young people were harmed. They observed that living in fear of these threats took a toll not only on their sense of safety and emotional wellbeing but also on their relationships, and their education. Participants in this study observed that if organisations were to be 'child safe' they needed to better protect children and young people from these harms. Older young people sometimes believed that their perceptions about youth-serving organisations inability to prevent and adequately respond to sexual harassment in schools reflected the broader society's inability to take harassment seriously. They argued that this threat would continue to exist until young people, who were more willing to acknowledge its impacts, assumed leadership roles and responsibility for dealing with it.

Young people in foster and residential care gave examples of times when they or their peers had been sexually assaulted, intimidated or exploited by their peers and how adults and organisations had often failed to protect them or were dismissive of their concerns.

Adult–related risks

Participants in this study often reported that they believed it was less likely for a child or young person to be maltreated or abused by an adult than a peer. However, young people in out of home care and youth detention gave examples of times that they had been harmed by an adult, and young people in schools sometimes spoke about inappropriate adult-child threats.

Young people who had spent time in foster care reported negative past experiences with foster carers. They recalled instances where carers had been emotionally abusive, had used inappropriate discipline (including restricting children's access to food) and when they had failed to meet children's physical, emotional and social needs. Contrary to the findings of previous research (Timmerman & Schreuder, 2014), young people who had both foster and residential care experience believed that these risks were less likely to arise in residential care or when young people lived in semi-independent living.

The small number of young people who had spent time in detention also gave examples of times when they were physically assaulted by staff and observed that there were incidents of adult-child sexual assault that occurred in custodial settings. This echoes international research that has found that young people experience physical and sexual abuse while in detention, often at greater rates than within the adult system (Ahlin, 2020; Beck & Rantala, 2016).

Most of the concerns raised by children and young people in school settings related to adults who were angry, disrespectful, aggressive or unfair.

Ongoing impacts of past and ongoing trauma

Young people who had experienced maltreatment in their childhoods and within various institutional contexts often spoke about how these traumas had ongoing impacts on their current sense of safety, their mental health, their sense of self, their relationships with others, and their expectations of people, organisations and systems (Baetz et al., 2021; Briggs et al., 2012; Hickle, 2020; Salazar et al., 2013). Some spoke about how these traumas compounded their lack of trust and confidence in themselves, their ability to forge relationships, and their expectations about how they might be treated. Some were visibly in pain. Many of these young people felt that organisations and systems had failed to understand, appreciate

or respond to these traumas and gave examples about how they had been moved from placement to placement, how young people were punished for their trauma-related outbursts and how they were often unable to cope with the challenges that they encountered.

Young people in this study described how their adverse childhood experiences influenced the violence that they both used and witnessed and felt that professionals and organisations needed to take this into account when responding to problematic externalising behaviour (lashing out, assault) and internalising behaviour (self-harm, suicidal ideation) (Baetz et al., 2021). Unfortunately, they sometimes reported punitive responses: being removed from safe care placements, interacting with the justice system and being (in)voluntarily placed in hospital wards. They did not try to excuse their behaviours but felt that it was important to understand that their trauma played a part in their engagement with these institutions.

Overwhelmingly, these young people felt that organisations working with children and young people who had experienced adverse childhood experiences needed to not only be aware of these past traumas but to take action to help children and young people to heal and grow. Children and young people rarely reported that they had or were receiving counselling or other psychological or therapeutic support. This is not an uncommon experience for children and young people in care and detention (Kerns et al., 2014) as young people's mental health needs are often not assessed (Kerns et al., 2016), clinical services are often not available and may exclude children in care from receiving support due to the chaotic nature of their living conditions and when they demonstrate "very disturbed behaviours" (Brodie et al., 2011). International research suggests that although young people in out of home care are often provided with mental health treatments, rarely are these evidence-based or respond to the underlying causes of their mental health issues (Mersky et al., 2020).

Participants' views reflected calls by academics and advocates for not only trauma-informed practice (where professionals are aware of the effects of trauma) but trauma-competent practice (where practitioners take active steps to reduce clients' exposure to trauma and provide them supports to heal and recover) (Barnes & Andrews, 2019). Trauma-informed care and the provision of trauma-focused treatments are not the sole responsibility of one sector or service. Every 'program and service system that touches the lives of children can play an important role' (Bartlett & Steber, 2019). Operationalising trauma-informed care into practice is crucial, as is building this knowledge into policies and procedures. In the absence of trauma-informed care and responses, services are at risk of inflicting further harm on children. This will require organisations to become more trauma-responsive (Strand, 2018; Wilson et al., 2020).

8.3 How confident do children and young people feel raising safety concerns, how they would raise these concerns, to whom, and what influences these decisions?

Taking a preventative and proactive stance

It is important to begin this section by observing that children and young people felt that adults and organisations are primarily responsible for creating child-safe conditions and for proactively identifying and responding to safety risks within institutional settings and should not rely on children and young people to raise concerns or disclose their abuse. They believed that it was vital that adults and organisations were aware of and monitored safety risks, took notice, and acted to prevent and respond to children's maltreatment. This sentiment is reflected in the international literature that argues that although it is essential that children and young people build their knowledge and skills to protect themselves, to raise concerns and seek help, it is critical that adults and organisations take the lead. As Finkelhor (2009, p180) observes, 'it is morally misguided and perhaps psychologically harmful to place the responsibility [for child abuse prevention]… on the shoulders of children'.

As such, we join with participants in arguing that adults and organisations need to take a proactive and preventative approach to the identification of safety concerns. Children and young people in this study gave some hints as to how this may occur. They argued, for example, that it would be valuable for external advocates outside of the child protection and youth justice departments to regularly meet with children and young people, to build trust, and explicitly ask them 'Are you safe and are you feeling safe?' and 'Has anything happened to you? Has anyone hurt you or harmed you?' rather than waiting for a child to raise a concern.

Factors that influence children and young people's confidence in adults and organisations

Children and young people expressed varying degrees of confidence in adults and organisations: in understanding the risks to children, in their willingness, ability and availability, and in their capacity to respond in ways that improved children's safety and protected them from negative consequences of their disclosure or raising of concerns.

Children and young people reported clearly that their confidence in adults and organisations was shaped by their past experiences and by what they had observed adults and organisations do when safety concerns were identified within an institutional setting. This finding is consistent with the existing literature (Moore, McArthur, Death, et al., 2016; Moore et al., 2015).

What influences their decision to raise concerns, seek support or make disclosures?

Similar to previous qualitative studies with children and young people who have been hurt or harmed, participants spoke about fears about the repercussions of speaking out; concerns that they would not be believed or that they might be judged; and perceptions that responses might be ineffectual.(Brennan & McElvaney, 2020). Children and young people have also reported concerns that they would have no control over the disclosure processes once they told (McElvaney et al., 2014; Ungar et al., 2009). These barriers to disclosure featured heavily in the accounts of survivors of institutional child sexual abuse who appeared before the National Royal Commission into Institutional Responses to Child Sexual Abuse (RCIIRCSA 2017).

Knowing that something is not right

Some children and young people in this study felt that they were not always good at determining whether something someone has done is inappropriate, unsafe or otherwise problematic. As noted, this was particularly the case for young people who had experienced past maltreatment. Despite the international literature suggesting that most children aged between 7 and 13 are able to determine that abusive behaviours are 'wrong' and 'may be able to formulate some type of resistance to it' (Kogan, 2004) this was not a common experience for those in our sample. Young people, therefore, felt that it was important for all children and young people to be given clear and explicit advice as to what is appropriate and what is not so that they can determine whether they need to seek help or not. As the National Royal Commission (2017, p11) observed: 'Understanding that child sexual abuse is harmful and criminal is key to being able to communicate to others that abuse is occurring'.

Knowing what to do and how to raise a concern

International literature suggests that children and young people are more likely to raise concerns if they are aware of their organisation's position on issues such as abuse, inappropriate relationships and violence and know what mechanisms are in place for children and young people to reach out to share these concerns or disclose their abuse (Godson, 2012). In our study, children and young people often appeared

unaware of what they should do if they needed to raise a concern and were often more likely to report that they would seek assistance from someone outside of the organisation than within it. This too is consistent with previous research (Moore, McArthur, Heerde, et al., 2016; Moore et al., 2015).

In contrast, children and young people in care and youth detention were aware that there were Charters of Rights, Codes of Practice and complaints processes but were, again, more likely to talk about contacting the Commissioner for Children and Young People or the Child Advocate. They reported poor experiences of using organisational complaints mechanisms and felt that younger children may not have the resources or confidence to utilise external complaints or disclosure processes.

Believing that they will receive a positive reaction

Children and young people felt that if they had encountered a situation where they were unsafe or felt unsafe, they would most likely feel afraid, confused and upset, and would worry about how an adult would respond if they spoke to them about it. Some felt that if they were harassed, sexually abused or assaulted they would feel ashamed and would worry that an adult might not believe them. These fears are common among those who have experienced abuse and are key barriers to help-seeking and disclosure (Morrison et al., 2018). Our participants felt that adults who were knowledgeable about sexual abuse and assault and have experience in speaking with children and young people in these situations may be more likely to be able to 'handle' these conversations and to provide good advice and support. There was a variety of views across the sample as to whether adults in their lives (i.e. parents, workers, teachers) might currently have the capacity to respond in helpful ways.

