Institute of Child Protection Studies

Australian Catholic University

SAFE AND SOUND:

EXPLORING THE SAFETY OF YOUNG PEOPLE IN RESIDENTIAL CARE

A Report for the Royal Commission into Institutional Responses to Child Sexual Abuse

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The views and findings expressed in this report are those of the authors and do not necessarily reflect those of the Royal Commission.

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Preface

On Friday 11 January 2013, the Governor-General appointed a six-member Royal Commission to inquire into how institutions with a responsibility for children have managed and responded to allegations and instances of child sexual abuse.

The Royal Commission is tasked with investigating where systems have failed to protect children, and making recommendations on how to improve laws, policies and practices to prevent and better respond to child sexual abuse in institutions.

The Royal Commission has developed a comprehensive research program to support its work and to inform its findings and recommendations. The program focuses on eight themes:

- Why does child sexual abuse occur in institutions?

- How can child sexual abuse in institutions be prevented?

- How can child sexual abuse be better identified?

- How should institutions respond where child sexual abuse has occurred?

- How should government and statutory authorities respond?

- What are the treatment and support needs of victims/survivors and their families?

- What is the history of particular institutions of interest?

- How do we ensure the Royal Commission has a positive impact?

This research report falls within theme one but also relates to themes two, three, and four.

The research program means the Royal Commission can:

- obtain relevant background information

- fill key evidence gaps

- explore what is known and what works

- develop recommendations that are informed by evidence, can be implemented and respond to contemporary issues.

For more on this program, please visit the Royal Commission's research page at

www.childabuseroyalcommission.gov.au/research.

Executive summary

'So my big thing is that these children get taken out of neglected homes but then they're put into a neglected system, and it's not adding up … these children have a future so why not support them and look after them … it's just unbelievable how they're neglected.' (Young woman, aged 17–20)

Since 2012, the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) has uncovered evidence of significant rates of child sexual abuse within Australian residential care facilities. Although much of this evidence is historical and relates to residential facilities that were run quite differently to the ways that residential care is provided in contemporary times, child sexual abuse remains a risk for many young people in care. In addition to child sexual abuse perpetrated by adults within residential care settings, greater attention has recently focused on problematic sexual behaviour amongst young people, and the exploitation of young people by adults outside the residential care setting (Hallett, 2015; Timmerman & Schreuder, 2014).

In 2014, the Royal Commission commissioned the Institute of Child Protection Studies at the Australian Catholic University, with partners from Griffith University and Queensland University of Technology, to develop an understanding of how children perceive safety and consider it within institutional contexts. Specifically, this study explores the following research questions:

1. What does safety to mean to children and young people in the context of residential care?
    a. How do children and young people perceive safety within residential care and what do they need to feel and be safe?
    b. What are the safety concerns of children and young people in residential care?
    c. What do children and young people consider is being done to prevent harm (by staff, other adults and peers) in residential care?
    d. What do children and young people consider should be done to respond to safety issues in residential care?

This report provides an overview of the major themes emerging from interviews with 27 children and young people with lived experience of residential care in Australia.

The value of talking to children and young people about their experiences of safety in residential care and their perceptions on how they are kept safe from abuse

Although there is a growing body of literature focusing on the needs and experiences of children and young people in residential care in Australia, little attention has been placed on their experiences of abuse or harm. There is no Australian (and very little international) literature exploring how children and young people perceive safety from abuse or peer sexual violence in residential care, or how they believe they might best be protected and supported if safety issues arise. Rather than capturing children and young people's own accounts, much of the international literature has relied heavily on the views of intermediaries (such as from residential care staff and clinician reports, documentation and official reports), and has failed to consider children and young people's lived experiences (Timmerman & Schreuder, 2014). This is problematic because children's experiences of harm are often under-reported, and children and young people can provide unique observations on the experience of abuse in residential care as well as offering advice on how best to support children and young people in care.

An example of the unique perspective that children and young people bring was captured in an interview in which a researcher asked one child 'what residents need' to be safe. She corrected the

researcher and said that although they were often referred to as clients, 'you know, we're just kids'. Although this seemed like a throw-away line, this child's reflection is a powerful reminder that those who live in residential care are really just kids – kids who have had been exposed to abuse, neglect, trauma, grief and loss, and who deserve to be provided with as much of a child-like childhood as possible. Participants in this study realised that children and young people in residential care were often cast as problematic. In fact, many of them described their peers as 'violent', 'dangerous' and 'out of control'. However, they encouraged us to see past these behaviours and recognise their value and worth, and to treat them with respect and dignity. They recognised that much of their own and their peers' behaviours were driven by fear, distress and trauma, which often led to people turning their backs on them, rather than providing them with the protection and nurturing they so desperately wanted and needed.

Nature of the study

This nested study builds on the Children's Safety Study conducted in 2015, which engaged children and young people in early childhood settings, schools and holiday camps; as well as young Aboriginal and Torres Strait Islander young people, young people with disability and young carers. It focused on children and young people's safety concerns within residential care settings.

In this nested study, twenty-seven participants aged 10–21 helped to conceptualise safety, identified their key sexual and non-sexual safety concerns, accounted for the ways that they believed residential care units were preventing and responding to abuse-related issues, and made suggestions on what they believed might be done to better keep them safe within residential care settings. The interviews were conducted in such a way that participants determined what they would and would not discuss. Realising the sensitivity of the research topic, multiple checks were put in place to ensure their emotional safety and to provide them with multiple opportunities to end interviews. Follow-up calls to participants post-interview were also conducted with children and young people to make sure that they did not experience distress and to seek help for them if there were any concerns.

Qualitative interviews were analysed and key themes were identified using grounded theory techniques. The findings of the study were 'member-checked' with a group of young people who considered priorities and identified the key implications of the findings.

Experiencing safety in residential care

Participants described safety in terms of the absence of risks (including those that were physical, emotional, sexual and environmental), their feelings of safety. They also considered the link between being safe and having safe relationships with adults within residential care, and being able to protect themselves.

Most children and young people reported that they were not safe and did not feel safe within residential care. Those who did were often those who had not been in residential care for significant periods of time, and who reported that their workers took an active role in caring for them and preventing them from being harmed. Safety was something that they hoped for but did not always experience.

Safe residential units were those that were home-like, and where children and young people had multiple trusted relationships within and outside of the unit. They were places in which they got along with their peers who were not aggressive or abusive, there was a sense of stability and predictability, rules were in place for residents, there were minimal physical risks, and children and young people felt that they had a say in how things operated. Ultimately, a safe residential care unit was home-like when it functioned as participants believed a normal home and family functioned, and where life was better than it was when they lived with their biological families or in foster care. Unfortunately, due

to the often chaotic and unstable nature of residential care, the constant churn of adults and children and young people through a facility, and the pervasive risks that were present, most of the participants did not characterise residential care as being a safe place. Instead, it was somewhere where they had to protect themselves from multiple interpersonal risks.

The nature of risks in residential care

Children and young people identified a range of things that could compromise their safety within residential care. Although many of the participants aged under 12 were less likely to believe that abuse-related risks existed within residential care, most talked about bullying, harassment and violence as an ongoing issue for kids in care – an issue that was also raised by those aged 12–21. They were ambivalent about staff members' capacity to effectively deal with these issues, and often felt that they were solely responsible for preventing these issues themselves.

Young people said that problematic peer sexual behaviour was an intrinsic part of the residential care experience. They believed that by having groups of young people with high sex drives and limited knowledge or education about sex, sexuality and healthy relationships to draw on; many young people engaged in sex, both appropriately and inappropriately. Inappropriate sex was described as sex that resulted from significant and ongoing pressure, and sex without consent. The children in the sample felt strongly that inappropriate sex rarely occurred in residential care, while the older participants observed that young people in residential care often engaged in sexual behaviour, often before they were emotionally equipped to do so.

All participants argued that sexual interaction between residents and workers in residential care was wrong and should not happen. Although there were examples given to the contrary, most children and young people felt that inappropriate sexual relationships with workers rarely occurred within residential care. They reported that sometimes workers were 'creepy' and had poor boundaries (disclosing things that they should keep private), but otherwise they generally did not raise concerns of a sexual nature.

A small group of young people also raised concerns related to sexual exploitation: where adults outside of residential care took advantage of young people's need to feel like they were cared for, their desire to have things bought for them or their naiveté about relationships. They also gave examples of when young people in residential care engaged in prostitution.

Participants believed that young people in residential care were at heightened risk of sexual risks. This was because they did not have parents; because they often sought out (or were less likely to refuse) the inappropriate advances of peers or adults; and because they had limited skills and experiences of relationships and how to identify when peers or adults were risky, and when sex was abusive or exploitative. With poor self-esteem, limited connections and limited financial resources, young people in care were seen as more likely to be exploited by peers or external adults.

What should be done to prevent harm in residential care?

Participants felt that because residential care was often unsafe, most children and young people should be placed in alternate forms of accommodation. For those children and young people who could not be given more appropriate placements, residential care should be seen as a permanent solution and the number of moves from one unit to another limited. Children and young people advocated for better matching of peers to reduce the likelihood of violent interactions and wanted some say in where and with whom they were placed.

Participants felt that the residential care system and individual services and staff need to develop a better appreciation of the risks of sexual abuse and other harm, and inform and educate children and

young people about threats, how they are being protected and how to protect themselves. Residential care units were safer when they had clearly articulated expectations of staff and children and young people, and demonstrated their commitment to safety by doing what they said they would do.

Ample, adequate, appropriate and trustworthy staff were considered vital to children and young people's safety. Although most participants could identify at least one worker who was trustworthy and to whom they could go if they were unsafe, many felt that workers were often ill-equipped, inaccessible or unable to respond.

Recognising that peers could either be a threat or a protective factor for children and young people in residential care, participants stressed the need for enhancing positive peer cultures and to help young people help each other.

Having other adults (including family, external workers, police and teachers) and networks of support that could respond to children's safety concerns were also valued, as were independent organisations that monitored residential care to ensure it was adequately preventing and responding to harm.

How should workers and services respond to safety issues in residential care?

Children and young people reported that raising concerns about their safety was difficult (particularly when the threats were of a sexual nature). They therefore required workers to actively watch out for risks, indicators that a child might have been harmed, and particular needs (for example, for intimacy, relationship and financial resources) that might place a young person at risk of abuse or exploitation. They thought these workers should initiate conversations with children and young people, rather than requiring individuals to seek out support.

When a child or young person does raise a concern, participants stressed the importance of workers taking their safety seriously, of working with the young person to decide how things might be responded to and resolved, of staff 'hanging in' to ensure that the young person was safe, and workers informing young people what had been done. Realising that young people were often affected by the suffering of their peers, they felt it was important that all children and young people in residential care be provided with support.

Children and young people felt that several things restricted their ability to seek support and reasons why services and workers were not adequately responding. They reported that they were not always aware of what to do or what processes and practices were in place, they felt that fears of consequences often made young people wary of raising concerns or seeking support, they reported that sometimes workers and services did not act for fear of consequences for other young people and that their responses were not adequate. They believed that it was important to raise young people's confidence to enable them to seek help.

Q: Can you draw on this piece of paper for me then, something that [the Royal
      Commission] could do to help you?
A: Oh that's hard.
Q: You can take your time to think about it.
A   Where's the house? This is the house [I'm staying in now, the residential care unit].
      I don't know what I'm doing here. That's a house.
Q: So you're allowed to write words if you want. Remember this is about how they
      might help you … What's important about those things? Is that you in the corner
      there?
A   How did you know?
Q: Because you're such a good drawer … What does 'say bye to the house' mean?
A: That's my suitcase.
Q: That's your suitcase.
A: [I'm saying] 'Bye bye house'… There's a car there. I'll get in the car and I'll go to a
      different house.
Q: You'll go to a different house?
A: And unpack my bags and leave there … I want to go somewhere safe. Somewhere
      people care about me … That I got a carer there that I can talk to when I don't feel
      safe.

(Girl, aged 10–12)

1. Introduction

'We believe that the young people are the ones that are going to be affected most by this stuff so they should have a right to say.' (Young woman, aged 17–20)

In 2014, the Institute of Child Protection Studies at the Australian Catholic University, with partners from Queensland University of Technology and Griffith University, were commissioned to work with Australian children and young people to better understand how children conceptualise safety, and how they believe that institutions with which they interact keep them safe and respond to their safety needs. In addition to meeting with students in schools, with children and young people involved in childcare and holiday programs, and from Aboriginal programs, researchers met with young people in out-of-home care (T. Moore, McArthur, Noble-Carr, & Harcourt, 2015).

In one small focus group with young people (n = 9), a number of whom had extensive stays in residential care, participants shared that their experience was marked by a lack of safety because of bullying, harassment, client-to-client abuse and concerns about sexual abuse perpetrated by staff. One young person remarked that childhood for children in residential care was something to be survived, rather than enjoyed. Others asserted that they never felt safe within the system that aims to protect them.

These young people believed that they would most likely share similar views to participants from other institutions about what safety (and a lack of it) was and felt like. However, they felt that children and young people in residential care may experience safety differently and be more exposed to greater safety concerns than others. They recognised that children and young people in the care system had different (or more pressing) safety needs, and that better institutional and system-wide responses were required to help children in care to feel and be safe.

Although they thought that the system most often responded to allegations of sexual abuse adequately (that concerns were reported and acted upon) they argued that adults and institutions failed to recognise how traumatic disclosing abuse could be, and how important it was for ongoing assistance to be provided throughout and after legal processes were carried out. They reported that they felt abandoned by workers and institutions that did not have the knowledge, skills or experiences to provide appropriate support to help them deal with the ongoing impacts of abuse and the disclosure process.

With the support of the Royal Commission, researchers designed a nested study to further understand the specific safety needs of young people in residential care. The study builds on the methodology and findings of the Children's Safety Study (Research project 1.3.1), and aims to further explore the main concerns and recommendations of young people in residential care.

1.1 Project aims

This project builds on the main study and aims to develop a deeper understanding of how young people experience safety and how they perceive the institutional responses to safety issues in the context of residential care. The research questions are:

1. What does safety mean to children and young people in the context of residential care?

   a. How do children and young people perceive safety within residential care and what do they need to feel and be safe?

   b. What are the safety concerns of children and young people in residential care?

   c. What do children and young people consider is being done to prevent harm (by staff, other adults and peers) in residential care?

d. What do children and young people consider should be done to respond to safety issues in residential care?

1.2 The scope and nature of this report

This report provides an overview of the methodology and methods used in the residential care research project, and the key findings from the interviews. The Introduction, Background and Methodology (sections 1–3) place the study in context of the previous research and provide a rationale and overview of the way that the study was conducted, how it is similar to the larger safety study and where it is different.

Sections 4–6 present the findings of the study. It contains an overview of what safety means to young people in the specific context of residential care, as well as the safety concerns they identify related to other young people, staff and external adults. It then examines what young people think can help to protect them and respond to safety issues. Section 7 discusses the key findings and the implications for keeping young people safe in residential care; as well as the implications of the study for policy and practice in residential care.

2. Background

To position the study within the Australian context and the broader literature, we begin by describing the nature of residential care in Australia. We also provide an overview of previous research, particularly that which directly engages children and young people in research about interpersonal safety within institutional care.