Believing that action will be taken and that they will be protected from repercussions

Regardless of which safety concern they were discussing, children and young people felt that action was a key purpose of and their chief motivator for raising concerns or disclosing their experience. Children and young people felt that often the reason why they might raise a concern was because they were unsafe, because they had been harmed and because they wanted adults or organisations to do something — to respond to the abuse and prevent future harm. As noted, children and young people reported that their confidence that an adult or organisation would act was often based on their past experiences and observations. They conceded that sometimes adults or organisations might have responded without their knowledge but were clear that this did not inspire their confidence and may, in fact, have been interpreted as the organisation's unwillingness or inability to respond.

Previous research with victims of child sexual abuse find that a concern for one's self and others is a key motivating factor for both choosing to disclose and not choosing to disclose (Morrison et al., 2018; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). Children and young people who had experienced maltreatment often spoke about being fearful about the repercussions of raising concerns and making complaints, sometimes fearing for their physical and emotional safety. This was the case for one participant in youth detention who reported that they were actively dissuaded and sometimes directly threatened with consequences if they raised concerns. On the other hand, it was apparent that some young people were more inclined to raise a concern or disclose maltreatment if they believed that in doing so other children and young people might be protected. To feel confident in raising a concern or making a disclosure, young people needed reassurance that adults and organisations were aware of the potential consequences and had strategies to minimise these risks.

Identifying who to raise concerns with, seek help from or disclose maltreatment to

Children and young people often identified parents as their key allies, confidants and advocates and identified them as the people to whom they might turn if they were to raise concerns, seek help or disclose maltreatment (Foster, 2017; Foster & Hagedorn, 2014). They often believed that their parents knew them best, were most often protective, and could champion their needs. In a few instances, young people felt that they were more likely to speak to their peers about their worries. Congruent with the international literature, it appeared that these older adolescents were more likely to consider their peers as non-judgmental and may respond more positively than their parents (Kogan, 2004) but that they may also reach out to another trusted adult later (Manay & Collin-Vézina, 2021).

However, in relation to particular safety risks, their confidence in their parents and other trusted adults varied. Sometimes children and young people felt that these adults might not be willing or able to discuss issues of sex or sexuality, that they might not be pleased to hear that abuse occurred within a sexual relationship or have the skills or knowledge to deal with issues such as online harassment.

8.4 What are children and young people's level of awareness and understanding of high-risk, harmful behaviours by adults and the harmful sexual behaviours that other children and young people may exhibit?

Although children and young people raised a number of concerns about risks related to adults and peers, their awareness of high-risk harmful behaviours of adults and the harmful sexual behaviours of peers was varied.

Older young people, in particular, reflected that what they knew about adult-child risks was primarily gleaned from informal conversations and the media and reported that these risks were rarely discussed at school or in their other institutions. Young people who had not experienced maltreatment generally talked about adult-oriented risks in relation to strangers or predators outside of their families, communities or organisations. They reflected that they had not been educated about the risks related to people they knew or within their social circles. This is despite international research that argues that student education about the risks of adult-child abuse in schools is vital in detecting and responding to sexual misconduct (Wurtele et al., 2019).

Regardless of whether young people had been maltreated or not, they reported a lack of knowledge about what they could do if they were in a situation where they might be harmed by a known adult. They reflected that the focus of sexual education and healthy relationship programs was primarily on sexually transmissible diseases, contraception and 'safe sex', although some spoke about consent in terms of peer relationships.

Some of the young people reported that they had heard of 'grooming' but were often unclear as to what it was and how it looked different from normal adult-child relationships. They sometimes were aware that it included behaviours that manipulated young people in engaging in a relationship that was inappropriate or abusive.

It appeared as though a number of young people had some understanding of the issue of consent in sexual relationships. However, one group spent some time debating whether a teacher-student relationship was appropriate if the relationship was consensual. There were varied and strong views in the group as to whether this relationship was abusive. The fact that some young people still characterised this relationship as appropriate (even though young people saw it as 'consensual') was concerning.

Our research findings affirm calls to strengthen formal and informal sexual education and healthy relationship programs and to more clearly address issues of adult-child, institutional and peer sexual abuse, particularly within institutional settings (Lahav et al., 2020; Wurtele et al., 2019). We join with others and "acknowledge the difficulty and unfairness of expecting students to challenge the authority of adults (e.g., teachers), reject their advances, and psychologically 'outsmart' the manipulations of a trusted adult, let alone report their abuse" (Rudolph and ZimmerGembeck in Wurtele et al., 2019, p173) but believe that there is great advantage in building young people's awareness of the risks of adult-child abuse and how institutions might respond (Lahav et al., 2020).

Older young people in schools and young people in care and detention were more likely to be aware of peer-related risks, namely sexual harassment and assault, and gave examples of times that they or their peers had experienced it. In one instance, young people in a high school reported that they were aware that sexual harassment had occurred at their school but reported not knowing what had been done in response to this scenario. This, they reported, meant that they were unaware of what they should do in such a circumstance and how their school had, or would respond in the future.

Across the sample, there were divergent views about children and young people's level of awareness of and the extent and nature of online safety risks. Some young people gave examples of scenarios where they (or their peers) had been approached by adults or other youth online, had been manipulated or potentially groomed. They felt that adults and organisations were often unaware of the risks and had little confidence that the adults might adequately identify or respond when they were made aware of these instances. This finding is not surprising given that there is little evidence of approaches or programs to prevent or reduce the risks in the online space (Patterson et al., 2022). Young people argued that because they were more internet savvy, they needed to be involved in helping adults and organisations understand the risks and to inform strategies to identify and respond more appropriately.

09 Concluding comments

This study explored Tasmanian children and young people's perceptions and experiences of safety in the context of Tasmanian government institutions. As a qualitative study, it was designed to provide a deeper understanding of what children need from organisations, adults and peers to help them feel safe and be safe. The intent was also to use these understandings to help inform the Commission's recommendations. The findings in this study reflect, in part, the wider literature that identifies how essential it is to hear from children and young people directly as well as the key factors that are required to support and enhance children and young people's safety.

Most children and young people in this sample felt safe for most of the time they spent in the organisations with which they interacted. There is no doubt that the children and young people in out of home care and detention had complex and multiple needs and their experiences of past and ongoing abuse and trauma acted as a barrier to their perceived safety and actual safety. Children and young people in all groups identified multiple ways that they might be better protected and for their experiences of safety to be enhanced.

This final section outlines the key messages from the research, which have significant relevance for shaping responses to safe organisations in Tasmania.

9.1 Reducing risks and increasing confidence

One of the key findings of previous research is that children understand and experience safety differently to adults. In particular, this previous research identified that children and young people stressed their need to 'feel safe' while they believed that adults primarily focused on strategies to reduce risk so that children might 'be safe'. In practice, this means that children and young people require organisations to not only implement strategies to keep them safe but to also engage in work that fosters their sense of safety. This is important not only in terms of child sexual abuse prevention but also in providing environments in which children and young people can: in the case of education, learn; in the case of youth detention, rehabilitate; in the case of hospitals, heal and recover; and in the case of out of home care, grow and overcome their trauma.

Our study echoes our previous research that found that to 'feel safe' children and young people need to have confidence in themselves as well as in adults' and organisations' efforts to keep them safe and respond when they have been harmed.

It is unclear as to whether child-safe strategies (such as the National Principles of Child Safe Organisations) in Tasmania are improving children and young people's felt safety or their confidence in adults and organisations. In focus groups and interviews, children and young people were often unaware of what organisations were doing to keep children safe and posited "if we don't see them doing stuff, it's like they're doing nothing". Without such confidence, children and young people reported that they would be less likely to raise concerns, disclose abuse or otherwise seek assistance.

Information, education and empowerment

To feel confident, children and young people need to be respected, to be affirmed and to be equipped to identify and seek help when they are at risk of harm. This requires them to be informed and educated. It requires organisations to promote cultures that value children and young people and empower them as individuals and as a group.

Organisations need to foster environments that promote cultural safety and recognise the ways that culture and connection can be protective and act to empower children and young people from Aboriginal and culturally and linguistically diverse backgrounds.

Children and young people need information about risks and about what to do if they are hurt or harmed. Children and young people need age-appropriate education:

on the dynamics of abuse, grooming and inappropriate adult child relationships (particularly within institutional settings and with known offenders); on the risks related to their peers (including sexual harassment and assault, harmful sexual behaviours and online issues) and on ways they can protect themselves and each other. They need to be empowered to act and to seek assistance from trustworthy adults who can work collaboratively with them to find solutions.

For children and young people who have experienced past or ongoing maltreatment or trauma, education and support must be trauma-informed and respond to their unique needs. For example, protective behaviour and respectful relationship programs should understand the dynamics that may play out in relationships between care leavers and those who take advantage of their vulnerability, appreciate how young people's unmet needs for relationships within which they feel love, care and intimacy place them at greater risk of exploitation and ways to strengthen young people's expectations of themselves, their partners and relationships.

Safe organisations foster cultures that not only promote child safety as a shared responsibility but are ones that respect and value children and young people and demonstrate this respect in all that they do. Child safe organisations consider the ways in which they can redress children's vulnerability and ensure that children and young people do not encounter adults' attitudes and behaviours as a barrier to seeking support or disclosing maltreatment.

Visible and transparent responses

To have confidence in adults and organisations, children and young people need to see that adults and organisations are taking a preventative and proactive approach to child abuse prevention. In particular, children and young people need to see that adults are 'watching out', taking notice and proactively acting to keep children safe. Having available, accessible and trustworthy relationships with adult allies and advocates, in and outside of organisations, strengthens children's sense of safety and confidence as do positive relationships with peers.

Individual and collective engagement

To feel safe and to have confidence in adults and organisations children and young people need to feel involved and for their individual and collective needs and wishes to be respected. Individual children need opportunities to be asked: Are you feeling safe? Has anyone made you feel unsafe or done anything that makes you feel uncomfortable? What do you need to be safe and feel safe? How do you want us to respond?

Groups of young people can also play a role in identifying the concerns of their peers and providing feedback on an organisation's approach to preventing and responding to abuse. Fundamental to individual and 'collective' engagement is for something to change. For 'participation' to be 'protective', children and young people must see how their views have been valued, acted on and how adults and organisations have built their appreciation of their needs and embedded them in their child safe strategies.

Reducing risks and adequately responding to physical, emotional and sexual violence

Children and young people, particularly those in care and detention, often reported their ongoing exposure to physical, emotional and sexual abuse and maltreatment: most often by peers but sometimes by adults in and outside of the institutions. Greater investment to reduce these threats is warranted: not only to improve children's safety but to meet their psychosocial, therapeutic and rehabilitative needs.

Responding to abuse and trauma experienced inside and outside of organisations

Given the fact that many of the children and young people in our study reported past maltreatment and ongoing trauma, we argue that child safe organisations need to not only identify and respond to abuse that occurs on-site but also to abuse that is occurring or has occurred prior to their engagement with a service. Given that young people with maltreatment histories and trauma are more likely to experience further abuse (including within institutional settings) targeted strategies are required. Child safe organisations need to be trauma-informed and be supported by trauma-competent systems that provide them therapeutic services and opportunities to heal and grow.

Fostering child safe systems

Although individual agencies have a fundamental role to play in keeping children safe and fostering a sense of safety, a number of systemic challenges placed children in unsafe situations and impeded their sense of safety. Our work demonstrates the need to create child-safe systems that have a shared and joined-up approach to minimising risk, meeting children's safety needs and providing those who have been maltreated the supports and services oriented towards the healing and recovery. Efforts are required to minimise the likelihood of children and young people experiencing 'systems abuse' which can compound their trauma and have enduring affects.

Our thanks

We would like to conclude by thanking the 59 children and young people who participated in this study and the adults and organisations who supported their involvement. Participants demonstrated significant courage and generosity and provided invaluable insights on how adults and organisations might keep them safe and respond when they are harmed. We hope that this report helps the Tasmanian Commission of Inquiry in its work and demonstrates the great value of providing children and young people opportunities to have their say.

> 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)

References

Aadnanes, M., & Gulbrandsen, L. M. (2018). Young people and young adults' experiences with child abuse and maltreatment: Meaning making, conceptualizations, and dealing with violence. *Qualitative social work*, *17*(4), 594-610.

Abram, K. M., Teplin, L. A., Charles, D. R., Longworth, S. L., McClelland, G. M., & Dulcan, M. K. (2004). Posttraumatic stress disorder and trauma in youth in juvenile detention. *Archives of general psychiatry*, *61*(4), 403-410.

Ahlin, E. M. (2020). Forced Sexual Victimization Among Youth in Custody: Do Risk Factors Vary by Gender and Perpetrator? *The Prison Journal*, *100*(2), 151-172.

Ahlin, E. M. (2021). Risk factors of sexual assault and victimization among youth in custody. *Journal of interpersonal violence*, *36*(3-4), NP2164-2187NP.

AIHW. (2021). *Safety of children in care 2020–21*. https://www.aihw.gov.au/reports/child-protection/safety-of-children-in-care-2020-21

Alaggia, R., Collin-Vézina, D., & Lateef, R. (2019). Facilitators and barriers to child sexual abuse (CSA) disclosures: A research update (2000–2016). *Trauma, violence, & abuse*, *20*(2), 260-283.

Alderson, P., & Morrow, V. (2020). *The ethics of research with children and young people: A practical handbook*. Sage.

Allroggen, M., Ohlert, J., Rau, T., & Fegert, J. M. (2018). Sexual abuse prevalence rates of residents in institutional care settings compared with a population representative sample. *Residential Treatment for Children & Youth*, *35*(4), 286-296.

Allroggen, M., Rau, T., Ohlert, J., & Fegert, J. M. (2017). Lifetime prevalence and incidence of sexual victimization of adolescents in institutional care. *Child abuse & neglect*, *66*, 23-30.

Assembly, U. N. G. (1989). Convention on the Rights of the Child, 20 November 1989. *Annual review of population law*, *16*, 95-501.

Attar-Schwartz, S. (2011). Maltreatment by staff in residential care facilities: The adolescents' perspectives. *Social Service Review*, *85*(4), 635-664.

Attar-Schwartz, S. (2014). Experiences of sexual victimization by peers among adolescents in residential care settings. *Social Service Review*, *88*(4), 594-629.

Australian Institute of Health and Welfare. (2021). *Child protection Australia 2019–20*. https://www.aihw.gov.au/reports/child-protection/child-protection-australia-2019-20/summary

Barnes, J. S., & Andrews, M. (2019). Meeting survivors where they are: The vital role of trauma-informed and competent clinicians in primary care. *Journal of Aggression, Maltreatment & Trauma*, *28*(5), 601-612.

Barter, C. (2003). Young people in residential care talk about peer violence. *Scottish journal of residential child care*, 39-50.

Bartlett, J. D., & Steber, K. (2019). How to implement trauma-informed care to build resilience to childhood trauma. *trauma*, *9*(10).

Beck, A. J., & Rantala, R. R. (2016). *Sexual victimization reported by juvenile correctional authorities, 2007-12*. US Department of Justice, Office of Justice Programs, Bureau of Justice ….

Blakemore, T., Herbert, J. L., Arney, F., & Parkinson, S. (2017). The impacts of institutional child sexual abuse: A rapid review of the evidence. *Child abuse & neglect*, *74*, 35-48.

Bollinger, J. (2017). Examining the complexity of Placement Stability in Residential Out of home care in Australia: How important is it for facilitating good outcomes for young people? *Scottish journal of residential child care*, *16*(2).

Boyatzis, R. (1998). *Transforming Qualitative Information: Thematic Analysis and Code Development.* Sage.

Brady, B., Kennan, D., Forkan, C., Tierney, E., Jackson, R., & Holloway, R. (2019). The participation of children and young people in care: insights from an analysis of national inspection reports in the Republic of Ireland. *Child Care in Practice*, *25*(1), 22-36.

Brennan, E., & McElvaney, R. (2020). What helps children tell? A qualitative meta-analysis of child sexual abuse disclosure. *Child Abuse Review*, *29*(2), 97-113.

Briere, J., Runtz, M., Rassart, C. A., Rodd, K., & Godbout, N. (2020). Sexual assault trauma: Does prior childhood maltreatment increase the risk and exacerbate the outcome? *Child abuse & neglect*, *103*, 104421.

Briggs, F., & Hawkins, R. M. (1996). A comparison of the childhood experiences of convicted male child molesters and men who were sexually abused in childhood and claimed to be nonoffenders. *Child abuse & neglect*, *20*(3), 221-233.

Cashmore, J., Dolby, R., & Brennan, D. (1993). *Systems Abuse: Problems and Solutions: Report of the NSW Child Protection Council*. https://doi.org/10.13140/RG.2.2.36651.34080

Collin-Vézina, D., Coleman, K., Milne, L., Sell, J., & Daigneault, I. (2011). Trauma experiences, maltreatment-related impairments, and resilience among child welfare youth in residential care. *International Journal of Mental Health and Addiction*, *9*(5), 577-589.

Commissioner for Children Tasmania. (2013). *Alternatives to secure detention in Tasmania*. https://www.childcomm.tas.gov.au/wp-content/uploads/2015/07/Alternatives-to-Secure-Youth-Detention-FINAL-2013.pdf

Communities, T. D. o. *Out of home care in Tasmania*. Retrieved 10/05/2022 from https://www.communities.tas.gov.au/children/oohc

Creswell, J. W., & Miller, D. L. (2000). Determining Validity in Qualitative Inquiry. *Theory Into Practice*, *39*(3), 124-130. https://doi.org/10.1207/s15430421tip3903_2

Crosby, S. D. (2016). Trauma-informed approaches to juvenile justice: A critical race perspective. *Juvenile and Family Court Journal*, *67*(1), 5-18.

Davidson-Arad, B. (2005). Observed violence, abuse, and risk behaviors in juvenile correctional facilities: Comparison of inmate and staff reports. *Children and youth services review*, *27*(5), 547-559.