2.1 The nature of residential care in Australia

Residential care forms a small but important component of out-of-home care (OOHC) services within child protection systems in Australia. Defined by the Australian Institute of Health and Welfare as care 'where placement is in a residential building whose purpose is to provide placements for children and where there are paid staff' (2016, p. 48), residential care has been a longstanding option for protecting children in Australia. They became a significant care option following the de-institutionalisation movement of the 1980s (Bath, 2015a; Swain, 2014). Structurally, they do not resemble the large-scale institutional or congregate care facilities of the past (Ainsworth & Thoburn, 2014); rather, they are situated in local community settings and aim to be home-like.

In Australia, residential care is considered to be a placement of last resort for children and young people requiring OOHC, and is used in circumstances in which other types of OOHC are unsuccessful or unavailable (AIFS, 2011; Bath, 2008a). Young people referred to residential care often have complex and extreme support needs, displaying highly challenging behaviours that are not well supported in home-based care, although other young people with moderate to high needs may also live in residential care. Young people whose behaviour shows signs of complex trauma are most often referred to residential care in order to avoid them harming themselves or others (Bath, 2009; van der Kolk, 2005). The majority of children and young people in residential care have experienced severe 'early adversity' (Bath, 2015a) and have diverse previous experiences of sexual or physical abuse and neglect, or complex histories of trauma (AIFS, 2011; Bath, 2008a). Therefore, residential care provides care for some of the most disadvantaged, vulnerable and challenging young people in the OOHC system (Bath, 2008a).

2.1.1 Number of children in residential care

In June 2015, there were 43,400 children in OOHC, an increase of 15 per cent since 2011 (AIHW, 2016). Of these children, the 2,394 children living in residential care comprised 4.7 per cent, or one in 20, of the total number of children in OOHC (AIHW, 2016). The states with the highest proportions of children in residential care were Queensland (8 per cent), South Australia (14 per cent) and the Northern Territory (10 per cent) (AIHW, 2016).

Aboriginal and Torres Strait Islander children are significantly over-represented in OOHC, being almost ten times more likely to be in care than non-Indigenous children. Data on the number of Aboriginal and Torres Strait Islander children in residential care across jurisdictions are not available, although research indicates they are also over-represented in this form of care, despite the fact that there are very few examples of residential care models specifically developed for Aboriginal and Torres Strait Islander children (GCYP, 2015).

Although only 4.7 per cent of children in OOHC were in residential care (as of 30 June 2014), 33 per cent of sexual abuse reports on children in care related to children in residential care (Royal Commission into Institutional Responses to Child Sexual Abuse, 2015) (see section 2.2 for further discussion of child sexual abuse in residential care).

2.1.2 Models of care

Residential care can be used as a short, medium and long-term OOHC option that is generally community-based and provided to children and young people aged 10–17. In recent years, residential care has been broadened to include semi-independent accommodation options for young people aged 16–18 as they transition from care to independent living.

Residential care models vary across jurisdictions to meet the needs of the children in OOHC, however, most units accommodate up to four children (Bath, 2015a). Bath (2015a) argues that the downsizing of residential care units has occurred to more effectively manage young people's behaviour, rather than in an attempt to better respond to young people's emotional, behavioural and developmental needs.

Most Australian residential care models are not 'therapeutic' or treatment focused (AIFS, 2011), in that it does not typically involve intervention goals or a formal intervention plan that addresses the needs of children and young people within a therapeutic environment (Bath, 2015a). Therapeutic residential care programs aim to provide more intensive care than standard residential care that is staffed by paid workers who may be rostered or live-in staff. In Australia, most residential workers have vocational rather than professional qualifications (in contrast to European residential models that provide in-house education and treatment services to meet the needs of young people with complex needs) (Bath, 2015a; Berridge et al., 2011).

Nevertheless, many residential care providers aim to operate within a therapeutic framework that recognises the trauma and adversity experienced by the children and young people who are placed there. This has been driven by research that identifies the need for residential care to shift from 'care' models, to models of treatment or therapy to better meet the complex needs of these children (Bath, 2008a).

2.2 Previous participatory research on safety in residential care

To position this study in the context of other national and international studies that consider children's views about safety, a focused literature review was completed to inform the development of the project. The review focused specifically on peer-reviewed research that had engaged young people from OOHC directly and explored their needs, vulnerabilities and safety issues (primarily in residential care), and the approaches in place to prevent and respond to institutional sexual abuse. The review was used to provide a background to the study to identify the nature of risks of child sexual abuse in residential care and to shape the approach taken to the interviews with young people.[1]

2.2.1 Why talk to children and young people?

It is only recently that researchers have considered the nature and extent of sexual abuse in residential care. In their review of the literature, Timmerman and Schreuder (2014) argue that before 1992, no publications existed within academic or professional journals that discussed the issue of child abuse in residential care generally. As early as the late 1990s, researchers have argued that much of early residential care research focused on adult-defined problems, primarily related to placement outcomes and cost effectiveness, with little consideration of what young people themselves saw as important. Most early studies focused on the abuse of residents by workers (mostly male), without considering the extent to which young people are sexually abused by their peers and those outside the service.

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[1] There is other research about child sexual abuse that doesn't include children directly (e.g. workers), or is participatory but not about child sexual abuse or peer-to-peer sexual violence.

Since then, a growing number of studies have attempted to quantify and describe how young people experience such sexual violence within residential settings.

Although there have been an increasing number of studies that engage young people directly (through interviews, ethnographies, surveys and focus groups), these studies generally begin with a set of theories and research tools that are pre-determined. There is little evidence within the literature that young people have been given opportunities either to identify their key safety needs or to directly inform the nature or scope of the studies, its methodologies or tools (Amaya-Jackson et al., 2000). This is so despite the involvement of children and young people in child protection being considered important in practice, and as Salveron, Finan and Bromfield (2013) argue, in policy development and the research that informs it.

It has been argued that studies that do not directly engage children in research may fail to understand young people's lived experience of sexual abuse in institutional care, nor appreciate some of the impacts and challenges that may not been observed by adults.

Studies have also been criticised because, although they may directly engage children and young people in research about their experiences in residential care, they have failed to ask participants specifically about their experiences of abuse. Milne and Collin-Vezina (2014), for example, suggest that by neglecting this topic (even for often good intentions such as the ethical issues inherent in such research, see section 3.3), researchers might further isolate young people, encourage them to perceive their abuse as unimportant, or in demonstrating discomfort, compound young people's feelings of stigma and shame. In light of this, this review considers research that has engaged children and young people directly, acknowledging the important contribution it makes.

A pervasive assumption is that young people are placed in residential care settings to provide them with safe, stable, nurturing environments free from risks of harm. However, studies have increasingly shown that children often experience victimisation by staff, peers and outsiders, who exploit their vulnerability (Collin-Vézina et al., 2011; Euser et al., 2013). Much of the existing research looks at prevalence (Euser et al., 2013), impacts (van Vugt et al., 2014; Zelechoski et al., 2013), how young people disclose (Milne & Collin-Vézina, 2014) and choose to seek support after abuse has occurred (Featherstone & Evans, 2004; Jobe & Gorin, 2013; Ungar et al., 2009). However, there continues to be a dearth of research literature that considers the best ways for institutions to both protect children and respond to sexual abuse when it emerges – particularly from a client's perspective.

All of the research identified for the review that engaged children and young people directly has been carried out internationally, mainly in the UK. No Australian study was identified.

2.2.2 Defining and quantifying child sexual abuse and peer sexual violence in residential care

Child sexual abuse is defined in the literature around concepts of legality, maturity, age and harm, as well as types of acts and behaviours that constitute this type of abuse. In all types of abuse, the abuser is in a position of responsibility, trust or power (Lev-Wiesel et al., 2014). Euser et al. define sexual abuse as any 'form of sexual interaction [by an adult] with a child between and 17 years of age against the will of the child or without the possibility for the child to refuse the interaction' (2013, p. 221).

Sexual interaction with or without physical contact, can include penetration, molestation with genital contact, child prostitution, involvement in pornography or voyeurism, and sexual acts by adults peers (Euser et al., 2013).

Previous research on residential care has identified levels of sexual abuse between peers (Barter, 2006; Euser et al., 2013). Peer sexual violence has been defined as a 'diverse set of behaviours with the common goals of humiliating, intimidating, establishing dominance and hierarchy, and victimising peers based on their gender' (Attar-Schwartz, 2014, p. 596). Sexual violence includes behaviours that

are verbal, physical and non-verbal, including less severe behaviours such as name-calling, teasing and harassment, through to physical sexual assault and rape. More recent consensus suggests that persistent and inappropriate attempts to coerce peers into sexual activity without the intent of humiliating or shaming them should also be considered forms of sexual violence (Green & Masson, 2002).

The incidence of child sexual abuse has been found to be higher for young people in residential care settings than in other forms of OOHC (Euser et al., 2013; Segura et al., 2015) and the broader general population. Studies comparing residential care and foster care estimated the adult reporting of incidences were 5.0 per 1,000 and 2.0 per 1,000, respectively. Young people's self-reports were considerably higher, with 280 per 1000 children in residential care experiencing sexual abuse (Euser et al., 2013). As in many areas of child sexual abuse, there is concern about under-reporting, with one study noting that half of the young people who reported abuse did not report who the abuser was (Euser et al., 2013).

Attar-Schwartz's (2014) large-scale study of 1,309 children and young people found that almost 40 per cent of participants in residential care reported having been victims of at least one act of unwanted sexual behaviour by a peer in the month before the survey. Examples included being watched while in the bath or shower, through to significant harassment and assault.

2.2.3 Polyvictimisation

A number of studies strongly argue that child sexual abuse and peer sexual violence need to be understood alongside other forms of violence (Gibbs & Sinclair, 2000; Milne & Collin-Vézina, 2014).

Quantitative studies, for example, showed that child sexual abuse, which often occurred before young people's entry into care, co-occurred with other maltreatment types (Milne & Collin-Vézina, 2014; Segura et al., 2015). Milne et al. (2014), for example, found that each of the young people who reported this type of abuse experienced at least one other form of maltreatment, with over a quarter reporting all forms of maltreatment (physical abuse, emotional abuse and neglect). Segura (2015) found that 45.2 per cent of her sample experienced four or more victimisations.

According to a number of studies, this polyvictimisation continues to occur once a young person enters into residential care, although most of the studies do not clarify whether it occurs outside or within the residence itself. Attar-Schwartz's (2014) study shows that peer victimisation and physical violence by adults and peers is prevalent, while Barter et al. (2004) found that bullying, physical violence, threats and intimidation were rife within the residential care services she investigated.

Attar-Schwartz's (2014) study also showed the link between past exposure to physical violence by residential care staff and children's vulnerability to peer sexual violence. She argues that this may be due to the normalisation of violent behaviour by young people in residential care, where some see that violence is acted out by staff on particular residents who then replicate this behaviour when they face problems or conflicts. Violent young people, she suggests, may also feel immune to punishment when they are assaulting the same victim as the staff.

2.2.4 Particular individual factors make young people more vulnerable to abuse in residential care

There are a range of individual factors that lead to young people being more vulnerable to child sexual abuse and peer sexual violence in residential care. These include previous abuse (Gibbs & Sinclair, 2000; Segura et al., 2015) and gender, where younger women may be more vulnerable to child sexual abuse and sexual victimisation than young men (Gibbs & Sinclair, 2000; Segura et al., 2015), although both genders may be equally vulnerable to institutional sexual abuse and peer sexual violence (Attar-Schwartz, 2014). Age is another factor, as older young people in residential care services were likely

to report more incidences of child sexual abuse than their younger peers (Attar-Schwartz, 2014; Gibbs & Sinclair, 2000). Children with social, emotional and psychological issues; and children and young people who had experienced trauma were also vulnerable to abuse (Attar-Schwartz, 2014; Farmer & Pollock, 2003; Freundlich, Avery, & Padgett, 2007; Segura et al., 2015).

The literature suggests a number of factors increase the risk of a young person perpetrating peer sexual violence, particularly in residential care contexts. These factors include inadequate or no sex or relationship education (Farmer & Pollock, 2003; Green & Masson, 2002); and gender differences, with studies showing that young men who have experienced sexual abuse being more likely than young women to perpetrate peer sexual violence (Farmer & Pollock, 2003; Green & Masson, 2002).

2.2.5 A range of system or structural factors make young people more vulnerable to abuse in residential care

A number of historical and cultural factors increase children and young people's vulnerability in residential care (Barter, 2003; Green, 2001, 2005). These include: how children in residential care are often still regarded as a 'problem' rather than needing and deserving protection (Green, 2001), and the fact that residential care settings are particularly institutionalised, with 'uniformity, control and surveillance over care, development and individuality, and the emergence of separate and divisive staff and resident cultures' (Green, 2001, p. 17).

Young people in these settings are more likely to hold an 'us versus them' attitude when considering staff, and to be reluctant to seek help or disclose abuse when it occurs. They are also more likely to replicate these hierarchical structures among themselves, often using violence as a way of establishing a pecking order (Attar-Schwartz, 2014; Barter, 2003; Gibbs & Sinclair, 2000).

The high turnover of staff and young people, and the fact that residential care settings are often unstable and unsettled, also lead to increased vulnerability of young people (Euser et al., 2013; Freundlich et al., 2007; Milne & Collin-Vézina, 2014). Young people in these unstable units find it difficult to maintain stable relationships with both their caregivers and their peers, decreasing the likelihood that they will have someone they know and trust, who they can turn to when they are unsafe (Euser et al., 2013).

The mix of young people placed in residential care is a further factor that has been found to increase the risks, particularly when young people who have displayed problematic sexual behaviours are placed with young people who have been sexually abused (Attar-Schwartz, 2014; Euser et al., 2013). Peer sexual violence (perpetrated against both boys and girls) is more likely in residential care settings with higher numbers of young men than women, and is more likely to occur when young people with adjustment difficulties are placed together, as those with adjustment difficulties are more likely to be either perpetrators, victims or both (Attar-Schwartz, 2014).

A number of articles point to the way that young people create cultures that may be conducive to both child sexual abuse and peer sexual violence in residential settings (Attar-Schwartz, 2014; Farmer & Pollock, 2003; Green, 2005; Green & Masson, 2002). As many of the young people have had past experiences of child sexual abuse and are developing sexually, young people's peer cultures are often hyper-sexual. Green and Masson (2002) account for these 'sexualised cultures', in which they observe that sexuality is 'constantly in the air'. This culture often allows young people to engage in sexual behaviours that are not likely to be permitted in other environments. Green (2005) found that sexual aggression was seen as a normal component of male sexuality, which had a strong impact on the level to which sexual behaviour was regulated, and the way in which abuse was identified and responded to. Mislabeling this behaviour as normal or biological, enabled staff to allow, and even promote, these behaviours.

2.2.6 Safety and positive outcomes

From the limited research that has directly asked young people what they want and need from residential care, 'the importance of feeling safe, being adequately supported and cared for, having a sense of comfort and normality where they are living, being provided with information, and being listened to and given a say in decisions related to their lives' (Southwell & Fraser, 2010, p. 210) are all recurrent themes.

Maintaining an environment with a culture of non-violence and safety is essential if children are to feel safe and learn new responses to stressful situations. If caregivers understand what has happened to children and comprehend the effects of violence, power, and control on their development, it helps keep them focused on providing order and learning experiences, versus demanding compliance and control.