Euser, S., Alink, L. R., Tharner, A., van IJzendoorn, M. H., & Bakermans-Kranenburg, M. J. (2013). The prevalence of child sexual abuse in out of home care: A comparison between abuse in residential and in foster care. *Child maltreatment*, *18*(4), 221-231.

Finkelhor, D., Vanderminden, J., Turner, H., Hamby, S., & Shattuck, A. (2014). Upset among youth in response to questions about exposure to violence, sexual assault and family maltreatment. *Child abuse & neglect*, *38*(2), 217-223.

Finlay, J. (2004). The dynamics of peer violence in youth custody. *Voices for Children www. voicesforchildren. ca*.

Foster, J. M. (2017). It happened to me: A qualitative analysis of boys' narratives about child sexual abuse. *Journal of child sexual abuse*, *26*(7), 853-873.

Foster, J. M., & Hagedorn, W. B. (2014). Through the eyes of the wounded: A narrative analysis of children's sexual abuse experiences and recovery process. *Journal of child sexual abuse*, *23*(5), 538-557.

Fram, S. M., & Dickmann, E. M. (2012). How the school built environment exacerbates bullying and peer harassment. *Children Youth and Environments*, *22*(1), 227-249.

Funston, L. (2013). Aboriginal and Torres Strait Islander worldviews and cultural safety transforming sexual assault service provision for children and young people. *International Journal of Environmental Research and Public Health*, *10*(9), 3818-3833.

Goddard, C., & Mudaly, N. (2009). The ethics of involving children who have been abused in child abuse research. *The International Journal of Children's Rights*, *17*(2), 261-281.

Godson, R. (2012). " It takes a lot of courage" Children and young people's experiences of complaints procedures. *Community Practitioner*, *85*(9), 12.

Harker, H. (2015). *Independent review of Ashley Youth Detention Centre, Tasmania*. https://doh.health.tas.gov.au/__data/assets/pdf_file/0013/227110/Independent_Review_of_AYDC_Report_June_2015_-_REDACTED.pdf

Health, A. I. o., & Welfare. (2021a). *Safety of children in care 2020–21*. https://www.aihw.gov.au/reports/child-protection/safety-of-children-in-care-2020-21

Health, A. I. o., & Welfare. (2021b). *Youth justice in Australia 2019-20*. https://www.aihw.gov.au/reports/youth-justice/youth-justice-in-australia-2019-20

Hébert, M., Lavoie, F., & Parent, N. (2002). An assessment of outcomes following parents' participation in a child abuse prevention program. *Violence and Victims*, *17*(3), 355-372.

Henry, N., Flynn, A., & Powell, A. (2020). Technology-facilitated domestic and sexual violence: A review. *Violence against women*, *26*(15-16), 1828-1854.

Holman, A., & Koenig Kellas, J. (2018). "Say something instead of nothing": Adolescents' perceptions of memorable conversations about sex-related topics with their parents. *Communication Monographs*, *85*(3), 357-379. https://doi.org/10.1080/03637751.2018.1426870

Huefner, J. C., Ringle, J. L., Gordon, C., & Tyler, P. M. (2020). Impact of perception of safety on outcomes in the context of trauma. *Children and youth services review*, *114*, 105060.

Hutchfield, J., & Coren, E. (2011). The child's voice in service evaluation: Ethical and methodological issues. *Child Abuse Review*, *20*(3), 173-186.

Janson, G. R., & King, M. A. (2006). Emotional security in the classroom: What works for young children. *Journal of family and consumer sciences*, *98*(2), 70.

Jessiman, P., Hackett, S., & Carpenter, J. (2017). Children's and carers' perspectives of a therapeutic intervention for children affected by sexual abuse. *Child & Family Social Work*, *22*(2), 1024-1033.

Justice Health & Forensic Mental Health Network and Juvenile Justice NSW. (2017). *2015 Young People in Custody Health Survey: Full Report*.

Kaufman, K., Erooga, M., Stewart, K., Zatkin, J., McConnell, E., Tews, H., & Higgins, D. (2016). *Risk profiles for institutional child sexual abuse*.

Kelly, C., Thornton, A., Anthony, E. K., & Krysik, J. (2021). "Love. Stability. Boundaries." Kinship perspectives of social-emotional well-being of youth residing in out of home care. *Children and youth services review*, *127*, 106097.

Khoury-Kassabri, M., & Attar-Schwartz, S. (2014). Adolescents' reports of physical violence by peers in residential care settings: An ecological examination. *Journal of interpersonal violence*, *29*(4), 659-682.

Kogan, S. M. (2004). Disclosing unwanted sexual experiences: Results from a national sample of adolescent women. *Child abuse & neglect*, *28*(2), 147-165.

Kumar, R., O'Malley, P. M., & Johnston, L. D. (2008). Association between physical environment of secondary schools and student problem behavior: A national study, 2000-2003. *Environment and Behavior*, *40*(4), 455-486.

Lahav, Y., Ginzburg, K., & Spiegel, D. (2020). Post-traumatic growth, dissociation, and sexual revictimization in female childhood sexual abuse survivors. *Child maltreatment*, *25*(1), 96-105.

Lanctôt, N., Lemieux, A., & Mathys, C. (2016). The value of a safe, connected social climate for adolescent girls in residential care. *Residential Treatment for Children & Youth*, *33*(3-4), 247-269.

Larkins, C., Kiili, J., & Palsanen, K. (2014). A lattice of participation: reflecting on examples of children's and young people's collective engagement in influencing social welfare policies and practices. *European Journal of Social Work*, *17*(5), 718-736.

Leipoldt, J. D., Harder, A. T., Kayed, N. S., Grietens, H., & Rimehaug, T. (2019). Determinants and outcomes of social climate in therapeutic residential youth care: A systematic review. *Children and youth services review*, *99*, 429-440.

Lincoln, Y. S. (1995). Emerging Criteria for Quality in Qualitative and Interpretive Research. *Qualitative Inquiry*, *1*(3), 275-289. https://doi.org/10.1177/107780049500100301

Lock, M., Burmeister, O., McMillan, F., & Whiteford, G. (2020). Absence of rigorous evidence undermines cultural safety reforms. *Australian Journal of Rural Health*, *28*(1), 4-5.

Malvaso, C. G., Delfabbro, P. H., & Day, A. (2017). The child protection and juvenile justice nexus in Australia: A longitudinal examination of the relationship between maltreatment and offending. *Child abuse & neglect*, *64*, 32-46.

Manay, N., & Collin-Vézina, D. (2021). Recipients of children's and adolescents' disclosures of childhood sexual abuse: A systematic review. *Child abuse & neglect*, *116*, 104192.

Marshall, G., Winter, K., & Turney, D. (2020). Honneth and positive identity formation in residential care. *Child & Family Social Work*, *25*(4), 733-741.

Mason, J., & Fattore, T. (2020). Child protection and child participation. In *Child protection and the care continuum* (pp. 271-288). Routledge.

Mazzone, A., Nocentini, A., & Menesini, E. (2018). Bullying and peer violence among children and adolescents in residential care settings: A review of the literature. *Aggression and violent behavior*, *38*, 101-112.

McElvaney, R., Greene, S., & Hogan, D. (2014). To tell or not to tell? Factors influencing young people's informal disclosures of child sexual abuse. *Journal of interpersonal violence*, *29*(5), 928-947.

Moore, T., McArthur, M., & Death, J. (2020). Brutal bullies and protective peers: How young people help or hinder each other's safety in residential care. *Residential Treatment for Children & Youth*, *37*(2), 108-135.

Moore, T., McArthur, M., Death, J., Roche, S., & Tilbury, C. (2016). *Safe and sound: Exploring the safety of young people in residential care* (1925289990).

Moore, T., McArthur, M., Death, J., Tilbury, C., & Roche, S. (2018). Sticking with us through it all: The importance of trustworthy relationships for children and young people in residential care. *Children and youth services review*, *84*, 68-75.

Moore, T., McArthur, M., Heerde, J. A., Roche, S., & O'Leary, P. (2016). *Our safety counts: Children and young people's perceptions of safety and institutional responses to their safety concerns* (192528977X).

Moore, T., McArthur, M., Noble-Carr, D., & Harcourt, D. (2015). *Taking us seriously: children and young people talk about safety and institutional responses to their safety concerns. A report for the Royal Commission into Institutional Responses to Child Sexual Abuse.*

Moore, T., Noble-Carr, D., & McArthur, M. (2016). Changing things for the better: the use of children and young people's reference groups in social research. *International Journal of Social Research Methodology*, *19*(2), 241-256.

Moore, T., Saunders, V., & McArthur, M. (2011). Championing choice—Lessons learned from children and young people about research and their involvement. *Child Indicators Research*, *4*(2), 249-267.

Moore, T. P. (2017). Children and young people's views on institutional safety: It's not just because we're little. *Child abuse & neglect*, *74*, 73-85.

Moore, T. P., McArthur, M., & Noble-Carr, D. (2018). More a marathon than a hurdle: towards children's informed consent in a study on safety. *Qualitative Research*, *18*(1), 88-107.