3. Methodology

3.1 Conceptual framework

There is growing consensus that children's involvement in research, including on sensitive issues such as child sexual abuse, is essential. Holding different standpoints, conceptualisations and experiences of the world to adults, children's alternate views can help develop knowledge about the social problems they encounter while shaping theories of childhood (Corsaro, 2005; T. Moore, 2013). Recent theories of childhood and child development have recast children as social actors, with the agency and capacity to make meaning and to contribute to improving the worlds around them and their place in them. The interdisciplinary perspectives of childhood studies have been reinforced through parallel social justice and children's rights discourses, which assert that, as citizens, children have a right to actively participate in the life of the community and to be involved in decision-making processes that affect their lives (Archard, 2004; James & James, 2008). There is now a strong view that developing appropriate preventative strategies against child sexual abuse requires children's testimonies and descriptions Further, children need to be given opportunities to influence and shape policy and practice to respond to the needs of those affected (Jernbro, Eriksson, & Janson, 2010).

This study has been framed by the theoretical approach of childhood studies, and is underpinned by key assumptions about children and young people that have informed the development of the research design. These were articulated in the Taking Us Seriously report (T. Moore et al., 2015) and are included below.

1. Children and young people understand and experience the world in different ways than adults do:

    a. There are differences in the way children and young people understand safety and being unsafe, the way that they ascertain their level of safety, and the way in which they evaluate how useful existing strategies are in responding to safety issues.

    b. Children and young people have different standpoints and can reflect not only on what it is to be a child or young person, but also on what it is to not be an adult, what they believe adults think and feel about and experience differently in their worlds, and how these differences influence what children and adults do.

    c. This should influence the way that research is conducted with children and requires ongoing dialogue between adult researchers and children and young people about language used, tools adopted, meanings being communicated and the importance of emerging issues.

2. Children and young people can articulate their needs, views and wishes when adults adopt appropriate methodologies and methods, particularly when children and young people themselves guide these.

3. Children and young people are consumers of services and are the targets of many strategies that can be improved if their perceived needs and concerns are responded to.

4. Children and young people can benefit from their participation when it:

    a. validates them as individuals and places value on their views and experiences

    b. provides openings for them to raise their needs and issues

    c. provides opportunities for them to reflect on their experiences and to hear the views of other children and young people

<p style="padding-left: 2em;">d. allows them to influence change for the benefit of other children and young people, and when they believe that their views lead to demonstrable change.</p>

5. Research can be practised in such a way that children and young people are protected from harm. Practices can be developed to deal with any concerns and issues that might emerge through the research process.

6. Participation in research is not typically problematic (Finkelhor et al., 2016a; Finkelhor, Vanderminden et al., 2014; Ybarra et al., 2009). The impacts of talking about sensitive issues may not be significant, can be short-lived and when they do exist, can be mitigated in dialogue between researchers and children with the use of protocols.

7. Excluding children from research for protectionist reasons may increase children's vulnerability by silencing them and failing to provide them with opportunities to account for their experiences, to identify their needs and help shape strategies for overcoming the challenges and risks that they face.

These principles provide the foundation for this research project, and shaped the interactions with children and young people in the study, including the methodology and methods that were chosen, and the way the findings are presented in this report.

3.2 Method

Where possible, the methodology and methods used in this study were informed by the approach developed for the larger Children's Safety project, but was modified to respond to the specific needs of this project and its participants.

The study included four stages. Stage one was a focused literature review (see section 2). The review considered only research that had engaged young people directly and assisted in informing the interview approach used in the interviews (see below for details). Stage two engaged five young people with experiences of residential care to inform the project and its methodology. In discussion with these young people, the research aims and scope were confirmed, tools to be used in the research were tested, and young people discussed the key areas they would like the project to consider as well as ethical and practical tensions that might emerge. Ethics approval for the project was then sought from the Australian Catholic University Human Research Ethics Committee.

The third stage included a series of semi-structured individual and small-group interviews with children and young people to explore the research questions, including: what helps them to feel safe in their residential placement, their perceptions as to what might prevent sexual abuse, how well services are currently responding to their safety needs, and what else could be done to increase their safety in residential care.

After analysing the data, key themes and emerging issues were shared with a 'member check panel' (Snyder, 2002) made up of young people who had lived in residential care. This group, who had not been previously involved in the study (as advisors or participants) helped to clarify the findings and shape the report's conclusions.

Figure 1: Project stages

Planning

Literature review	Advice from young people in residential care	Ethics approval
1) Targeted review of literature.	2) Guidance given to project by group of young people from residential care.	Approval for study sought from Australian Catholic University Human Research Ethics Committee.

Capturing young people's experience

Individual and small group interviews (n = 40–50)	Analysis	Member Check Panel
3) The interview explored young people's perceptions about safety issues in residential care, and prevention and responses.	Researchers analysed interview data and proposed a set of key themes and findings related to young people's safety and responses to their safety issues.	4) Key findings from interviews were checked with a group of young people who had lived in residential care.

3.3 Ethics

Children and young people in residential care are at greater risk of experiencing or having experienced a suite of safety concerns, including sexual, physical and emotional abuse, exposure to violence, and bullying and harassment; both before and during their placement in OOHC and residential care (Attar-Schwartz, 2011; Timmerman & Schreuder, 2014).

However, young people who informed the development of the study argued that although issues of safety might be more sensitive for participants with these experiences, it was important to recognise that (a) they had often dealt with the issues and felt that they were more equipped to talk about them (than those who may not have), and (b) they were more likely to want to talk about the issues, particularly if they believed that sharing their views would lead to improvements in residential care for children and young people. As such, in considering the ethical context within which the study was implemented, we needed to balance up the risks associated with young people participating and the costs of not affording young people the direct and indirect benefits of having their say (Honkatukia, Nyqvist, & Pösö, 2003).

This study was conducted with the approval of the Australian Catholic University Human Research Ethics Committee and the endorsement of Griffith University and Queensland University of Technology's ethics committees, which monitored its development and implementation. Additional approval was sought and granted by the participating jurisdictions' child protection departments. A number of non-government partners also conducted their own internal ethics processes and agreed to participate in the study.

Researchers drew upon previous research experience in conceptualising and implementing this study (T. Moore et al., 2015), and from the growing literature on ethical research with children and young people (Alderson & Morrow, 2005; Danby & Farrell, 2004; Dockett & Perry, 2007; Lambert & Glacken, 2011).

In planning the study we were aware of the ethical issues that may emerge at different points in the development and implementation of this research project. In carrying out the Children's Safety Study, strategies were developed that were replicated in this study (see Moore et al., 2015). The Royal Commission and the ethics committees were particularly concerned about this study and the possible impact that talking about child sexual abuse and other issues, such as violence, might have on participants. As such, we developed a robust screening process, appropriate consent procedures, and a method for responding to disclosures of child sexual abuse or other safety concerns (see Appendix 1 for more detail).

3.3.1 Screening of young people

Due to the vulnerability of young people in residential care and concerns by adults about the risks to young people of participating in this study, non-government organisations were provided with a screening tool to assist them to consider issues that may exclude certain young people. This information included evidence from previous studies with children and young people, which quantitatively tested the impacts of participation in research on issues such as interpersonal safety, child abuse and trauma. These indicated that:

- only very small numbers of children and young people experience distress when discussing issues such as child abuse and interpersonal safety

- children and young people who have experienced abuse or trauma are no more likely to experience distress than their peers

- when children and young people do experience distress, it is most often short-lived

- children and young people report benefits from their participation, and if given the choice, would participate in similar studies (Finkelhor et al., 2016a; Finkelhor, Vanderminden et al., 2014; Ybarra et al., 2009).

Non-government and government practitioners were provided with a checklist (see Appendix 2) that assisted them to consider whether there was anything present in the young person's life that might make it unsafe for them to participate in the study. This included whether the young child or young person was currently involved in a court process related to child sexual abuse or sexual assault (either as a victim or an alleged perpetrator), whether the child or young person was involved in therapy as a result of abuse or assault, and whether the child or young person was experiencing significant difficulties. Children and young people who had or who were experiencing such difficulties were not invited to participate in the study.

3.3.2 Consent processes in this study

Children and young people provided verbal and written consent before their participation. However, study consent was also required from child protection authorities in participating jurisdictions, as most participants were on care orders (or equivalent) within each of the jurisdictions' care and protection systems. These orders delegate parental responsibility to the chief executive (or equivalent) of the child protection department/service. Accordingly, formal, legal consent was obtained from each of the jurisdictions for participants' interview.

Consent was then sought from individual children and young people. To help them make an informed decision, children and young people were provided with a letter explaining the purpose and nature of the research, a summary of their research rights and the things that they would be expected to do, as well as a detailed consent form. Individuals either decided to participate, to not participate, or to get more information from the research team.

Consent was seen as an ongoing process, rather than something that was only done before commencing interviews. As such, those children and young people who agreed to meet the researchers were given multiple opportunities to decide whether they wanted to continue to participate in interviews, and some choices about how they would discuss issues of safety. They were also asked whether there were things that they would like to not have reported. At the end of each interview, children and young people were also given the opportunity to decide what, if anything, was shared with workers or agencies. This was particularly important in this study as participants often chose to have a support worker or a friend present. These staff and peers were asked to agree that only the things that participants agreed could be discussed outside of the interview were to be shared with others. Researchers also asked whether there were things that participants wanted them to follow up. In some instances, young people asked researchers to advocate on their behalf.

3.3.3 Discussions related to sensitive topics

One of the concerns raised within the literature and by gatekeepers related to raising sensitive issues with children and young people who might not have encountered them before, or who may not wish to discuss them in their interviews. It was decided, therefore, to develop the interview schedule in such a way that only issues that were raised by participants in the first 'What are the safety risks for children and young people in residential care?' discussion were further explored in the latter parts of the interview. As such, if issues related to child sexual abuse were not raised in the first part of the interview, we did not ask questions about how participants felt institutions and workers should respond. As discussed in the Limitations section of this report, many of the younger participants did not engage in these discussions.

3.3.4 Responses to disclosures of child sexual abuse of other safety concerns

Due to the nature of the research that Institute of Child Protection Studies (ICPS) researchers carry out, ICPS has developed processes for responding to disclosures (See Appendix 4 for full details). Researchers have an ethical responsibility to respond to disclosures made by children or young people, and their immediate safety and protection is the top priority.

This response was guided by the view that, although we often had a responsibility to report concerns of child sexual abuse to the relevant authorities, we would do this in consultation with children and young people themselves. We would also ensure that adequate supports were in place to assist young people to manage the safety concerns that were disclosed. This might include:

- actively supporting the child or young person to report their abuse to the relevant care and protection service

- providing a warm referral to an appropriate sexual assault counselling service

- supporting the child or young person to identify a trusted adult (who may be a parent) with whom they have an ongoing relationship to whom they might also disclose.

During the interviews, five participants discussed their own past sexual abuse (by either peers or adults) whilst in residential care, and four before residential care. Others reported times when their peers had been abused or assaulted. In each of these instances, researchers worked with children and young people to determine whether legal or statutory action had been taken, and whether the individual was receiving ongoing assistance to deal with the concern raised. With the participant's consent, we followed up with the child or young person's residential care coordinator to ensure that they were aware of the disclosure and to provide assistance where necessary. Researchers also contacted each of these participants within three days of the interview, to ensure that they were feeling emotionally safe and to identify whether they needed additional assistance. All legal obligations for reporting were fulfilled and there were no circumstances in which a new disclosure was not reported.

3.4 Recruitment

3.4.1 Inclusion and exclusion criteria

This study attempted to engage a broad group of children and young people in residential care.
Young people were recruited to the study if:
- they had lived in residential care for more than 3 months

- they were aged between 10 and 22

- they had been in residential care less than three years ago.

Young people were excluded from the study if:
- they were currently involved in a court proceeding related to sexual abuse or sexual assault charges (as a perpetrator or victim)

- they had recently experienced a traumatic life event that might affect their coping skills.

3.4.2 Identification of children and young people who might participate

Recruitment for this study included steps that aimed to ensure that children and young people were able to safely participate in the study. We recognise that this process may have unintentionally excluded children and young people who would have liked to have participated and who may have benefited from the opportunity to share their views, needs and concerns. However, our research

partners (including state and territory child protection departments and non-government service providers) were keen to safeguard particularly vulnerable children and young people, and guided the recruitment process.

Participant selection included:

- three statutory child protection authorities identified a region and potential service providers (to ensure that there was not research already being carried out with the same population of young people)

- statutory child protection authorities and/or the research team contacted these service providers, distributed information about the project, sought their endorsement (often through internal ethics processes) and identified young people who met the eligibility criteria

- non-government service providers created a list of potential participants and sent them to a designated departmental contact person for approval

- statutory child protection authorities consulted with case workers to determine whether there were any reasons why individuals should not participate, and provided consent for young people to participate

- non-government service providers distributed information to young people about the project and to gauge their interest in the study

- non-government service providers negotiated with interested young people to arrange a time for the interview

- children and young people consented to participate.

In two states, child protection departments also identified other potential participants and sent these names on to the non-government service provider to assist the recruitment process.

3.5 Nature of interviews

Interviews were all face to face and took between 45 and 90 minutes either individually or in pairs. All interviews were conducted by experienced and skilled researchers; and were recorded with the participants' consent.

The interview (which is included in Appendix 3) comprised five different sections. The first introduced the study to the participants, explained the purpose of the study (to inform the Royal Commission), described the way that researchers and participants would spend the time together, helped participants understand their rights and the researchers' ethical responsibilities, and gave children and young people guidance on what choices they had within the interviews and what to do if they were unhappy or no longer willing to participate.

Secondly, researchers spent some time 'checking in' with participants to help them consider how safe it was for them to talk about safety, recognising the safeguards we had in place to protect them. This included a series of questions that asked about things that were happening in their lives at the time, and what supports that they could draw on if need be. They were then led through the consent process (described in Appendix 3). All young people who had previously consented to participate in the study reaffirmed their consent at the beginning of the interview.

In the third section, participants were asked to explore what it means to be safe and feel safe. They were asked to identify key words, thoughts and feelings that described what safety was and what it felt like. They were also asked to identify safety risks and what kept them from being safe, particularly within residential care.

Participants were provided with vignettes that reflected the key safety concerns identified within the literature, by the Royal Commission and by a group of young people in care.

Participants were asked to consider the vignettes and assess (a) how likely they believed it would be for a young person to experience such a threat in residential care; and (b) how much of an impact it might have on the life of a young person in care, if it was experienced. They were then invited to consider how they made these assessments, and to talk about why the risk might be present in residential care, what they think could be done to prevent it, and what the young person might need in such a situation.

Children and young people that had not been given all vignettes (because they had not raised sexual concerns) were asked to make general recommendations about how services might protect them from harm and respond to the safety issues that they, themselves, had raised in sections one to three.

The final part of the interviews invited young people to consider what they thought was currently in place, what was missing and what recommendations might be made in relation to preventing and responding to children's safety needs in residential care. Again, these discussions only focused on sex-related issues if they were raised in previous parts.

At the end of the interviews, researchers checked-in with participants to ensure that they felt safe, to identify any issues that needed to be acted upon (such as threats to their physical, emotional and sexual safety and disclosures of past abuse), to identify what they believed was most important for the Royal Commission to be made aware of, and any recommendations that they would make to the Royal Commission.

3.6 Participants

Twenty-seven children and young people (aged between 10 and 20 years of age) participated in this study. As demonstrated in Table 1, half of the sample were aged 10–12 and two-thirds were male. In the sample, six young people identified as either being Aboriginal or Torres Strait Islander and three identified as being from a culturally or linguistically diverse background.

Table 1: Age and gender of participants

	Male	Female	Total
10–12 years old	7	3	10
13–16 years old	7	2	9
17–20 years old	4	4	8
Total	18	9	27

There appeared to be two distinct groups within the sample. The first, made up of younger participants, had lived in residential care for relatively short periods of time (between three and 18 months) and were relatively more stable in their placements (having moved only once or twice since entering residential care). Although many of this group had experienced sexual or physical abuse before and after being placed in foster or kinship care, their exposure to sexual abuse and sexual assault after being placed in residential care was minimal. Many of these young people reported feeling safe and secure in their current placement, although a number pleaded with the researchers for them to advocate that they be removed from residential care and placed with long-term foster carers instead.

The second group, made up of older participants, were more likely to have been in OOHC for a significant portion of their lives. These young people described their involvement in the OOHC system

as being unstable and chaotic, moving from one arrangement to another due to placement breakdown, often as a result of physical, emotional or sexual abuse. Two of the young people in the sample had only been in OOHC for short periods of time (less than 12 months), while the remainder of those aged 13 and older reported that they had spent years within the system (on average, more than two years). These young people were more likely to have been exposed to their own or a peer's physical, emotional and sexual abuse and violence while in residential care.

Four of the young people had exited care within the past three years.

3.7 Analysis

Large amounts of data were captured through interviews. Consistent with the aim of the research, a thematic analysis was appropriate to gain insights into the perspectives and experiences of the children and young people (Boyatzis, 1998; Ezzy, 2013). Because there has been limited attention to understanding how children and young people conceptualise and define safety in residential care, we took both an inductive and deductive approach to answer the research questions. Themes were developed deductively, using knowledge gained from the literature review, and inductively, ensuring coding stayed close to participants' accounts and the issues important to them (Boyatzis, 1998).

Data analysis was assisted by the use of NVIVO, a qualitative data analysis program. The data from each interview were examined in depth and then compared to other interviews. The interview content was coded based on what young people said in relation to the key research questions. Through coding, common themes across interviews were identified, based on the meanings and interpretations found in the transcripts (Punch, 2013; Silverman, 2011).

The strategies used to establish trustworthiness in the analysis (Lincoln & Guba, 1985) included double coding and reflective discussion about findings across the research team (peer checking). The interpretations of the findings and conclusions were also tested and workshopped with a group of young people who had been in residential care (member checking) (T. Moore, Noble-Carr, & McArthur, 2015; Tracy, 2010).

Quotes from young people are used to illustrate and exemplify the shared experiences that emerged during the research and analysis. This aligns with the methodological approach adopted, which aims to evoke the qualitative insights central to the study. To protect the confidentiality of participants, broad demographic descriptors are used after each quote to indicate gender and an age range.

3.8 Limitations

There were a number of limitations in this study, mostly due to the nature of the methodology and the need for researchers to negotiate the consent and recruitment processes with both statutory and non-government organisations across three jurisdictions.

3.8.1 Consent and recruitment process

We had originally planned to recruit up to 50 young people for the sample. The final sample was lower than expected, although we extended the data collection period. Due to the consent process (described 3.3.2) researchers were not able to inform young people about the study directly, as consent from the relevant child protection authority was required before the young person hearing about the study. We were also reliant on our non-government partners to provide information to those young people, where consent was provided, about the study in a way that may have engaged their interest in participating. As such, we were reliant on decisions by the non-government partners about who they approached and how they described the study. This may have resulted in some young

people wanting to participate, but either being regarded as not suitable, or not knowing about the study.

Despite the smaller than expected sample, recruitment resulted in a diverse group of young people and robust data with which to answer the research questions. Qualitative research is interested in understanding the perceptions and experiences of participants, and its purpose is not to generalise all young people in residential care or larger populations. Findings can, however, be compared to the existing evidence.

3.8.2 Later sections relied on young people raising sexual abuse

As discussed above, the child-led approach used meant that only issues raised by participants in the first 'What are the safety risks for children and young people in residential care?' discussion were explored further in the latter parts of the interview. This resulted in some participants not discussing issues of safety from child sexual abuse, peer sexual issues or exploitation. Participants who did not discuss these issues were mainly the younger ones, which meant that the findings about abuse-related issues were developed from a sub-sample of young people who did discuss these issues.

FINDINGS

4. What does safety mean in the context of residential care and what do children and young people need to be safe and feel safe?

'When I feel unsafe, I usually know because my heart starts pumping and like I get sweaty and like I start shaking and then when I'm safe, I just feel normal, like just calm.' (Young man, aged 13–16)

To answer the research question: 'What does safety mean to children and young people in the context of residential care?', we asked participants to define safety, particularly in relation to residential care. Participants often began by defining safety broadly (in relation to threats in the community, on the roads, with violent others) before turning their attention to residential care. This section provides an overview of children and young people's responses, which related to being safe and feeling safe within residential care.

Children and young people in this study generally understood safety as the absence of unsafe peers, workers and other adults. This included not being exposed to physical, emotional or sexual harm (discussed further in section 5), and the availability of positive, caring relationships with peers and adults. Although children were generally positive about their experiences in care, many of the older participants were pessimistic about the capacity of residential care settings to provide a safe environment for young people. They believed that their time in residential care was more about developing their own strategies for escaping or managing harm, rather than institutions or adults protecting them from it. However, drawing on their experiences in care, many made claims about what a safe residential care service was like and felt like. Participants who did not feel as though residential care was safe, reflected on what they believed was required to be and feel safe. Those who believed residential care was safe identified the things that they believed enhanced their sense of safety.

KEY FINDINGS:

- Children and young people need to be safe and feel safe in residential care. Residential care felt most safe when it was home-like: where young people felt welcome, where things felt 'normal' and where adults looked out for them.

- Residential care was most safe when adults and institutions appeared to take children and young people's safety seriously, and proactively had strategies in place to protect them from harm.

- Positive relationships with peers and workers, and strong connections inside and beyond residential care were seen as vital in helping children and young people to feel safe, and in ensuring that their safety concerns were treated seriously.

- Participants stressed the importance of stability and predictability in residential care: where children and young people knew what was going to happen, where they felt that they knew their peers and how to manage their behaviours and where tensions could be resolved. Due to its highly chaotic and ever-changing nature, many characterised residential care as being unsafe.

- Routine, fair rules, an opportunity to have a say and a sense of control also helped foster a sense of safety. Young people reported that the needs of finding placements for others were prioritised over their need for stability and shared experiences of when they were moved to less ideal units so that other young people could take their rooms.

- Children and young people assessed their safety by taking notice of their feelings, their physical environment and the behaviours of others. They believed that when they were safe, children and young people felt relaxed and calm and were less likely to be aggressive and to harm each other. Children valued locks on doors, surveillance equipment and alarms, while young people often felt that these items reinforced their sense that residential care was not normal and was unsafe.

4.1 Feeling safe

When asked what safety meant in the context of residential care, most participants talked about the need to 'feel safe'. They believed that if children and young people didn't feel safe in residential care, residential care was unsafe. Participants, particularly younger ones, contended that in a safe residential care unit they felt relaxed, comfortable and calm. When they were safe, their bodies were relaxed, they felt happy rather than anxious, and could 'let their guards down'.

> *'It's like you know you're not going to be hurt or anything like that. It's just like a sense of comfort in a particular place or with a particular person.' (Young man, aged 17–20)*

As such, when entering a new residential care unit for the first time, participants reported that they were constantly vigilant and would watch to see how young people were behaving to determine whether their peers were a potential threat. Believing that they could tell if their peers felt safe by observing their behaviours, participants watched to see how they were interacting with each other and with staff. If others appeared to feel safe, young people often felt that they could be safe too.

> A: *'It's like you feel like you let your guard down, so to speak. Whereas if you feel*
>   *unsafe, you're a bit more alert to those matters and stuff.'*
> Q: *'Yeah.'*
> A: *'Then you just feel, overall, uncomfortable.' (Young man, aged 17–20)*
> Q: *'How can you tell if you and the other kids are safe in care?'*
> A: *'Because if they weren't, they wouldn't be happy or anything.' (Girl, aged 10–12)*

4.2 Being home-like

Among the group there was an overwhelming view that a safe residential care unit was home-like. Many reported that they were informed by child protection services that they had been removed from their families because of abuse or neglect, with the view that they would be placed somewhere that was safer, where they would be loved and cared for, where they had a sense of stability and security, and where they could enjoy their childhoods. As such, to be safe, they expected that this new home was to be what their previous home lives were not always.

> *'Somewhere where it's your home and you've got to feel safe in your home … [Y]ou can't live at home with your biological parents for whatever reason so you've been taken out of that care. But just having your own stuff, your own regular staff that come and not all different shift work. Young people that obviously have to live in the unit … [some] are doing drugs or alcohol so [in a safe unit] you're not around that and you feel safe, because they can go crazy at any time.' (Young man, aged 17–20)*

> *'[In a safe residential unit] you feel at home. You're not going to get hurt.' (Young woman, aged 13–16)*

Home-like residential care was somewhere that made young people feel welcome. Participants described these units as being youth-friendly, clean and inviting, and a place where people cared for each other and celebrated things together like 'normal' friends and families did.

Older participants and those who had been in residential care for some time were resigned to the fact that residential care could never provide them with normal living conditions, where they had some control over their space, where they felt at ease and where they had long-lasting relationships. Younger participants and those who had lived in residential care for relatively short periods of time were more optimistic and felt that residential care could meet these expectations.

Among the sample, some older participants reported that residential care was more likely to be home-like than non-kinship foster care. This was because they believed that in residential care they were more likely to have control over their own space, and to not have to manage new relationships with carers. They felt that in foster care, carers could choose, at any time, to reject the young person and 'give them back', while this was less likely in residential care settings.

> *'I'm one of those very rare young people, because everyone talks about get rid of resi, get rid of resi, I'm actually not for getting rid of resi, because I think if resi is done right it has a place, because there are young people who don't want to be in foster homes. I know I was in a foster home and I felt like I was invading someone else's space, it just wasn't for me in my view and I had my family, I didn't want another one. And at least with resi, as much as resi was the most horrible place, it was my own place, that room was mine, I didn't feel like I had to ask permission to do something, I didn't have to watch my step, I could have my room the way I wanted whereas in the foster home they had decorated the room the way they wanted which I don't particularly fancied Elvis all over the walls. But this was creepy all over the wall, like it went over the top and being a 16-year-old I really didn't appreciate Elvis. I actually say my last placement which was a resi was my best and worst.' (Young woman, aged 17–20)*

Those who had been abused by an adult prior to residential care reported that residential care was safer because there was greater surveillance of workers than foster carers. There were also more trusted adults to whom they could raise their concerns if they felt uncomfortable with a particular staff member. Physical features of residential care are discussed below.

4.3 Positive relationships and strong connections

Relationships were key to not only being safe, but also feeling safe. As will be discussed further in section 5.1, children and young people's safety was most often compromised by the behaviours of their peers, so safety was about not being placed with others who might hurt them. Conversely, they felt most safe when they were with positive peers and experienced some sense of belonging.

Within a safe residential unit, young people got along with each other. Although young people believed that conflict was almost inevitable, they observed that if people were friendly with each other, dealt with issues constructively and enjoyed each other's company more than they fought, residential care was a good place to be.

> Q: *'This project is about safety in residential care. What goes on in a safe residential unit?'*
> A1:   *'Everybody gets along.'*
> A2:   *'You're asking for miracles there.' (Two boys, aged 10–12)*
>
> *'There's, like, lots of people that are watching over each other and stuff, so that kind of makes you feel safe.' (Boy, aged 10–12)*

Participants often remarked that they appreciated residential care units, where they lived with others with whom they had things in common. Girls valued being placed with other girls, young men liked being placed with others who had similar interests and ways of dealing with issues. Participants believed that if they have things in common with others, they are more likely to get on, to think similarly and to better understand each other's needs.

'They put me with [one young person] because we liked similar things. We both had the same kind of similar personalities … They put [another young person] in this house because [he and the other resident] were really good friends before [he] even moved in. Then they thought they were like "oh yeah, [I] would like him" kind of thing. We ended up getting along pretty much straight away.' (Young woman, aged 17–20)

4.4 Positive relationships outside of residential care

In addition to having available trustworthy adults within residential care units, at least half of the participants stressed the importance of having similar adults and peers outside of care. This is discussed further in the sections on responses to safety issues (section 6.4), but almost all participants felt that it was important to have people who believed them, who cared for them and who protected them when they were unsafe.

Young people who had identified these 'champions' felt that it was important for residential care to enable these relationships to continue and for children and young people to be supported to stay in contact with these people. To be able to access these people, participants argued that all children in care need to have access to a phone, preferably one of their own. When they had phones, participants reported feeling safer – both in residential care and in the community. It meant they always had someone that they could call when they were unsafe, when they needed help and when they needed to get advice about how to look after themselves or deal with unsafe people and situations.

> A1:   *'They can have a phone to talk to other people because sometimes – actually I don't know where I was going with that.'*
> Q: *'But having a phone so you can contact people?'*
> A1:   *'Yeah.' (Boy, aged 10–12)*

4.5 Stability and predictability

All children and young people were of the view that to be safe they needed some stability in their lives. Prior to being placed in residential care, most had lived in short unstable placements. Almost all spoke emotionally about the impact that this had on their lives and strongly linked stability to their sense of safety:

> *'I was with the people for nine years, [things were] … stable, then I just moved from there and then it was just fucking [terrible] … I was a mess. It was hopeless dead set. I used to cry all the time to my case manager on the phone, "Find me somewhere to live". I was just sick of it. Then when you're a teenager and no foster parents [are available] no one wants teenagers. Then you just get put in resi, they put you here.' (Young man, aged 17–20)*

Many reported, however, that they were often moved from one form of OOHC placement to another, and when placed in residential care they were often again moved. Within the sample, young people had, on average, spent four years in residential care (ranging from two months to 11 years), with the average number of placements being 4.3.

Children and young people in the sample often saw their current placement in residential care as being temporary; believing that they would most likely be moved in the near future, or in the case of older participants, be transitioned out of state care. The fear associated with moving and transitioning was significant for many of the young people. However, most looked forward to moving out of care so that they could finally have some stability. They saw residential care as something that they needed to get through, rather than a period of support and care.

Even when stable, they said that it was not unusual for new peers to be placed in their residential unit every few months, which they often found unsettling: having to form new relationships, manage new

tensions and find new ways of keeping themselves safe, based on the behaviours of others. This lack of grounding had adverse impacts on many of the young people who reported feeling unsettled, and ultimately, insecure.

> *'You feel like you're never settled. You don't want to make new friends or get too connected because you know they'll move you and you'll have to start again. For most of us who've been in resi care, we're just waiting until we move out or get kicked out. Then we can start our lives. That's when we can stop being fucked over. When we can live again.' (Young woman, aged 13–16)*

Coupled with high staff turnover, many of the young people characterised their time in residential care as chaotic and found it difficult to feel settled.

> *'Yeah, there's people coming in and out. No one's really stable there … With every new batch there's new problems to face and you have to constantly work out how to deal with [new residents and their behaviours].' (Young woman, aged 17–20)*

Staying in one unit for an extended period was not only positive because it meant that the young person felt more settled, but also because they were more likely to build supportive connections with peers, adults, institutions and activities around them. One young man reflected that for the first time he felt at home in his most recent placement because he lived with a girl that he liked and trusted. He shared that he had developed strong ties to his local community. He went to church, had a part-time job, and for the first time had developed relationships with adults who genuinely cared about him and supported him to develop his talents and hobbies. He also had a plan for the future.