Morrison, S. E., Bruce, C., & Wilson, S. (2018). Children's Disclosure of Sexual Abuse: A Systematic Review of Qualitative Research Exploring Barriers and Facilitators. *Journal of child sexual abuse*, *27*(2), 176-194. https://doi.org/10.1080/10538712.2018.1425943

Musicaro, R. M., Spinazzola, J., Arvidson, J., Swaroop, S. R., Goldblatt Grace, L., Yarrow, A., Suvak, M. K., & Ford, J. D. (2019). The Complexity of Adaptation to Childhood Polyvictimization in Youth and Young Adults: Recommendations for Multidisciplinary Responders. *Trauma, violence, & abuse*, *20*(1), 81-98. https://doi.org/10.1177/1524838017692365

National Institute for Health and Care Excellence. (2021). *Barriers and facilitators for supporting positive relationships among looked-after children and young people.*

O'Donnell, R., MacRae, A., Savaglio, M., Vicary, D., Green, R., Mendes, P., Kerridge, G., Currie, G., Diamond, S., & Skouteris, H. (2020). 'It was daunting. I was 18 and I left residential care and there was no support whatsoever': a scoping study into the transition from out-of-home-care process in Tasmania, Australia. *Children Australia*, *45*(4), 296-304.

Ogilvie, E., & Lynch, M. (2001). Responses to incarceration: A qualitative analysis of adolescents in juvenile detention centres. *Current Issues in Criminal Justice*, *12*(3), 330-346.

Padgett, D., K. (2008). *Qualitative methods in social work research* (2nd Edition ed.). Sage Publications.

Palmer, D., & Feldman, V. (2018). *Comprehending the incomprehensible: Organisation theory and child sexual abuse in organisations*. Cambridge University Press.

Parke, S., & Karsna, K. (2018). Improving understanding of the scale and nature of child sexual abuse. Measuring the scale and changing nature of child sexual abuse. Analysis of 2017/18 official and agency data. In: London: Centre of Expertise on Child Sexual Abuse.[Online]. .

Patterson, A., Ryckman, L., & Guerra, C. (2022). A Systematic Review of the Education and Awareness Interventions to Prevent Online Child Sexual Abuse. *Journal of Child & Adolescent Trauma*, 1-11.

Paxman, M., Tully, L., Burke, S., & Watson, J. (2014). Pathways of care: longitudinal study on children and young people in out of home care in New South Wales. *Family Matters*(94), 15-28.

Powell, M. A., Fitzgerald, R. M., Taylor, N., & Graham, A. (2012). International literature review: Ethical issues in undertaking research with children and young people. *Childwatch International Research Network*.

Powell, M. A., Graham, A., Canosa, A., Anderson, D., Taylor, N., Robinson, S., Moore, T., & Thomas, N. P. (2021). Children and safety in Australian policy: Implications for organisations and practitioners. *Australian Journal of Social Issues*, *56*(1), 17-41.

Punch, K. F. (2013). *Introduction to social research: Quantitative and qualitative approaches*. Sage.

Randall, D., Anderson, A., & Taylor, J. (2016). Protecting children in research: Safer ways to research with children who may be experiencing violence or abuse. *Journal of child health care*, *20*(3), 344-353.

Rauter, M., Jayakar, A., Clemens, T., Galanos, Z., Newbery, L., & Whelan, A. (2018). Health of Southern Tasmanian 4-to 6-year-old children in out-of-home care compared to peers. *Journal of Paediatrics and Child Health*, *54*(4), 405-410.

Robinson, S. (2016). *Feeling safe, being safe: what is important to children and young people with disability and high support needs about safety in institutional settings?* (1925289419).

Robinson, S., & Graham, A. (2021). Feeling safe, avoiding harm: Safety priorities of children and young people with disability and high support needs. *Journal of intellectual disabilities*, *25*(4), 583-602.

Royal Commission into Institutional Responses to Child Sexual Abuse. (2015). *Report of Case Study No. 27: The response of health care service providers and regulators in*

New South Wales and Victoria to allegations of child sexual abuse.

Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). Identifying and disclosing child sexual abuse: Volume 4. In: Royal Commission into Institutional Responses to Child Sexual Abuse Sydney.

Saunders, V., & McArthur, M. (2017). Help-seeking needs and gaps for preventing child sexual abuse.

Sellers, D. E., Smith, E. G., Izzo, C. V., McCabe, L. A., & Nunno, M. A. (2020). Child feelings of safety in residential care: The supporting role of adult-child relationships. *Residential Treatment for Children & Youth*, *37*(2), 136-155.

Shakeshaft, C. (2004). Educator Sexual Misconduct: A Synthesis of Existing Literature PPSS 2004-09. *US Department of Education*.

Shean, M., & Mander, D. (2020). Building emotional safety for students in school environments: Challenges and opportunities. In *Health and Education Interdependence* (pp. 225-248). Springer.

Silverio, S. A., Bewley, S., Montgomery, E., Roberts, C., Richens, Y., Maxted, F., Sandall, J., & Montgomery, J. (2021). Disclosure of non-recent (historic) childhood sexual abuse: What should researchers do? *Journal of medical ethics*, *47*(12), 779-783.

Silverman, D. (2011). *Interpreting qualitative data: A guide to the principles of qualitative research*. Sage London.

Simpson, A. V., Clegg, S. R., & Rego, A. (2019). Speak! Paradoxical Effects of a Managerial Culture of 'Speaking Up'.

Smallbone, S., & McCormack, T. (2021). *Independent Inquiry into the Tasmanian Department of Education's Responses to Child Sexual Abuse. Final report*. https://publicdocumentcentre.education.tas.gov.au/library/Shared%20Documents/DoE-Inquiry-Final-Report-Main-Findings-and-Recommendations-2021.PDF

Smyth, C., & Eardley, T. (2008). *Out of home care for children in Australia: A review of literature and policy*. Social Policy Research Centre (UNSW).

Snow, P., McLean, E., & Frederico, M. (2020). The language, literacy and mental health profiles of adolescents in out of home care: An Australian sample. *Child Language Teaching and Therapy*, *36*(3), 151-163.

Steinkopf, H., Nordanger, D., Stige, B., & Milde, A. M. (2020). How do staff in residential care transform Trauma-Informed principles into practice? A qualitative study from a Norwegian child welfare context. *Nordic Social Work Research*, 1-15.

Strand, V. C. (2018). Applying trauma theory to organisational culture. In *Trauma responsive child welfare systems* (pp. 19-40). Springer.

Tanrikulu, I. (2018). Cyberbullying prevention and intervention programs in schools: A systematic review. *School psychology international*, *39*(1), 74-91.

Taylor, B. G., Liu, W., & Mumford, E. A. (2021). Profiles of youth in-person and online sexual harassment victimization. *Journal of interpersonal violence*, *36*(13-14), 6769-6796.

Timmerman, M. C., & Schreuder, P. R. (2014). Sexual abuse of children and youth in residential care: An international review. *Aggression and violent behavior*, *19*(6), 715-720.

Turner, H. A., Finkelhor, D., Hamby, S. L., Shattuck, A., & Ormrod, R. K. (2011). Specifying type and location of peer victimization in a national sample of children and youth. *Journal of youth and adolescence*, *40*(8), 1052-1067.

Uliando, A., & Mellor, D. (2012). Maltreatment of children in out of home care: A review of associated factors and outcomes. *Children and youth services review*, *34*(12), 2280-2286.

Ungar, M., Tutty, L. M., McConnell, S., Barter, K., & Fairholm, J. (2009). What Canadian youth tell us about disclosing abuse. *Child abuse & neglect*, *33*(10), 699-708.

Walker, H. E., Freud, J. S., Ellis, R. A., Fraine, S. M., & Wilson, L. C. (2019). The prevalence of sexual revictimization: A meta-analytic review. *Trauma, violence, & abuse*, *20*(1), 67-80.

Waterman, E. A., Banyard, V. L., Edwards, K. M., & Mauer, V. A. (2022). Youth perceptions of prevention norms and peer violence perpetration and victimization: A prospective analysis. *Aggressive behavior*.

Whittaker, J. K., Holmes, L., del Valle, J. F., Ainsworth, F., Andreassen, T., Anglin, J., Bellonci, C., Berridge, D., Bravo, A., & Canali, C. (2016). Therapeutic residential care for children and youth: A consensus statement of the international work group on therapeutic residential care. *Residential Treatment for Children & Youth*, *33*(2), 89-106.

Wilson, S., Hean, S., Abebe, T., & Heaslip, V. (2020). Children's experiences with Child Protection Services: A synthesis of qualitative evidence. *Children and youth services review*, *113*, 104974.

Wissink, I. B., van Vugt, E. S., Smits, I. A., Moonen, X. M., & Stams, G.-J. J. (2018). Reports of sexual abuse of children in state care: A comparison between children with and without intellectual disability. *Journal of Intellectual & Developmental Disability*, *43*(2), 152-163.

Wurtele, S. K., Mathews, B., & Kenny, M. C. (2019). Keeping students out of harm's way: Reducing risks of educator sexual misconduct. *Journal of child sexual abuse*, *28*(2), 160-186.

Zammit, J., Brown, S., Mooney, J.-L., & King, S. (2020). Child sexual abuse in healthcare contexts.