He reported feeling overwhelmed, therefore, when he was told that he was going to be moved to another unit where there was much more violence. His workers justified the move by arguing that his room would be given to a younger and more vulnerable client who would not be able to protect himself if placed with other aggressive young people. Although he recognised that because he was older he might be able to better protect himself, he felt as though his need for links to the community and his desire for stability was being ignored. He felt as though the workers did not recognise his own vulnerability, nor did they have respect for his views or wishes.

> *'Yeah. Like I've said "I don't want to move from here" and they said, they'll escort the – they'll get the police to escort me out and I won't have a place to live anymore.' (Young man, aged 17–20)*

Stability appeared to enable a level of predictability, which was also important in helping children and young people feel safe. When there was little turnover of staff and fellow residents, children and young people knew what to expect, and had strategies for preventing and dealing with conflict. They felt more at ease with workers and their peers.

> A: *'I don't know really, like I reckon probably the [residential care unit in another region] was the best resi, like I loved them workers.'*
> Q: *'So what was so good about it?'*
> A: *'Just the kids, like I had two mates living there and like I still meet up with one of them now.'*
> A: *'It's all sweet, it's just home pretty much.'*
> Q: *'What makes you feel like it's a home?'*
> A: *'Because just I've been in resi for like two years now, like it's just – they've all become home, like it's like living in the same house but moving.' (Young man, aged 13–16)*

4.6 Routine and fair rules

Some of the children and young people reported that having a routine and a clear set of rules also enhanced their sense of stability and predictability, and limited the threat of harm. Integral to a safe and home-like unit were caring adults who actively looked out for children and young people, set rules

and intervened when they were unsafe or doing things that might cause themselves or someone else harm. One young person reported that they felt most safe when a particular worker was on. Although she was strict, he could tell that she was watching out for him and had his best interests at heart. He gave the example of a time when he built a go-kart and was riding up and down the driveway. She let him play with the go-kart but after warning him about the dangers of riding on the road (which he ignored) she stepped in and confiscated the go-kart until he could demonstrate that he was aware of the risks. He said that other workers had let him ride and encouraged him to act unsafely. He thought that it was good that they could see that he was enjoying himself, but reported that he didn't really trust them because they failed to see the risks that were present and to take their responsibilities for protecting him seriously.

> A: 'Yeah, pretty much. She, like, tells me not to do silly things like that so I don't get hurt.'
> Q: 'So how do you feel when she stops you doing things like that?'
> A: 'Kind of like happy that you're protected, I guess.' (Boy, aged 10–12)

A number of participants felt that if occupied, they were less likely to become bored and do the wrong thing. One young woman, for example, talked about a residential unit where the staff team would work with children and young people to come up with a weekly planner, in which they noted all the things that needed to be done (for example, going to school, chores, extra-curricular activities), and came up with a list of activities that they could achieve. These gave the children and young people some sense of what was going on and a say in what activities they would share, as well as opportunities to negotiate when tasks needed to be finished by.

Although some baulked at the idea of having to follow too many rules, having others placing high expectations on them was often seen as a positive thing. They felt that if expectations were presented in hopeful and positive ways, they would attempt to live up to those expectations rather than to rebel against them.

> A1:   'How do you know it's safe though? Because there's rules set in place.'
> Q: 'What kind of rules make you feel safe?'
> A1:   'It's like when we first moved into here, we had to sign a contract with all the rules, saying that we agree to abide by all the rules and stuff like that. So yeah, it's kind of hard to explain because I guess it's just like different people have different opinions.' (Young woman, aged 13–16)
> A2:   'With rules you know what to expect. You know that they take your safety seriously. If they act on the rules you know you're going to be safer, rather than them just saying "these are the rules" and not doing anything about them.' (Discussion: Young man, aged 17–20, and young woman, aged 13–16)

A number of young people, however, felt that rules were in place for workers rather than for residents. They believed that rules would be enforced by workers who wanted them to do something or stop them from doing something else, but that when young people made complaints because someone else was not following the rules, little action followed. They also were critical of staff who changed rules, used them to 'intimidate and manipulate', or to assert their authority.

> '[We're sick of] being told what to fucking do all the time and not having like – people don't listen to us. Everyone thinks we're just stupid. They think we're dumb. Dead set. They're on a power rush and use the rules to intimidate you, threaten you with homelessness, keep you from ever feeling safe.' (Young woman, aged 17–20)

For these young people, rules were seen as something that did little to make them safer, and they reported that the intimidation made them feel unsafe. One young man made a link between rules and issues related to sexual abuse and violence, arguing that when young people believed that rules were not there to protect them, they would have little confidence in going to workers and seeking

protection or support. Instead, he reported, young people would feel intimidated and most likely deal with the situation by themselves.

4.7 Having a say and having some control over their space

When asked what they needed to feel safe, young people argued that it was important for them to have a say in decisions that affected their lives. For a residential care unit to feel safe, young people reported that they needed workers to realise that it was their home, and that it was the workers who were visiting their space rather than vice versa. As such, they wanted to feel as if they had some control over the space, on what things they did, on how they interacted with their peers and how issues were dealt with when problems arose.

Many, however, reported feeling powerless in residential care – that they had little say. One group of boys reported being upset that their workers never asked them what they would like to eat and that this was different to their own biological family and foster care family experiences. Another young man observed that, unlike family or foster carers, residential care workers do things to you rather than for or with you. He argued that he would always feel like a visitor rather than someone who truly fitted in and who co-owned the space.

> A1: 'We have no choice on what's happening to our lives.'
> Q: 'What do you reckon, what would some of your suggestions be?'
> A2: 'I don't know, probably have like a weekly meeting and like see what needs to be done.'
> Q: 'You don't have that now?'
> A2: 'No.' (Discussion: Young man, aged 17–20, and young woman, aged 13–16)

4.8 How children and young people assess their safety in residential care

In answering the research question 'How do children and young people perceive safety within residential care and what gives rise to these perceptions?', we asked participants to reflect on how they determined whether they were safe or not. In section 5, children and young people also consider how they make assessments of whether their peers, their workers and other adults are safe.

4.8.1 They take notice of how they feel

Children and young people often distinguished 'feeling safe' from 'being safe'. They argued that feeling safe was an essential element of being safe and that it was not possible to be safe in residential care without feeling at ease or relaxed. To determine whether they were truly safe, they considered the extent to which they felt safe and the way that they demonstrated this in their behaviours. Some said that if they were constantly angry or upset they could assume that they were not in a safe environment or with safe people. They realised that some children and young people in care were highly alert to risks and sometimes misjudged people and places, but felt that this was better than being naïve or ignorant and being harmed as a result. Children and young people reported that they could instantly tell whether they were unsafe, and shared that if there were signs of danger they would feel distressed, anxious and hypervigilant.

Some reported that residential care units were safe when they wanted to spend time there and where they had some refuge from the stresses and concerns that they had in the world outside. Conversely, an unsafe residential care unit was one that they avoided:

> 'Normally when I'm at a new resi house, I just, run straight away on my first night, I don't really feel safe on my first night. Because they're like strangers to me. Because I don't know them … It's not like you feel like you're home.' (Girl, aged 10–12)

4.8.2 They take notice of the physical environment

Some participants (particularly the younger ones) reported that they would assess how safe a residential care unit was by considering the physical environment. Safe environments were those where there was some order, signs that young people felt welcome and safe there, and where they had control over their own space. Residential care units that were home-like (that they had similar layouts to what you might expect to have at home) felt safer than those that were more institutional and were missing more homely comforts.

> 'I think having our own rooms, and having everything that a house normally has: lounge room, kitchen. Just having everything a house normally has that's what makes it a home. Like if it looks like a home, it feels like a home. If it looks like a nice house and it's like well-presented then it'd make you feel a lot better about yourself, knowing you're living somewhere nice and [you feel unsafe] for example, living out in an absolute dump, cops know that address really well.' (Young woman, aged 13–16)

> 'Well, just like family photos on the wall, just all the little things that you would normally have in a home that kids in care miss out, so like family photos on the wall, sport trophies up on the wall, having pets or something, just all the things that kids want in a home.' (Young man, aged 17–20)

In contrast, unsafe units were those where there was disarray: there was evidence of violence or problematic behaviours (for example, holes in the walls, locks on cupboards) and other signs that other residents were destructive. Participants felt that the presence of these things reinforced their assessment that the unit was unsafe, and that they now expected their property to be damaged or stolen by others. This put them on edge and kept them from feeling safe.

Most participants could identify a safe residential care unit but felt that there were more unsafe units than safe ones.

> 'You always know there must be drama in that resi unit if literally plates, knives, forks, the fridge, the cupboards, the laundries have to be locked away. It's always one of the biggest things I look for, because you notice the difference like talking to people from low-risk resi and to a high-risk resi unit. A low-risk resi unit everything's open it's not locked away where high-risk resi unit everything's locked away and literally you could be eating your dinner with plastic. Is there holes in the wall; it's always a big one. Is there paint everywhere, food on the roof. Are there actually kids hanging around, do they actually have recreational things used for them, so things like that. But I think the biggest thing is asking them, really a place can look absolutely safe but it's a question of is it felt that way amongst everyone.' (Young woman, aged 17–20)

4.8.3 They watch the behaviours of others

Children and young people were also vigilant about how others were behaving. They did this not only to be aware of who to avoid, but also to get a sense as to whether others were safe. If their peers were always on edge, were always stressed or were always hypervigilant, they learned that they needed to be too, because things may not be safe. Participants felt that they had developed skills in 'reading' their peers' behaviours and could use their observations to assess units.

> 'Yeah. A couple of the other units I went to there was no-one home, they'd abscond all the time so you had the place to yourself and they'd come back and they'll start doing stuff and throwing tantrums and that shit. So you know from the behaviour of the others if it's safe or not.' (Young male, aged 13–16)

> 'You become a lot more street smart, because you're literally having to watch out and learn the triggers of what other people might set them off. It literally puts you on edge of watching your back all the time.' (Young woman, aged 17–20)

5. What are the safety concerns of children and young people in residential care?

Children and young people's safety in residential care was sometimes compromised by interpersonal concerns. These related to their peers, to staff and to adults outside of residential care. To consider these issues, participants were first asked to identify problems that children and young people might encounter. When they raised issues related to sex or abuse, participants were then given a series of vignettes to consider, asked to determine how likely it was that a young person might encounter a similar scenario, and how bad it would be for a young person if they were in such a position. They were then asked to consider how they made these assessments, in an attempt to further understand their perceptions.

KEY FINDINGS:

- Children and young people reported that they were often unsafe in residential care. Bullying and harassment were seen as a prevalent and significant issue for children, while young people reported that they were very aware of and concerned by the threat of sexual harassment and assault. Older participants, in particular, stressed that the impact of witnessing violence, self-harm and abuse of peers, took its toll and limited their sense of safety.

- Children and young people generally felt that it was unlikely that they would be abused or harmed by a worker, although a small number reported that they had encountered or heard about abusive staff. A slightly larger group were concerned by the behaviours of 'creepy adults' and those who forged inappropriate and overly familiar relationships with them. They assessed the safety of workers based on their past experiences of abuse, by watching adults' behaviours and how other young people acted around them.

- A small group of older young people reported that adults outside of the residential care system sometimes took advantage of children in care, exploiting their need for relationships, intimacy, physical and financial resources. Three reported that young people in care sometimes engaged in prostitution.

5.1 Peers

> *'[There is violence in units.] Like [young people] trying to hit and kick and trying to wave sharp objects at them and stab them and that sort of thing and trying to push them over and violence towards them.' (Young man, aged 13–16)*

Children and young people raised a number of risks and threats that existed in residential care that related to their peers. Most participants highlighted bullying, harassment and violence as a major threat, while older young people felt that there were a number of sexual threats that were uncommon but significant and needed to be better understood. Children and young people also provided insights into how they assessed their safety in relation to peers and the impacts that safety risks had on them and others in residential care.

5.1.1 Bullying, harassment and violence

Bullying was a significant issue for most of the children and young people in residential care. Participants often talked about being teased, harassed and emotionally intimidated by other residents. Physical violence also permeated the residential care experience of most participants in the sample, with some reporting minor incidents, while others described major assault. Although our study did not set out to consider issues of physical and emotional violence in residential care,

participants were adamant that if bullying, harassment and violence were not dealt with, they could not be or feel safe in residential care. They also argued that violence and intimidation often included or escalated to include sexual intimidation, and felt that if physical threats were not effectively dealt with, children and young people might be exposed to other types of harm. In describing unsafe residential care units, participants most often identified risks related to peers.

> 'One of the kids that lives with us, when he gets angry he chucks things around.' (Boy, aged 10–12)

> 'I don't really like to tell. I don't feel safe around [another young person] because he hits me sometimes, and he steals all my stuff. That's why I got a lock on my door. And that's why I have to – he gets cranky and he – see on the window? How it's got scratches. Yeah. That's him.' (Girl, aged 10–12)

Even when they were not directly assaulted, many reported living in fear and having to hide from other young people for extended periods of time. Some argued that this emotional distress kept them from ever feeling safe within residential care: unable to relax or let their guards down, fearing that they might be harmed as a result.

> 'I used to try to hide in my room … [but one time] There was two other girls fighting in my room. Because one girl wouldn't get out, and they kept on fighting and I didn't really feel safe because I felt like I was, did something wrong and they were going to punch me because they were staring at me as well. Because I kept on telling them to get out of my room and stop. But then they kept on staring at me saying "Shut the effing up".' (Girl, aged 10–12)

They felt that this norm in residential care arose because young people needed to let off steam, because they were bored, or because they believed that if they didn't bully others they would be bullied themselves.

> 'I think that if you stay in resi long enough you either become a bully or a victim. It's just how it is. You do it so you don't get bullied yourself. Or you do it because you're just angry about your life and want to take it out on other people. Or you don't want to be the weak one that gets picked on … I guess it all depends on how good the clients are and like where they've been, you know, if they're drug using or not. It pretty much all depends on that … Because teenagers – they feel like violence is the only answer.' (Young woman, aged 13–16)

A number of young people reflected that their peers were more likely to use violence than others not in residential care and felt that this was because of the powerlessness that living in care fostered. They argued that these young people would use violence as a way of asserting themselves and of taking control, but also as a way to protect themselves from harm. Older young people observed that there was a pecking order within residential care, and that individuals were constantly trying to assert themselves over others. This pecking order, they believed, was often ignored or encouraged by staff – either unintentionally, or intentionally, in some cases.

> '[They] wouldn't take action if they see anything bad happening in the house. They'd just be like oh, "that's just teenagers these days".' (Young woman, aged 17–20)

Others believed that violence related to attention seeking: that young people would use violence as a way of being noticed.

> A: 'You get bashed, you get chilli powder thrown at you.'
> Q: 'Chilli powder?'
> A: 'You get in your eyes and it burns, it feels like pepper spray, yeah – you get thrown into a brick wall, you split your head open and you get 17 stitches in the back of your head.'
> Q: 'So why does that happen?'
> A: 'They're just looking for attention.'
> Q: 'Why are they looking for attention?'

> A: 'Probably because they never got it when they were like ... little … Look, you know, some of those kids have been through enough and then they go into a resi and they get treated like shit even more … you know, you're meant to make us feel welcome but then we just get treated like shit … [and we lash out].' (Young woman, aged 13–16)

5.1.2 Sexual harassment or assault by another young person in residential care

Among the sample there appeared to be two views in relation to sexual relationships among young people in residential care. The first view, held mostly by children, was that it was not appropriate for young people to ever have a sexual relationship with a peer. This group did report that they had sometimes talked about sex with their peers, and sometimes played games like truth or dare that had a sexual component. They felt that young people in residential care should be protected from exposure to sex and felt that too often children in care learned about sex (most often from their peers) too early. They thought that it was important for young people to be educated about the risks related to sex, but that this needed to be age-appropriate and provided by someone who could provide accurate and appropriate advice. They felt that it would be best that someone outside of their unit provide this information rather than workers, as this would 'be really weird'.

The second group (made up mostly of older participants) observed that sex was an inevitable part of residential care: that young people were likely to behave sexually with each other in both 'appropriate' and 'inappropriate' ways. They believed, in particular, that young men were sexual beings and would inevitably seek out sex. They did not think that this was necessarily an issue but felt that it became a problem when the intensity of this pressure was significant, or when these young people used violence or threats to talk their peers into having sex. Similarly, the small number of young people who had either been pressured into prostitution or had observed others being pressured into prostitution (*N* = 3) believed that this was a problem because their choice to have sex was being undermined.

Older participants reported that young people were often strongly discouraged from having sexual relationships with others in residential care. This meant that if they chose to have a sexual relationship, they and their peers would hide these relationships from workers. They reported being anxious about having sex at the unit for fear of being caught by a worker, and of the possible consequences, which might include being embarrassed, 'being forced to break up' or being exited from care. They recognised that hiding their relationships from workers became an issue when things went wrong, and reported that they may be disinclined to go to workers if they were being pressured into having sex within the relationship or if they were being harmed within the relationship. In such circumstances, some felt that workers would judge them or see it as their fault that things had gone badly because they had broken the rules.

> 'Only because you've got young teenagers that their bodies are changing, they're going through puberty and that therefore their hormones are going nuts. They want to do new stuff and they're surrounded by the opposite gender that they've got to live with. So they know if they're getting changed in the next room or anything like that.' (Young man, aged 17–20)

> A: '[There's a lot of threats made by young people in residential care]'
> Q: 'What might they be threatening to do?'
> A: 'Like rape somebody or that sort of thing.'
> Q: '… Why do you think they might [do] something like that?'
> A: 'Because they want to do it to that person. They want to hurt them. They don't really care about them. They're just not overall nice people when they do it … It's about power.' (Young man, aged 13–16)

Most of the older participants felt that it was appropriate for young people in care to have sexual relationships if both parties were consenting and that they were having sex safely. They realised, however, that things could easily become problematic if the pair fought, if one party forced the other

to have sex or if the couple broke up. These situations would cause conflict among residents and would make living together a significant challenge.

When children and young people had identified sexual issues as potentially unsafe experiences, as part of the discussion on safety in residential care, they were provided with two vignettes related to peer-based harassment. These featured young people who felt that they might be pressured into some form of sexual act with other residents. In the first, a boy feels pressured into taking on dares (vignette six), and in the second vignette, a young woman is protected from bullying by a young man who may now expect her to engage in sexual behaviour (vignette seven). Participants were asked how likely it was that someone in residential care would be placed in a similar situation and how bad it would be if a young person encountered a similar risk. They were then given an opportunity to explain their assessment and the nature of the risks that were identified. Responses to these two vignettes are reported in Appendix 5.

There was some divergence within the group as to whether these behaviours were likely to occur within residential care. Boys (aged 12 and under) who commented on these vignettes believed that it was unlikely for a peer to take advantage of them sexually, although they had heard of it happening and believed that it was something that would be very bad if it was to occur.

> A1: *'Sexual harassment. Sexual harassment is like when they try to rape you.'*
> A2: *'Yeah, yeah. Someone will rape you and stuff.'*
> Q: *'Yeah. Do you reckon that's something that could happen in resi care or does happen in resi care?'*
> A1: *'It could happen.'*
> A2: *'No. It could happen, but it's probably highly impossible.' (Discussion: Young men, one aged 10–12 and the other 13–16)*

Older young men, girls and older young women, on the other hand, most often reported they were likely to be exposed to sexual harassment, and stated that it was something that they had either experienced themselves or had heard about during their time in residential care.

> A1: *'I've come across sexual harassment in resi's between young people. This one guy I lived with, as soon as there was a girl in the house, if he couldn't get with them, he would make their lives a living hell until he could.'*
> Q: *'What sorts of things would he do?'*
> A1: *'Throw mugs at them. Glue their door shut. Break glass in front of their door while they're sleeping. All sorts of stuff.'*
> A2: *'It does happen a lot. There is a lot of times that other residents will try to pressure you into doing things you don't want to, whether that be go out, do drugs, get drunk, have sex and it does happen, it does happen a hell of a lot in resi. Right, a lot of the kids that I lived with over time were into things I wasn't into.' (Discussion: Young man, aged 17–20, and young woman, aged 17–20)*

Although some young people believed that it was more likely for a young woman to be sexually harassed or assaulted, this wasn't always the case. Three young men reported that it was less likely that boys would report their assaults than young women:

> *'[When I was 12, I] lived with another guy … He kept trying to convince me to do stuff with him. That was in the early days of me being in care and I really didn't feel comfortable. I kept saying no and kept trying to put distance between him so I spent a lot of my time in my room and that then. If he was in the lounge room I'd be in my room or I'd be outside. I just tried to avoid him as much as possible … Turns out he was also doing it to other people that lived in the house and eventually he went up to a nine-year-old and started bugging him. The nine-year-old went to the worker and then [the Department] had to investigate it which is what I probably should have done. But being that young I kind of just went, "I don't know what to do, I'm getting out of here".' (Young man, aged 17–20)*

As demonstrated in these quotes, young people often differentiated being pressured into having sex from sexual harassment. They realised that there was a continuum (from being pressured into having sex through to being forced) but felt that both were wrong.

> 'While growing up, back in the early stages when I was about 13, I had a girl that I lived with keep coming up and asking for sex. She's like, "What's the matter am I not attractive da, da, da" so it wasn't so much, I wouldn't call it harassment, it was more peer pressure but it's still wrong.' (Young man, aged 17–20)

They often felt that there was always pressure to have sex, and that when they regretted sex it was usually because they had 'given in' to requests for sex, particularly when they saw sex as a way of resolving problems, of forging relationships or of getting their needs for intimacy met. They were often distressed when they realised that others had lied or manipulated them to get them to have sex (like 'if you want to be my girlfriend you need to show me by having sex').

5.1.3 Non-sex-related safety risks that may expose young people to abuse

Some of the young people saw their vulnerability to abuse and violence in residential care within a broader context, where young people took risks and were placed at risk by their behaviours. Many young people talked about problematic alcohol or drug use, crime and 'hanging out' with others who encouraged them to take risks. Some saw this as being the norm for young people in care, and felt that risk-taking was required to be a part of peer networks, often from a young age.

> 'I think the younger kids are vulnerable depending on the resi unit you're in ... So we had this young person come in and he was very young, and we decided to look after him rather than target him. But it also meant he was dragged into our world. In a world he should not have been in … He got dragged into the drugs, he got dragged into the violence ... So you could see that as much as we were protecting him but by protecting him we were dragging him into our world and that meant he was more at risk of a criminal record later on, more risk of massive drug use later on, becoming homeless, all that sort of stuff. But this kid was literally, he was so young, when the ambulance came to pick him up because he was sick, he was scared, that's how young he was, he was scared of these people.' (Young woman, aged 17–20)

They recognised that this often led to them experiencing unsafe situations and individuals (particularly inappropriate sexual relationships, prostitution and sexual exploitation, which will be discussed in section 5.3).

5.1.4 Witnessing violence, self-harm and the abuse of peers

A number of the young women who had lived in residential care for some time reported that ongoing exposure to the behaviours of others had a significant and long-term negative impact on their own mental health and sense of safety. Within care, many had encountered peers who were physically and sexually assaulted, who self-harmed, who attempted suicide and who demonstrated great distress and trauma. They reported that this took its toll. Young people often reported feeling guilty because they could do little to help their peers, and experienced sadness and depression when they empathised with their friends who were going through difficult times. The grief they experienced was significant when they lost important relationships through suicide or overdoses. They reported that residential care was often ill-prepared to both prevent young people from taking their lives or for helping those who witnessed or were affected by their peers.

> 'Actually one of the worst things that ever happened in our … unit at … was when … one of the younger boys that was there, he had problems, but the workers knew that that day was going to be a hard day for him, but they didn't keep an eye on him. We walked in, threw our bags in our room, we got into the toilets to a suicide scene, because the workers didn't keep an eye on him and didn't bother

checking on him when he'd been quiet for over half an hour. So, thankfully he survived, but not the safest or best thing to walk in on … We weren't offered counselling, but I ended up seeking out counselling when I was 19 for that and other issues … they could have dealt with it better.' (Young woman, aged 17–20)

Self-harm was raised as a safety issue by a number of young people in the sample. They reported it as being something that young people did when they felt unsafe, when they were unable to cope with bullying or harassment, could not cope with their past experiences of abuse and neglect and when they felt as though they had no control over their lives or when others had caused them harm.

'Yeah, [you are often bullied by workers and young people] but then you just go into your room and shut the door. It didn't worry me, well it did at the start but then just got used to it, there wasn't much you could do and that's when I wasn't getting support and that's when I started self-harming to get the anger out because it was like you're either a guy and punch their heads in or punch a wall or something or cut yourself, cutting yourself was the best way out. Obviously in the short term it was but in the long run it wasn't the greatest idea to do but you live and learn from those mistakes.' (Young man, aged 17–20)

Q: 'What does the Royal Commission most need to know about residential care?'
A: 'It's fucked.'
Q: 'It's fucked, right.'
A: 'It is fucked.'
Q: 'So you want me – I will tell the Royal Commission that but you need to give me a bit more to that, why is it fucked?'
A: 'Because you have those kids that are now suicidal and have depression and anxiety due to fact that they're in resi care.' (Young woman, aged 13–16)

Children (aged under 12) did not discuss issues of self-harm nor the impacts that being exposed to others' behaviour had on their own sense of safety.

5.1.5 Assessing whether other young people were safe or unsafe

Children and young people in residential care have to live with others, often for short periods of time, with little notice, and with little information about their peers and any problematic behaviour to watch out for. As they were more likely to be bullied or harassed by peers than by adults, the need to 'suss' out others seemed to be more pressing. Participants reported that they used similar strategies for identifying whether a peer was safe or not to the way they assessed adults, but had to do it more quickly. They often relied on other children and young people in residential care to decide whether the new residents were risky and how to best manage them. Some young people reported that they treated each new resident as a potential threat and quickly established their dominance when new young people arrived.

A: 'If it's a new place, I look at how the current residents are acting as such.'
Q: 'Okay, cool. Tell me more about that.'
A: 'Because say you come in and there's like some seedy looking person and stuff.'
Q: '[How would you know if they're okay or not?]'
A: 'I would try to engage him in a conversation to see what kind of person they are. To tell if the place really is safe or not. Because it's like living with – living with a person who's never touched cigarettes to a drug addict. You know? So I look for those little things and stuff to see would I be safe around that person and stuff like that.' (Young man, aged 17–20)

Young people reported that sometimes their peers also made them feel uncomfortable and that they were worried about what their peer might do to them.

'Just like dodgy, you know what I mean? Yeah, just like – I don't know. You look at someone and you get this weird feeling about them. It's just like that ties into feeling unsafe around certain people and stuff. They just have that look to them where it's like I shouldn't trust them.' (Young man, aged 17–20)

A number of the younger participants reported that it was important to note that 'everyone has a bad day', and that they judged their peers as being unsafe only when they were violent or harassing 'all the time' or 'more than once'. They felt as though it was normal for children and young people in residential care to be angry and, to an extent, violent and that occasionally being angry and violent was okay.

'As in say, someone like has an argument and gets violent once, it doesn't mean they're a violent person. It just means that they've done it once. But if they do it constantly, it means that they're unsafe to be around.' (Boy, aged 10–12)

5.2 Staff

When they had raised sexual abuse as a risk for children and young people in residential care, participants were asked to think about the issues related to staff.

Three children raised concerns related to a lack of privacy and noted that some staff were 'creepy' and made them feel uncomfortable, but did not generally relate this to concerns about their sexual safety. Older participants identified other risks related to workers, including poor sexual boundaries, physical assault, and sexual abuse as possible threats to children and young people in residential care. This section describes children and young people's views on these issues.

'[Sexual abuse by staff] would be bad. I've never come across it that much, which is why, because I've heard occasional tales that they're working with young people and it's not something you hear that often. So I don't know the likelihood of it happening. I think other things most likely but if this was an outside person it would be a lot more – I'd be more likely than. But it's not out of the thing either; we've heard kids talking about it.' (Young woman, aged 13–16)

Not all participants were asked questions related to sexual abuse in residential care. When participants had raised sexual abuse as a risk as part of the discussion about the safety concerns for children and young people in care (n = 19), they were given a series of vignettes describing different risks related to staff behaviour. A lack of privacy, inappropriate jokes, creepy staff, staff providing sex advice, and a staff member sleeping with a client, were all considered in vignettes (Appendix 5: vignettes one, two, three, four, five and eight).

5.2.1 A lack of privacy

Participants were given a scenario in which a young person felt unhappy with workers who were frequently 'checking in' on her, even when she was in the bathroom. They were asked to determine how big a safety concern it was for them and how likely it was to occur for young people in residential care. Half of the participants who considered this scenario said it could have a big impact (or was a major concern) but only a third thought that it was likely to occur.

'I used to bloody have to get followed around all day and it's fucking terrible. It's shit.' (Young man, aged 13–16)

'You just don't have any space. I had to be like that when I first came to resi but they've got to do it but it's still … annoying.' (Young man, aged 13–16)

When asked why it was an issue, most participants felt that it was important for children and young people to have their own space – a luxury not always afforded young people in residential care. Three

of the young people felt that having someone constantly checking in on you made you feel 'out-of-control' and two saw that workers encroaching on your personal space may be a 'sexual thing', observing that the workers might want to see you naked or take advantage of you. They felt that these behaviours put them at risk. When presented with a vignette on privacy, young people felt that it was possible those workers were being inappropriate and that this should not be allowed.

> '[It's bad] because it's a resi worker like perving on a client, like that's sexual harassment like … that's fucked.' (Young man, aged 13–16)

> 'It's hard to tell whether it's a sexual thing or trying to make them feel unsafe … it's unlikely but if it was sexual that's shit.' (Young man, aged 17–20)

Across the group, there were different views about how often workers disrespected young people's personal space. Those who ranked it unlikely often put in the caveat, however, that workers often did check in on young people, particularly those who were at risk of self-harming, suicide, drug taking or seemed distressed or upset. They believed that in these cases it was appropriate for adults to not respect their personal space, even when young people didn't like it.

> 'They've got to check up on most kids because they're bloody self-harmers and shit.' (Young man, aged 13–16)

They argued, however, that it was important for workers to inform children and young people as to why they believed that it was necessary for them to check in and to still ensure that appropriate boundaries remained in place. They believed, for example, that it was okay for staff to knock on their door and ask whether they were alright but that it was not okay for workers to enter their private spaces without seeking permission. They believed that it was important that workers always gave them the choice as to whether they were happy for the worker to enter their bedrooms, for example, and to respect their decision when this was disallowed.