Appendix 1: Conducting the study ethically — Our approach

Over the past three decades there has been a growing view that children and young people can be engaged in sensitive research when researchers take steps to minimise and respond to potential harm and foster their safety through the researcher-participant relationship and by choosing methods that are child-friendly and appropriate. While recognising that particular groups of children and young people may have experienced life events that might make it more likely for them to experience a level of discomfort, research advocates have also pointed to the fact that excluding vulnerable children from research may further their vulnerability and place significant limitations on research as a whole (Aldridge, 2014; Allnock, 2011; Finkelhor et al., 2016b; Morris, Hegarty, & Humphreys, 2012; Morrison, 2013). As such researchers must adopt approaches that balance children and young people's rights to both participation (to have their say) and to protection (to be protected from potential harm).

Understanding and reducing risks of harm

Within the international literature two potential harms have been considered in relation to children and young people's engagement in research. Firstly, there has been a view (held by researchers, ethics committees, research gatekeepers and others) that children and young people might experience psychological distress, particularly if they are asked to recall an upsetting or traumatic life event. Secondly, there are concerns about research introducing subject matter to children that may be troubling and for which they are developmentally unprepared (Powell, et al, 2020).

Research that quantifies such impacts is limited but has generally found that psychological distress is unusual and most often short-lived. Studies with children with and without abuse histories, has demonstrated that less than 3% of participants express distress when asked to explore issues of maltreatment (Finkehol et al, 2014). In these studies, children and young people have argued that despite these feelings they would, if given the choice, participate in studies again even after they were aware of the impact that it might have on their level of comfort. The reasons for this have been explored elsewhere, with children and young people arguing that they want to participate in sensitive research if they believe that it might lead to positive outcomes for themselves or others, because they see the value of adults listening to children about important topics and because it gave them an opportunity to express their views about something that they felt strongly about (Moore, et al, 2021).

Despite this research, we approached this study cautiously and constantly 'checked in' with children and young people to ensure that they felt safe within the research context. We worked closely with government and non-government organisations to help the have conversations with children and young people to ensure that they were in a 'safe space' to participate and asked that referring agencies were equipped and willing to provide support to children in the unlikely event that they experienced distress (see Distress Protocol and Screening Tool).

In relation to children being exposed to developmentally inappropriate content, we took a scaffolded approach to data collection whereby interviews and focus groups commenced asking children and young people to describe 'being safe' and feeling safe and identifying and safety concerns that they might hold. In subsequent conversations, only topics that were identified by participants were considered in relation to what a child might need if they encountered such a situation. Drawing on their experience in working with young people, researchers did ask older participants about their knowledge of risks of interest to the Tasmanian Commission but provided them multiple 'outs' so that they only discussed issues they felt comfortable discussing. This approach has been utilized in previous research studies and has been identified as good practice, particularly in child abuse research (Finkelhor et al 2015; Mudaly & Goddard, 2009).

For the purposes of this study we utilized a risk mitigation strategy co-designed with other researchers, child protection practitioners and experts in a study for the Royal Commission into Institutional Responses to Child Sexual Abuse (see Moore, et al 2015).

Figure 1 Risk Mitigation Strategies

Potential harm	Likelihood	Mitigation strategy
Young people being distressed due to their participation in reference group meetings and interview	Low	Research suggests that it is highly unlikely that participation in studies on abuse, trauma or other sensitive topics lead to distress (see: Draucker, Martsolf, & Poole, 2009; Priebe, Bäckström, & Ainsaar, 2010). However, we will adopt a number of strategies to mitigate impacts. Focus groups and interviews will be conducted by experienced researchers with practice experience in the areas of survivor work, youth work, social work, child protection and social welfare. Our interviewers will follow the three key principles of feminist interviewing: reducing hierarchy/reinstating control, providing information and communicating warmth, each of which has been shown to reduce distress and lead to positive outcomes (Campbell et al., A 2010). Children and young people will be provided opportunities to check in with researchers and to identify any concerns or distress that might emerge. In the unlikely event that a young person indicates significant distress the Research Interview and Distress Protocol as developed by Draucker et al. (2009) will be adopted (see Appendix 2). The research team has established protocols with referring organisations and with the Tasmanian Sexual Assault Support Service (SASS) to respond to any distress that is raised. A list of alternate services and supports will be provided to all children and young people.
Young people who are perpetrators of violence / bullying or harassment in joint focus groups with potential victims.	Medium	The research team will work with referring organisations to identify any issues that might emerge in the interviews based on its membership. If the team and staff are concerned that particular individuals may cause discomfort among other participants, a strategy for managing this risk will be developed. This may include asking the young person to remove themselves from the interviews. A set of group norms will be negotiated with interview participants at the beginning of interview meetings. This will include respect for others, self-care and the option to disengage from the research.
Adult perpetrators restrict young people's participation in the study. These perpetrators may be workers, family members, peers or others.	Low	The research team has little control over what influence adults (and other gatekeepers) have in recruiting young people for the study and supporting their participation. In assessing whether young people might participate, researchers will ask them to consider how happy they are to talk about their experiences and observations and whether they believe there are any reasons why they might not be happy to be involved in the study. This may identify any impediments to their participation.
Researchers are not fit and appropriate adults.	Low	Researchers have been selected based on their skills and experience and have demonstrated that they work within professional and ethical frameworks. Researchers hold current Working with Children's Checks. Partnering universities have clear codes of conduct and professional guidelines and researchers work within these. Research is monitored by University Ethics Committees.

Appendix 1: Conducting the study ethically — Our approach

Disclosures

Although the interviews are set up in such a way as to not seek young people's direct disclosures, using one-step-removed and hypothetical approaches (Rose, 2004), it is possible that young people may directly or indirectly disclose experiences of child sexual abuse through this study.

In addition to the mitigation strategies identified below, we developed a Responding to Disclosure and Distress Protocol (see Appendix 2).

Potential harm	Likelihood	Mitigation strategy
Children or young people disclosing past or current experiences of sexual abuse.	High	The methodology has been designed in a way in which participants will not be directly asked about their experiences of abuse (or a lack of safety).
		However, it is likely that a group of participants will have experienced abuse in or outside the institutions of interest, and that they may choose to disclose, regardless of what protocols we put in place to reduce the likelihood of this occurring. The likelihood is high in that studies on disclosure suggest that if young people encounter an adult who demonstrates their willingness to talk about abuse; who provide them an 'opportunity to tell'; who appear to be someone who would believe the young person while having the power to do something (even just listen), they are more likely to disclose (McElvaney, Greene, & Hogan, 2014).
		A process for responding to disclosures in interviews (or during check ins) has been developed and reflects better practice in responding to abuse.

Consent

There is a significant body of literature that considers the issues of consent in sensitive research with children and young people (Cater & Øverlien, 2014; Morris et al., 2012; Spriggs, 2010). Consent has been constructed in the safeguarding and abuse literatures as both the initial formal step when children (and often parents) are asked to agree to participate in a study and also the ongoing opportunities for children to opt in and out of the research along the way (Cater & Øverlien, 2014; Dockett & Perry, 2011; Morris et al., 2012; Spriggs, 2010).

Similar to the broader children's research literature, many advocate that parental consent is required as children may not be able to act in their own best interests, determine the risks associated with participation or feel empowered enough to dissent. However, there is a growing view that in determining who consents, children's researchers must consider the potential implications of seeking parental consent. This would include when children may have been or may continue to be exposed to abuse, violence or other negative life experiences, and when parents may feel threatened by the fact that their child is talking to people outside their homes about such situations (Morris et al., 2012). Mudaly and Goddard (2009). Others (Gallagher et al., 2010) argue that when parental permission is sought for

research with children who have been abused, steps need to be in place to ensure that only the non-offending parent is contacted.

In their review of the domestic violence literature, Morris et al. (2012) point to a number of examples where researchers have adopted a passive consent approach: where children are given the choice to participate in studies unless their parent responds to an information letter and says they are unhappy for their child to participate, and others where children have responded to widely advertised invitations to participate in anonymous online questionnaires (Campbell, 2008). These approaches have been used in a range of projects with children, particularly when working in education settings (Bourke & Loveridge, 2014; Gallagher et al., 2010).

They observe that there is a growing argument that unless children's decision-making capacities are limited (such as, in the case of children with significant intellectual disabilities), then children's consent may suffice when ethically sound research is being conducted (Alderson & Morrow, 2005). This has had varying degrees of support in countries across the globe (Powell et al., 2012).

Regardless of whether parents' consent is sought, researchers argue that it is imperative that children are given equal rights in choosing to participate or not — that children should not feel pressured to participate because their parents have agreed. A number of studies have looked at creative ways to seek children's initial consent (Dockett & Perry, 2011; Moore, Saunders, & McArthur, 2011; Spriggs, 2010).

Potential risk	Likelihood	Mitigation strategy
Children and young people are not fully informed of the risks and benefits or give informed consent to participate.	Low	All participants will be provided with an information brochure outlining the aims and nature of the study. Non-government organisation partners will be encouraged to discuss the content of the brochure with children and young people and seek their interest in the study. Children and young people will be reminded of the nature of the study and be provided an outline of their 'rights in research' before commencing interviews. They will complete a screening tool with the researchers where they will decide whether there are any reasons why they might not want to participate. A formal consent form will be completed before participation. Researchers will ask young people to reaffirm their consent at the end of the interview when they will complete the 'Sharing My Story' proforma.