5.2.2 Creepy adults and inappropriate attire

When asked, many of the young people talked about creepy adults who made them feel uncomfortable. Sometimes they pointed to things that these adults did: like getting too physically and relationally close to young people; who said or did inappropriate things; or who acted erratically. However, in many cases, young people couldn't identify things that they did but, rather, spoke about their reactions to the individual. Creepy adults made them feel sick, uncomfortable or anxious – something that they felt physically but could not necessarily explain.

> Q: 'What's a creepy worker? How can you tell someone's a creepy worker?
> A1:   'The way – just how they come off to me, really.'
> A2:   'Like act. The things they say.'
> Q: 'Like what?'
> A2:   'I don't know.'
> Q: 'It's hard to describe, eh?'
> A1   'I remember I had a creepy worker at resi. I don't know how I perceived him as creepy. It just – it just came across creepy to me.'
> A2:   'Yeah, yeah. It's so hard. Because you go "that person's just not right and I can't point to something they've done or said". But it just feels a bit weird.' (Discussion: Young man, aged 13–16, and young woman, aged 17–20)

Vignette 4 (in Appendix 5) articulates young people's perceptions of the likelihood and potential negative impact of encountering a creepy adult.

Young people were also uncomfortable with adults who singled out individual young people for special attention, particularly when it was a young person other than themselves. For some this related as much to a sense of injustice, believing that everyone in residential care deserved the same level of care and attention. For others, though, it raised alarms – when they equated favouritism with 'setting kids up' for abuse. Although they did not necessarily label this behaviour as 'grooming', they were aware that adults sometimes used grooming-like strategies to take advantage of young people.

> Q: 'So what's the problem with having favourites?'
> A: 'It will make other kids jealous or angry that the other kids get to do things that he can't.'
>   (Boy, aged 10–12)

5.2.3 Poor sexual boundaries (physical and verbal)

Young people also raised issues related to professional boundaries. Participants were given three scenarios where young people felt uncomfortable because of the actions of a worker. The first included a worker who put his arm around a client's waist; the second was a worker who made sexual jokes about another worker, and the third related to a worker who had inappropriate discussions with clients about her own sex life (see Appendix 5).

In each of these scenarios, the majority of participants felt that it was relatively unlikely that an adult would act inappropriately or engage in 'boundary violations', where an adult would violate their professional boundaries or act inappropriately. As can be seen in the following quotes, older participants did, however, give examples of times when workers acted inappropriately.

> 'Me and a bunch of resi kids were sitting in a room one night, heard the front door open, next thing I'm hearing two of the staff members having sex on shift. It's great. It is something you come across.' (Young woman, aged 17–20)

> 'But we actually had a staff member who was quite willing to take young people to his home. He actually was our drug dealer at one point but I wasn't aware of it at first until, like I knew he was making drugs but I wasn't aware he was taking young people home. Until I made a friend she took me back to her place, he lived with her and that's when I found out.' (Young woman, aged 17–20)

Other examples of 'inappropriate behaviour', raised by nine participants, included adults saying inappropriate things about young people or their fellow staff, dressing in inappropriate ways, or having sexual conversations that seemed out of place. Young people were also concerned about workers disclosing their personal problems (such as their own mental health problems, their self-harm and their sex and abuse histories). Young people often realised that these disclosures were used as a way of demonstrating that the workers had something in common with them, or in most cases, as a way of being part of the 'in-crowd'. Young people felt that such disclosures were inappropriate because although they wanted workers to be friendly, their professional role precluded them from sharing things that young people didn't want or need to know.

> 'It's really the sad thing is they're [the staff] trying to be one of the group to fit in and they're trying to give advice at the same time but it becomes the wrong advice and it just becomes more uncomfortable and it's not appropriate to be telling clients about their own personal sex life. We heard the staff having sex though.' (Young woman, aged 17–20)

Young people were then asked what the consequences were, of coming across an adult who had poor boundaries. Younger participants felt that adults with poor boundaries were 'weird' or 'creepy' and made them feel unsafe. Older participants believed that sometimes workers tried to endear themselves to children and young people by being over friendly, but believed that this was often ineffective and inappropriate.

5.2.4 Sexual abuse by a worker

Children and young people were provided with a scenario where a worker had sex with a client and where residents were concerned about his behaviour (Vignette 8, Appendix 5). Of all the scenarios explored with young people, staff having sex with a client was considered the least likely, even among those who reported that they had experienced it. These young people felt that peer sexual abuse was more likely.

Children defined paedophiles as people who 'like kids but in the wrong way' and believed that it was wrong because 'it's against the law'. They thought that it was possible that a paedophile might work in residential care and reported that they would 'watch people when they want to be left alone'. However, these children believed that other workers would probably be able to tell that someone was a paedophile because 'they would see them doing the wrong thing' and because they would watch to see if they 'creeped you out'. Then they would inform another worker and ask them to watch what was being done, and ask them to explain their behaviours. This younger group rarely reported that they had encountered adults (in residential care) who had acted inappropriately (such as in ways discussed in the previous section).

Older participants had varying degrees of insistence that adults having sex with a young person was wrong, but strongly believed that it was unacceptable for a worker to have sex with a client. They reported that workers were people who they should be able to trust and felt that those who had sex with clients were taking advantage of their positions, manipulating young people for sex and not taking their professional role seriously. Young people stressed the harm that having sex with a client would have on the young person.

> *'It doesn't matter who does it. It's just wrong ... if it's from someone who's supposed to be a role model and stuff, that's just worse because what are you teaching the kids.' (Young man, aged 17–20)*

However, four young people reported having either had sex with a worker or living in a unit where this had occurred.

> *'No, I was sexually abused by a worker. It hasn't happened anymore because he's not allowed to work at that unit until he gets investigated further and there's been a few workers that have actually lost their jobs for sexually assaulting kids.' (Young woman, aged 13–16)*

> *'There was worker that was fired from our unit for sexually assaulting a young girl just before I moved in. It was something we were warned about, that it does happen, but they said, "Look we've only ever had one worker do this, he's been fired, he can't come back here".' (Young woman, aged 17–20)*

A number of participants (including children and young people) felt that sometimes it was the client who initiated the sexual contact with a worker, due to past abuse and trauma. They still felt strongly that it was still inappropriate (and illegal) for an adult to have this type of relationship.

> *A: 'A lot of it is just the clients trying to do it to the workers.'*
> *Q: 'Does that happen a bit?'*
> *A: 'Oh yeah, a few kids, yeah. They grow up with that shit. They grow up with paedophile parents and shit.' (Young man, aged 13–16)*

5.2.5 Physical assault

When asked about other risks associated with workers, three young people talked about physical assaults. They recounted situations where a worker had been violent after a stressful encounter with a young person. In one instance, the young person reported that the worker had retaliated after a

young person had become physically aggressive and felt that they had 'snapped' because they felt otherwise unable to deal with the situation.

> A: 'I watched a staff member punch a client in the face. He made it very clear to us that he didn't give a damn if he did it to anyone else. Thankfully though another staff member witnessed it and kicked him out.'
> Q: 'So why did that happen?'
> A: 'The young person was annoying him, we were all standing there, we were all annoying him but she particularly was annoying him. She wanted something out of the cupboards, he wasn't willing to open it, she ended up putting her foot in the staffroom door to stop him from closing the door on her, so he punched her in the face. And he didn't realise one of the other staff who was on shift had come out and witnessed it.'
> Q: 'But how does a worker get to a point where they snap like that?'
> A: 'He was very new, literally the biggest thing like we use to have discussion about was the fact that some of these resi workers come straight from school into resi's and particularly going from a school life where they hear about all this stuff but they don't really know the reality of it and go to a high-risk resi, they're not prepared for it, and if that person's already tense and they've got enough going on in their home life, then it's going to be so much easier for them to snap. And some of these resi workers aren't actually much older than the young person themselves. I know at one point one of my resi workers was three years older than me, it was the biggest joke that he was supposed to be my so called parent and he's not much older, he was my brother's age. Whereas some of them like that other worker who made threats, he was just a joke. Like some people literally go into it because I know back then I think it's a little bit more harder now but it was so much easier to do a quick stint at school of study and then get a job in a resi.'
> (Young woman, aged 17–20)

5.2.6 How do children and young people assess worker-related safety concerns?

Children and young people assessed how safe a worker was based on past experiences, on the ways that others were behaving and responding to the person, and on what they had heard from their peers.

Past experiences

Most of the children and young people in the sample had experienced some form of physical or sexual abuse prior to entering residential care. In some instances, this was from within their biological family and led them to be placed into care. Others reported that they had been abused within foster care – either by a foster carer, a foster sibling or someone else whilst in a foster care placement. They reported that this led them to be less trusting of adults as well as being more attuned to signs that someone was unsafe.

> 'Most kids are sexual[ly] assaulted when they were in foster care.' (Young woman, aged 17–20)

They realised that this was problematic in that they sometimes unfairly judged adults based on these previous experiences, and were sometimes resistant to forging positive relationships, trusting and letting their guards down with adults who may be safe. They also recognised that unsafe adults sometimes appeared to be safe, and used this to develop inappropriate relationships and take sexual advantage.

> A: 'Some bad people actually do smile because they might be cheeky bad people.'
> Q: 'They might be cheeky bad people?'
> A: 'Yeah, like they act innocent.'
> Q: 'So when do you know that they are bad people?'
> A: 'That's a hard question.'
> Q: 'What kind of things might change?'

A: 'They might get really close to you. They might touch you. And then you find out that you were wrong. That they're not a nice person.' (Girl, aged 10–12)

Trust in organisations

There was a notable difference across age groups in the way that young people assessed the riskiness of adults. Even when they had experienced previous abuse, younger participants generally reported that they believed that all workers in residential care were safe and argued that if the adults weren't safe they wouldn't be employed in the service. In the unlikely event that unsafe adults were employed, these younger participants had faith that other staff would pick up the fact that they were unsafe and would act to protect them. As will be discussed later, younger participants felt strongly that workers in residential care would not sexually abuse them.

Q: 'Cool. How can you tell if a worker is a safe person or not?'
A: 'Well they have to be safe, like otherwise they don't have a job.'
Q: 'So you kind of trust that they're …'
A: 'Yeah, I trust the workers, yeah, because most [resi's] I've been in, all the workers are like – they're top notch.' (Young man, aged 13–16)

These younger participants also had faith in organisations and their selection of workers. As such, there was a view that if workers were employed they must have been vetted by agencies, who would also put workers through trial periods and fire workers who, through complaints mechanisms, were found to be inappropriate.

'They like, because sometimes they have a test trial. Because they have sometimes you do report them. I report a lot of carers.' (Girl, aged 10–12)

Observing

Older young people (particularly those who had experienced abuse or exploitation) were more sceptical and used their own strategies for determining whether a staff member was safe or not. Firstly, young people would watch the way that workers and young people interact, picking up whether there was anything in the workers' behaviour that might be unsafe. Workers that used their power to control young people, those that developed overly close and otherwise unprofessional relationships, and those that had favourites were deemed as being potentially unsafe.

'Sometimes you get paranoid because they [workers] might act real nice or do stuff so that they can take advantage. You hear about that so you look out for it.' (Young woman, aged 13–16)

Young people often raised their suspicions with their peers and asked them about their experiences with the worker. Three of the participants reported that they would talk to other staff and management about new staff, asking them what they knew about the worker's background and their experience in working with young people in care. Ultimately, they used their own observations, the insights of peers and other workers to determine whether a staff member was to be trusted or not.

Worker appearance

Some young people judged adults by their appearance. There were mixed views amongst the group about the ways adults dressed. Some felt that when adults wore clothes that were revealing, young people interpreted that they were also overly sexual and may be risky.

A: 'Some of the workers look like they're only in it for the money pretty much. Like [one worker], she'd always wears really short skirts to work and she looks like a fucking prostitute too.'
Q: 'And why is that inappropriate, do you think?'
A: 'Well, because, you know, you've got those hormonal male teenagers that think with dicks, putting that as nice as I possibly can. They think with their dick not their head.'

> Q: 'Do you think the worker, when they wear something like that, is thinking about that at all or…'
>
> A: 'Probably not, they're just looking for the attention I guess, from the males, like – but she was just [weird] … You can't trust them because you don't know why they're wearing that stuff.' (Young woman, aged 13–16)

Others felt that adults who wore overly casual clothes were not to be trusted. Instead they remarked that adults who were dressed well or who dressed 'professionally' were trustworthy and demonstrated that they took their job seriously, had pride in themselves and their role, and communicated a level of authority which they appreciated. Again, they realised that they could misjudge adults this way, but on a number of occasions, felt that dress could indicate whether someone was safe or not.

> 'I think it's by the way they dress, you know … Their body language, their attitude towards a client … Like, they'd be looking respectable, not trackies and a hoody unless they're on sleepover but that's understandable because they're not really doing anything.' (Young woman, aged 13–16)

A few young people reported that their residential care units were often 'tight-knit' and that they often assessed adults (particularly workers) on things other young people told them. In a few instances, they also reported that other workers would make comments about other workers, and they would use this to guide their assessments.

5.3 Adults outside residential care

Initially, this study did not attempt to gauge risks associated with adults outside of residential care. However, over a third of older participants (the 17 aged over 13) identified risks related to sexual exploitation and inappropriate sexual relationships with adults not associated with the OOHC system. Although they did not discuss abuse by current threats of abuse, younger participants often alluded to their own sexual abuse histories and argued that it was never appropriate for adults to have sex with children. We did not discuss external threats with children.

In relation to risks related to adults outside of care, participants talked about adults taking advantage of young people's vulnerability and their lack of positive relationships, intimacy and financial resources.

5.3.1 Exploitation

In addition to concerns about sexual relationships with adults (i.e. workers) in residential care, a number of young people felt that outside adults often took advantage of young people and exploited them sexually.

As with sex among peers and sex with workers, there was some variance of views about whether young people saw sex with adults as a problem. Children always stressed that sex with adults was a problem and a few recounted situations when they had been sexually abused by an adult that they trusted. They were adamant that it was illegal and it was inappropriate, even when adults 'love kids'.

Older participants generally agreed but felt that often young people in care did have sex with older peers and adults (outside of residential care), and that this only became a problem when these adults forced them into having sex, were violent, drugged them or took advantage of their vulnerability. Generally they talked about adults as being those aged in their late twenties and older.

Five participants talked about young people's vulnerability to being manipulated, hurt or harmed and exploited by adults outside of residential care. They reported, for example, that there were men who sat outside residential care units waiting to prey on young people (mostly young women) who they

knew were vulnerable. Others talked about young women being approached by older men who established relationships with them that appeared to be harmless, but which turned out badly or which were, in retrospect, harmful and inappropriate. Three young women talked about exploitative relationships that they had with adults.

> 'But then we also had the outside people, so for example quite a few of the girls ended up, dated guys that were obviously a lot older, because we were easy targets, we literally were, we craved the attention and if they could give us what we needed we did it. I don't think there was one of us who didn't end up dating a guy over 30. One of them even tried purposely trying to get in with more than one girl, that didn't work because we all caught on. But it happens. I got beaten quite regularly, so kicked, punched, bottles thrown at my head, I had my things stolen and what was stolen was destroyed. I had one time where the young people in the resi unit wanted to make some money, so they actually organised to prostitute me out. So things like that. Even in one resi or more than one actually, two of my resi's I was even at risk from staff. I had a couple that actually threatened to harm me.' (Young woman, aged 17–20)

A number of young women also highlighted the threats to their sexual safety in their relationships with boyfriends, many of whom were older than themselves.