Appendix 2: Responding to disclosures and distress protocol

Although interviews and focus groups were designed in such a way as to not seek children and young people's direct disclosures, using one-step-removed and hypothetical approaches (Rose, 2004), it is possible that young people may directly or indirectly disclose experiences of child sexual abuse through this study.

The Institute of Child Protection Studies and the Australian Centre for Child Protection are committed to ensuring that children and young people can safely engage in its research and that their rights to participation are balanced with their need for protection. Recognising the sensitivity of the *Children's Safety in Tasmanian Organisations* study, conducted for the Tasmanian Commission of Inquiry, we developed a series of protocols to respond to disclosures and other safety concerns.

From the outset, we made the decision that children and young people would not be asked to share their personal experiences of abuse or maltreatment within Tasmanian organisations but that, in line with good practice, we would allow children and young people to decide what (if anything) they would discuss when answering questions about what makes them feel (un)safe and how adults and organisations do and should respond to their safety concerns.

We utilised a model for responding to disclosure developed by the research team in previous projects (see Moore, et al, 2015) which included:

- **preparing** the young person for their participation by briefing them on the nature, scope and focus of interviews (i.e. that we will want to consider safety in institutional contexts), the need for us to act on disclosures of abuse or harm and the process for doing this

- **providing** multiple opportunities for young people to be reminded of the team's obligations and to have choices about what they do and don't discuss (and therefore disclose)

- **allowing** young people to talk about their experiences in a safe way by demonstrating respect and openness, reducing power imbalances and communicating warmth

- **negotiating** the way that the researcher will act on the disclosure within the boundaries already established and the responsibilities researchers have to the young person, which might relate to who and how reports are made and actions are taken

- **ensuring** that the young person can identify a trusted worker, service, or support who can provide ongoing assistance to them and who they should check in with after the interview. When the young person is unable to do so, the researchers will support a referral to the Sexual Assault Support Service.

- **assessing** young people's immediate needs and level of distress; identify, and where necessary, link young person to support

- **acting** on the disclosure – this will be shaped by our researchers' legal and ethical obligations, the young person's wishes, their vulnerability and whether they have disclosed to others

- **reporting** the disclosure or concern to the Tasmanian Police and / or Department of Communities

- **Informing** the Tasmanian Commission of Inquiry and the University's Human Research Ethics Committee that a disclosure has been made in such a way that the participant's anonymity is maintained.

Figure 2 Disclosure Protocol

Disclosure	Questions	Action/s

Disclosure of abuse	1. Stop the interview
	2. Acknowledge the disclosure
	3. Assess the nature of the abuse
	  - 'Do you mind telling me when this happened?'
	  - 'Is this person still in your life?'
	  - 'Are you still in danger of experiencing abuse?'
	  - 'Have you got help as a result of your harm?'
	  - 'What do you need to keep safe?'"
		If the abuse has occurred in the past, there is no threat of ongoing abuse, there is evidence that a report has been made to the Dept Communities/Police AND the young person is getting support no action may be required.
		
		If the abuse has occurred in the past but there has been no action taken and others at risk you will need to take action.
		
		If the abuse is ongoing you will need to take action:
		  - you will need to ensure that the young person is safe and work with them to make arrangements to keep themselves safe
		  - you will need to make a mandatory report.
		
		You should negotiate with the young person:
		  - whether they would like to be involved in making the report
		  - who they would like to tell so that they can get support and be protected from potential consequences of reporting
		  - whether they would like you/ a staff member to support them to get support.

Distress protocol

Figure 3 Distress Protocol (adapted from Moore, et al, 2015)

Indications of distress during the interview	Questions	Action/s

Display signs of distress or upset (i.e. crying, shaky voice)	1. Stop the interview.
	2. Acknowledge the emotion.
	3. Offer support and allow them to 'regroup'.
	4. Assess their status:
	  - 'What's going on for you?'
	  - 'What feelings are you having?'
	  - 'Do you feel you are able to go about your day?'
	  - 'Do you feel safe?'
	5. Offer options:
	  - 'What do you want to do? Did you want to wrap it up here or stop for a bit or keep going?
		IF the young person is quite distressed or upset the interview or focus group should be halted.
		
		'I'm worried about you. The interview or group seems to have brought up some tough emotions for you and I want to make sure that you're going to be OK.'
		
		1. Remind the child or young person you have a responsibility to act.
		2. Identify who to best inform and what other actions might be necessary (in negotiation with young person).
		3. Act (support, refer, report).
		4. Report situation to team leader.

Indicates that they are thinking of hurting themselves	1. Stop the interview.
	2. Express concern.
	3. Assess situation:
	  - 'What thoughts are you having?'
	  - 'Do you intend to harm yourself?'
	  - 'How do you intend to harm yourself?'
	  - 'When do you intend to harm yourself?'
	  - 'What do you need so that you won't harm yourself?'
	4. Determine if the person is in imminent **danger to self.**
		1. Identify supports.
		2. If there is imminent danger remind the child or young person that you have a responsibility to act.
		3. Identify who to best inform and what other actions might be necessary (in negotiation with young person).
		4. Act (support, refer, report).
		5. Report situation to team leader.

Indications of distress during the interview	Questions	Action/s

Indicates that they are thinking of hurting others	1. Stop the interview.
	2. Express concern.
	3. Assess situation:
	  - 'What thoughts are you having?'
	  - 'Do you intend to harm someone else?'
	  - 'How do you intend to harm them?'
	  - 'When do you intend to harm them?'
	  - 'What do you need so that you won't harm them?'
	4. Determine if there is **imminent danger.**
		1. Identify supports.
		2. If there is imminent danger remind the child or young person that you have a responsibility to act.
		3. Identify who to best inform and what other actions might be necessary (in negotiation with young person).
		4. Act (support, refer, report).
		5. Report situation to team leader.

Indicates that they might be in danger if anyone (or someone in particular) found out about their participation in the study	1. Stop the interview.
	2. Assess the danger/threat:
	  - How might you be in danger?
	  - How might the other person find out that you participated?
	  - What do you think the other person would do if they found out?
	3. Determine if the person is experiencing a safety concern.
		1. Identify supports.
		2. If there is imminent danger remind the young person that you have a responsibility to act.
		3. Identify who to best inform and what other actions might be necessary (in negotiation with young person).
		4. Act (support, refer, report).
		5. Report situation to team leader.

Appendix 3: Screening tool

Screen

ASK:	ACT:
Is there anything happening in your life at the moment that might make answering questions about safety uncomfortable, upsetting or difficult? 1. Are you going through a legal process related to your safety or experiences of being harmed? 2. Are you getting any treatment for abuse or offending?	If they are going through a legal process, suggest that you talk with them another time. Together, decide whether or not it's safe for them to participate. If they disclose abuse/violence, follow the protocol, as above.
Are you feeling particularly stressed, anxious, depressed or particularly emotional at the moment?	If you consider it significant, suggest that the young person does an interview at another time. This might be via phone or Skype.
Do you have people around you that you can talk to if you feel worried or even just a bit flat after talking? 1. Can you tell me a bit about it? 2. Is it getting in the way of you doing things you need to do (like school, sports, work etc?) 3. Have you been in hospital lately? 4. How safe are you feeling at the moment?	If you consider it significant, suggest that the young person does an interview at another time. This might be via phone or Skype. If they say yes but still want to participate, negotiate some parameters: - you're sure that they have someone they can get support from after the interview if they're not feeling safe - you'll check in once in a while to see how they're traveling - you can decide, together, if there are any questions that seem a bit too 'raw' - you can do an initial 15 minutes (set an alarm) and at the end of that time see whether they'd like to continue.
	If they say no, talk to them about how they usually manage feelings etc. and decide, together, whether they might participate. You should invest more time in checking in with young people who don't have a support person in the service and come up with some options at the end of the interview.

Screen

Other young people we've spoken to about safety have said that sometimes they find it a bit different – maybe because adults haven't talked to them about this stuff before or because it's something that makes them think about things that might have happened to them in the past.

It's up to you to keep a check of how you're going. It's cool if you'd like a break, if you'd like to skip questions or if you decide you want to stop.

At the same time, it's my responsibility to keep an eye on how you're traveling. If it's OK with you I might check in every once in a while to see how you're going. Is this OK?

Appendix 4: Interview and Focus Group schedule

ASK

What do you know about why we're here and what we're going to do?

REMIND

Study commissioned by the Tasmanian Commission of Inquiry

Ask young person if they've heard about the Commission and what they do.

What are we asking?

- How safe do CYP feel in in schools, detention centres hospitals, out of home care, residential care?
- What risks or worries are there for young people in these organisations?
- How can these organisations keep young people safe from harm?
- What do young people think about adults in organisations do and don't do to keep them safe from harm?
- What things would they want services to do and to do differently?
- How would they raise concerns, to whom and what influences their decision

Why are we asking?

- Children have been unsafe because they haven't had a say.
- Unless we understand what young people need and experience we can't ensure that what is being done to protect young people meets their needs.
- Children and young people can tell us things that adults wouldn't have thought about.

Nature of the interview

- We will lead you through some questions as an informal discussion.
- **You will not be asked about your own experiences of abuse (you can talk with the COI – I can help facilitate that).**
- You will not have to answer any questions you don't feel comfortable answering.
- **You can stop the interview at any time if you decide that you no longer want to be involved. There's no consequences for this (you'll get to keep your voucher).**
- We will not identify you when we talk about the research or tell anyone things you don't want us to share. We value confidentiality and would get into trouble if we broke your trust.

SAY SOMETHING LIKE:

We can't promise that you will directly benefit from being involved in this study. However, young people in other studies have told us that they've appreciated having an opportunity to have a say and to be part of something that might improve the lives of other young people.

There are some risks associated with the study. Sometime talking about safety can be uncomfortable or stir up tough feelings if you've been through things in the past. Our interviewers are trained to help if that happens, and we can help you find services that are available to help if you need.

SCREEN:

Other young people we've spoken to about safety have said that sometimes they find it a bit different – maybe because adults haven't talked to them about this stuff before or because its something that makes them think about things that might have happened to them in the past.

It's up to you to keep a check of how you're going. It's cool if you'd like a break, if you'd like to skip questions or if you decide you want to stop.

At the same time, it's my responsibility to keep an eye on how you're traveling. If it's OK with you I might check in every once in a while to see how you're going. Is this OK?

Consent

Reiterate the following and ask the young person to indicate they've understood on the consent form by ticking the appropriate box.

Reiterate:

- We will talk about safety: what it means to me, how you know you're safe and how well you think adults are doing in keeping children & young people safe.

- I understand: I will not be asked about times when I have been hurt or be asked to talk about other people.

- I don't have to answer questions that I don't like or don't want to answer.

- If anything we talk about makes me feel upset, I can choose to stop the project. The researchers can tell worker / support person if I want them to.

- I will be given the names of people who I can talk to about what is making me upset.

- What I say during the project is special and belongs to me. The researchers won't tell anyone else that I took part. They will ask everyone in the group to agree not to talk about what is said during the session unless all of us say that it is OK

- What I say to the researcher will be used in a report, but the researchers will make sure that nobody will be able to tell who I am or what I said.

- The only time the researchers would have to tell someone else is if they were worried:
  - that I might be badly hurt by someone
  - that I am not being cared for properly
  - that I might hurt myself
  - that I might hurt someone else.
- They will talk to me about this and I will have a say in deciding in what happens next

- I will be given a copy of this form to take home with me.

- It is okay for me to ask questions if I don't understand anything.

Background

PARTICIPANT BACKGROUND

Age	
Gender	
Do you consider yourself to be Aboriginal or Torres Strait Islander?	
Do you consider yourself to be culturally and/or linguistically diverse?	
Tell us a bit about your interactions with the organisation	When were you admitted to organisation? How much time have you spent there? What sort of support have you received there?

What does it mean to be safe and what makes a child safe organisation

1. What do you think safety means in the context of (detention/hospitals/school/out of home care)?

1.1 What are some of the words that come to mind when you hear the "safe"?

1.2 How can you tell if you're safe or unsafe?

1.2.1. How does it feel?

1.2.2. What do you look out for?

1.2.3. What do people who are safe do / not do? How about when they're unsafe?

2. How can you tell if you're safe or not?

2.1 How can you tell if an organisation is safe or not?

    a. What does it look like? Feel like?

    b. How do young people behave? What do they do that makes you think they're un/safe?

    c. Who is around? What types of young people / staff / others are there?

2.2 How can you tell if a worker is safe or not

2.3 How can you tell if another YP is safe or not?

3. What are some of the things that children and young people might be worried about in (detention/ hospitals/school/out of home care)?

4. What are some of the things that make them feel or be unsafe?

5. Cultural safety

5.1 One type of safety that Aboriginal young people have told us is important to them in their institutions is 'cultural safety'. What does this mean to you and what makes an institution culturally safe?

5.2 How could you tell if it was culturally safe?

If young person raises interpersonal risks (i.e. child sexual abuse, harmful sexual behaviours etc.) ask Q3. If not, go to Q4.

6. How do young people think about safety from sexual abuse in [residential care/youth detention/hospital]?[7]

4.1 Thinking about the Commission of Inquiry's work – what would be the things they would be most concerned about for children and young people in (detention/hospitals/school/out of home care)?

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[7]   Questions about child sexual abuse / peer sexual violence should only be discussed if raised by the participant and / or if it is safe to do so

7. **What do young people need to be safe and feel safe in [residential care/youth detention/hospital]?**

7.1   What does the [organisation] need to do?

7.2   What do workers need to do?

7.3   What does the young person need to do?

NOTE: If young people mention sexual abuse or sexual assault ask them to define it / give examples of things. You could ask something like if your hospital was writing a policy about sexual abuse / peer sexual violence what are some of the things that it might include? If you were going to explain it to another young person how would you define it?

8. **How safe did you feel in the organisation?**

9. **What keeps the organisation from being safe?**

What makes safe and unsafe:

a.   People

b.   Environment

c.   Behaviours

d.   Things

e.   Things that are done?

What is being done and what could be done to keep young people safe in the organisation?

The Tasmanian Commission is wanting to know how we protect children and young people in organisation. What do you think their priorities should be? What are the things that they should focus on the most when thinking about these organisations?

Activity
If older, consider: Adult staff taking advantage of young people in organisation Adult staff having an inappropriate relationship with young people when they've left organisation Other young people harming a peer while in organisation / after they've been in organisation Online grooming

Safety Plans

Participants are led through a discussion considering: what risk they would like to consider; what it would be like if a child or young encountered this interpersonal safety risk, what they would need, how a child in this situation might raise a concern and how adults might improve their approach to identifying, engaging, supporting and helping children and young people after a concern is raised.

What's the risk					
Whats it like?	What do CYP need	How should CYP raise concerns	Adults do well	Adults need to do better	Advice

Key Messages

DISCUSSION (NOTE OPTIONAL ACTIVITIES)

The Commission of Inquiry is going to make recommendations about how to make children and young people in hospital safer

What is the most important message the Commission of Inquiry needs to hear?	What things do you think they should fix most? What recommendations should they make? What needs to change? What can be built on?

Post interview: Check-in

CHECK-IN

SAY SOMETHING LIKE:	Options:
Sometimes young people feel a bit uncomfortable talking about things like safety and abuse. Before wrapping up we just wanted to check to see how you feel. Can you tell me a bit about how you're feeling?	

Sharing my story

EXPLAIN:

SAY SOMETHING LIKE:

Sometimes people outside of the room will ask us about the interview, how it went and what we learned.	*Fill in the Sharing my story form*
We're happy to say something vague like 'it went really well' but we're also happy to pass on anything to the workers or management if you think that's something you want us to do.	
In the past, some young people have asked that we tell workers that they're doing pretty well. Others have wanted us to raise a particular issue, particularly if we hear it from a number of young people. It's really up to you. What would you like us to share/not share/to whom?	

NOTE:

IF THERE IS A SUPPORT PERSON IN THE ROOM

This agreement is for all of us, so if another worker asks [SUPPORT PERSON'S NAME] how the interview went and what you talked about – what do you want him/her to say?

CHECK:

Are you okay if I or a member of the research team give you a call within 48 hours to check out how you are feeling and to get some feedback on the interview?	*Have young person tick 'I'm Happy' box.*

SHARING MY STORY

Remind worker that what is said in the interview is confidential

What should be shared	What shouldn't be shared	Plan

Appendix 5: Previous Inquiries

A summary of reports providing findings on inquiries, reviews and inspections at Ashley Youth Detention Centre.

- Review for the Secretary DHHS of Ashley Youth Detention Centre, Tasmanian Department of Health and Human Services (September 2005)

- Ashley, Youth Justice and Detention, Legislative Council Select Committee (2007)

- Investigation into the Unlawful Detention of a Young Person Following the Contravention of a Supervised Release Order, Ombudsman Tasmania (3 March 2014)

- Independent Review of Ashley Youth Detention Centre, Tasmania, Heather Harker, Metis Management Consulting (June 2015)

- Custodial Youth Justice Options Paper: Report for the Tasmanian Government Department of Health and Human Services, Noetic Solutions Pty Ltd (October 2016)

- Inspection of Ashley Youth Detention Centre in Tasmania, 2017: Health and Wellbeing Inspection Report, Custodial Inspector Tasmania (October 2018)

- Memorandum of Advice: Searches of children and young people in custody in custodial facilities in Tasmania, Commissioner for Children and Young People Tasmania (7 May 2019)

- Inspection of Youth Custodial Services in Tasmania, 2018: Custody Inspection Report, Custodial Inspector Tasmania (August 2019)

- Inspection of Youth Custodial Services in Tasmania, 2019: Equal Opportunity Inspection Report, Custodial Inspector Tasmania (September 2019)

- Inspection of Youth Custodial Services in Tasmania, 2019: Families, Community and Partnerships Inspection Report, Custodial Inspector Tasmania (October 2019)

- Inspection of Youth Custodial Services in Tasmania, 2018: Education and Programs Inspection Report, Custodial Inspector Tasmania (July 2020)

- Inspection of Youth Custodial Services in Tasmania, 2019: Resources and Systems Inspection Report, Custodial Inspector Tasmania (2020)