5.3.2 Prostitution

Three participants talked about prostitution, observing that they and their peers sometimes had sex for payment. Sometimes young people organised these encounters themselves, or had other residents or men they were in contact with organise it for them. These participants recognised the risks related to prostitution (of catching STIs, of being raped or otherwise assaulted) and the fact that it was exploitative, but said that it was something that they had done regardless.

> 'The girl I mentioned that said she was going to be a prostitute she was sleeping with a lot of older guys throughout her days in care. It's just the way that she felt she had to do it made her feel like she was loved. She just wanted love. I don't call it love because an old guy taking advantage of someone so young [isn't love] … I guess it's not allowed to happen but it happens anyway just due to the fact that young people feel like there's no one else. So while in care they don't have their family so they'll turn to whoever will give them the attention and if that means that the guy offered them attention for sex or whatever. Or an old girl walks up to a young guy and goes, "Here come back home with me I'll look after you".' (Young man, aged 17–20)

They did observe, however, that young people in care sometimes initiated these relationships and that these relationships only became problematic when the older men manipulated them or put pressure on them to have sex.

5.3.3 Why are young people in residential care more likely to experience abuse or sexual exploitation by adults outside of residential care?

Older participants believed that young people in residential care were more at risk of being abused or exploited because (a) they did not have parents to watch out for and protect them; (b) because they had experienced sexual abuse in the past, and although they realised that it was wrong, were more likely to accept adults' advances in the hope that they would be given attention and love; or (c) because they were more likely to seek sex, believing that it was a way to develop a relationship with an adult and to demonstrate their relationships.

> 'At the time I thought nothing of it, I thought yeah I'm getting attention from a guy. I thrived on it, because being in resi you literally you want attention, you want someone to look at you and you think that they think the world of you when really you don't understand but clearly the older guy, there's

only one thing they want from you at that time. And particularly when you mention the word you're a virgin, they particularly love it.' (Young woman, aged 17–20)

As will be discussed in the following sections, a number of participants believed that until young people have their financial, relational and intimacy needs met, they are at risk of seeking out or sustaining unhealthy and harmful relationships with adults.

6. What should be done to prevent harm in residential care?

As demonstrated in previous sections, children and young people in care were often exposed to a variety of risks and experienced harm. Older participants thought this was because the system was more concerned about ensuring that children and young people had somewhere to stay rather than whether the placement was the best thing for them and for the group of young people already living in a unit. They believed that services and the system needed to recognise the consequences for children and young people of being placed in unsafe situations and to take these impacts seriously.

Participants had mixed levels of confidence about residential care's capacity to keep children and young people from being harmed. Across the age groups, participants did not believe that residential care could effectively deal with issues such as bullying or peer violence but felt that a suite of strategies could be put in place to protect them from sexual assault by peers and sexual abuse by adults within and outside residential care.

As in previous sections, participants were only asked to identity strategies that dealt with the safety concerns they raised in the first stage of the interviews.

KEY FINDINGS:

- Participants felt that residential care, as it currently exists, is unsafe for most children and young people, and that more effort should put into finding alternate arrangements, particularly for those who were younger and more vulnerable. They felt that for those unable to be placed in other forms of out of home care, residential care should be seen as a longer term arrangement and changes to arrangements kept to a minimum.

- To improve safety, participants felt that residential care staff and services need to develop a better appreciation of the things that can harm children and young people, and have adequate and appropriate discussions with them on the nature of these risks and how to keep themselves safe. Services need to understand children and young people's vulnerability, particularly due to their naiveté about sexual relationships and exploitation, and take on parent-like responsibilities for protecting them from harm.

- Participants believed that children and young people were unsafe because of poor decisions about who they were placed with, and wanted more say in how they were matched with their peers. Once accommodated together, participants felt that residential care services should help foster positive peer cultures where young people looked after each other.

- Adequate staffing was considered vital, with many participants believing that they were safer when workers had the time to develop relationships with young people, were 'on the floor' and watched out for threats. They thought these staff should be well trained, approachable, available, should act to prevent problems and skilfully respond when issues arise.

- Participants reported that it was hard to raise concerns and disclose abuse or harm. They felt that it would be easier for workers to ask children and young people if they were being harmed rather than waiting for them to disclose. When children and young people raised concerns, they needed workers to demonstrate understanding and empathy, even when the concerns seemed insignificant.

- Children and young people reported that they want and need opportunities to partner with workers and services to identify safety risks and develop strategies to prevent and respond to them.

- Not knowing what to do, fearing consequences and a lack of faith in workers and services were identified as barriers to seeking support or raising concerns.

6.1 Fostering a residential care system that protects children and young people from harm

There was a view that the residential care system did not prioritise children and young people's safety and that it needed to have a stronger focus on protecting children from harm. Participants spent some time considering the ways that residential care might be improved at a systemic and organisational level to foster safety.

6.1.1 Prevent young people entering residential care

Younger children in the sample most often said that most children should be kept out of residential care. They recognised that often they came from homes that were unsafe, and many had experienced abuse whilst in other forms of OOHC. However, what they most wanted was a 'normal' family life where they could live with siblings that loved and cared for them and were unlikely to hurt them, particularly when supervised by foster carers or parents who were committed to seeing that they were safe.

> 'Because when I was in Kinship Care, I wasn't scared that I was going to get bashed. I wasn't teased, I wasn't bullied by everyone. Well not by everyone but like, by the same person over and over and over again.' (Girl, aged 10–12)

As discussed above, there were a group of older young people who preferred to live in residential care rather than being fostered. However, the underlying needs expressed by these young people were not dissimilar: they wanted to develop strong connections, a sense of stability and a sense that they were 'at home'.

Older young people felt that more vulnerable children and young people should be kept out of residential care, or at least residential care where there was a mix of older, 'riskier' and more street-smart young people who might 'contaminate' them:

> 'Unless you're in that teenage years, you should never be in a resi unit. That's my opinion ... They use to have family units, so with kids who had a large amount of siblings, so it would be one family, one group of siblings in one resi unit. That's the only exception I would say ... Teenage years are the only time anyone needs resi, because otherwise resi, you're more at risk to cross-contaminate.' (Young woman, aged 17–20)

6.1.2 Explore alternate residential care options

Two young people felt that it was important for different models of residential care to be considered, arguing that mental health and homelessness services were more likely to provide young people with the safety, stability, care and support not always afforded to young people in residential care. Interestingly, these young people felt that these units were safer and felt safer than residential care.

> 'But I think they really need to go around and have a look at these other units that are working in mental health, obviously resi's not working but resi's also a lot older model than
> a lot of these other places. And these other places are working, because they've eliminated all the bad stuff already. Taken already the stuff that's been researched and implement[ed]
> it and it's working a whole lot better … They need to look at safe places.' (Young woman, aged 17–20)

One young woman talked about living in a refuge that had responded to young people's needs and provided the type of assistance she hoped might be made available to young people in residential care. She offered to take interested parties on a tour of services that she believed worked:

'This refuge is so well designed that literally I said it would make the perfect leaving care refuge, because it is a bunch of units, behind this supportive facility, you can't actually tell there's units behind this place, and you get your own unit with your own bedroom, your own lounge room, your own bathroom, your own kitchen but it's still supported by staff, 24/7 staff … You get a support worker, you get a child worker, in our situation we are mums, we had a child worker. There's a psychologist on standby, everything, why can't a leaving care unit be like that, because then it's designed to – because you've got to also pay rent. It's designed, you know, that to support you in the ability to learn independence before going.' (Young woman, aged 17–20)

6.1.3 See residential care as a long-term option and allow young people some stability

The strongest criticism children and young people had about residential care was the lack of stability that it provided. Older participants, particularly those who reported having been in multiple OOHC placements, strongly argued that rather than seeing residential care as a temporary arrangement, it should be seen as a longer-term option for those who had exhausted all other possibilities.

Participants felt that young people who could not be placed in other forms of OOHC should be matched with others with similar needs. Alternatively, those who complemented each other should be allocated staff who would assume a more stable relationship with them and allow them the opportunity to make the unit their home. Young people felt that if these arrangements were in place, the incidences of peer assault would be reduced significantly.

6.2 Creating safe residential care

Children and young people were asked about how residential care could be made safer for children and young people. Although they were ambivalent about the current system's capacity to improve, they felt that with considerable effort, residential care units could be safe. They argued for an investment in services to adequately prevent interpersonal safety issues and to equip workers with a better appreciation of how to identify risks and develop trustworthy relationships with children to improve their sense of safety. Understanding why particular children and young people were most at risk was seen as vital, as was providing all children in care with the information and skills needed to protect themselves from harm. Appropriate matching of children and young people, and adequate supervision, were considered priorities.

6.2.1 Safe residential care staff and services appreciate risks for children and young people in residential care and take their safety seriously

A number of participants believed that workers and services were often either ignorant about what was going on for children in care, or were aware of the risks but either believed that they could do nothing to prevent harm or were ineffective in stepping in to keep them safe.

In the case of bullying or peer violence, many of the children and young people reported a general resignation that children could not be protected and that it was something that they had to deal with themselves. Conversely, in relation to problematic peer sexual behaviour, older participants felt that services and workers were often aware that young people were having sex but may not appreciate how easily things could become a problem for them. They felt that workers and services needed to be more aware that young people (particularly males) put pressure on others to have sex and to realise that things could escalate quickly.

They also argued that it was important for workers and services to understand why some young people in care had sex with each other or with others. As noted above, they believed that it was often because young people needed to feel loved and appreciated and were missing opportunities to be intimate with others. They argued that workers needed to appreciate this and help them develop more appropriate ways of meeting these needs and coping when things didn't work out.

'Well, they're going to go out and have sex anyway. People in care always do it. That's what they do to feel better I guess. They feel lonely and they want to find someone, but it doesn't always work out. So the workers should be there for them if it does happen.' (Young woman, aged 13–16)

In the relatively small group of young people who talked about exploitation, there were mixed views about the extent to which workers and services were aware of the risks associated with adults outside of residential care exploiting young people. Some felt that workers were oblivious to the risks – either being unaware that exploitation was occurring or being aware but understating the harms that might eventuate. Three of the young women reported that workers in their service were aware that many of the female residents were dating older men but rarely questioned them or gave them advice on the appropriateness of the relationship.

'[I met an older guy] and next thing I know he's rocking up at my resi unit wanting to see me, texted me at 12 o'clock at night that he's next-door at the carpark, and it surprised me and it still surprises me to this day, the encouragement I got from one of the staff members, she was fully encouraging it, "Yep go see him. You know, have you got something sexy to wear." It's like she was facilitating it.' (Young woman, aged 17–20)

Q: 'So to what extent do you think residential care workers and units know about this stuff?'
A1:   'Oh they're all fully aware of it.'
Q: 'How successful are they in dealing with it?'
A2:   'They have no clue on how to deal with it.' (Discussion: Young man, aged 17–20, and young woman, aged 17–20)

Young people observed that some adults, workers and agencies (such as child protection services, police and others) were unprepared to deal with issues of sexual exploitation, particularly when there were questions about whether young people had consented to having sex with an adult. They felt that this was inadequate, arguing that the system needed to take young people's exploitation more seriously and act in these instances.

A: 'The Department needs to allow for more ability for them to respond. Even police need to step up. I actually reported myself, I rang Crime Stoppers, because I was very concerned about one of the girls in our unit, she was 14 and sleeping with a guy who was 37. I rang Crime Stoppers. I thought "I've got to report this, this is really bad". Do you know what Crime Stoppers said to me? If she's consenting it's not their issue.'
Q: 'What needs to be done?'
A: 'Someone needed to step in and the fact that I could provide all the details to who this guy was, why couldn't [have] someone acted. It's clearly it's statutory rape. She is well under age of the legal age.'
Q: 'So what should the Royal Commission recommend about that?'
A: 'The fact that Police get more involved in and active, there be more education and obviously staff need to have the power to do more to act in the sense of being able to actually intervene, because a lot of the time staff are not allowed to report in those situations. They say there was no need to because there's no evidence. If they were suspicious of something illegal along those lines staff should report it ...' (Young woman, aged 17–20)

6.2.2 Services and the system understand why young people engage in sexual relationships with adults and keep an eye out to ensure that they are safe

Young people felt that the best way to prevent sexual exploitation was for adults (namely residential care workers, sexual assault counsellors and sex educators) to have discussions with young people about the potential risks and consequences of having sex with adults, as well as a better understanding of the reasons why many young people engage in these relationships.

Most young men and women felt that if young people in care were provided with possessions and had opportunities to develop caring relationships with others, the likelihood of exploitation might be reduced.

> 'They're obviously lacking something in the resi and they're trying to seek it outside … in so many cases these young girls, even boys are looking for attention, they're looking for someone who's making out like they care for them, they love them, they want them around, whereas in resi, staff aren't talking to you and everything …You live in a shitty environment that looks like that, you're going to be feeling shitty and then if someone comes along and goes, "Oh I can you get this, I can get you that", you know, some young people only get a clothing allowance once every three years … If someone comes along and goes, look I'll buy you this clothing, I'll buy you that clothing, oh you really like those shoes, I'll get them for you. This young person is going to go, obviously they care about me, they want to see what's well for me, they really want me to do this, well they're doing this for me so yeah I should.' (Young woman, aged 17–20)

> 'We need to find out why these young people are doing this. If the issue is the fact that they need material things like clothing, why can't they provide it more, why should some kids only get it once every three years, that's not exactly what I would call appropriate care.' (Young man, aged 17–20)

A number of the participants argued that the reason that young people in care were more likely to be exploited by adults was because they didn't have parents or parent-like figures watching out for them and stepping in when they became aware that they were involved in an unsafe relationship. They felt that parents were generally more active in monitoring their children and more likely to act than workers might be. They believed that residential care workers had to be more parent-like and more assertive in their protection of young people.

> Q: 'So let's talk about why – so am I right in hearing you saying that the main risks for somebody in residential care are external people for sexual abuse?'
> A: 'Exactly.'
> Q: 'So how is that the case, like how does that happen?'
> A: 'I think it's just a situation the kids put themselves in.'
> Q: 'So young people are going around town and meeting the wrong kinds of people and soon?'
> A: 'Pretty much.'
> Q: 'And there's nobody or the sort of checks and stuff on that, like people looking out for young people.'
> A: 'Not really, there's nothing. That's something that's needed. Like you can't watch young people all the time but you can suss out who they are mostly with and if it's always adults, dodgy adults, then they should step in and say something. Let them know the risks. And if the young person doesn't listen maybe they have to get serious. Like it should be like if it's your own kid. A parent wouldn't just let it go. But workers often do.' (Young woman, aged 13–16)

6.2.3 Safe services provide children and young people an opportunity to have their say

Many of the participants argued that children and young people had much to contribute to discussions about how to best prevent sexual abuse and other safety issues in residential care. They believed, however, that they were rarely given opportunities to talk about issues such as abuse or to give advice on how issues might best be handled. In their view, a good response to children and young people's safety concerns was both informed by the child or young person themselves as well as the advice and experience of others who had been through similar situations. Citing the view that many children and young people don't seek support because they do not believe that adults' responses are effective or meet their real needs, participants felt that a more child-informed approach would be warranted.

> 'Make them listen to us.' (Girl, aged 10–12)

'Giving young people responsibility and participation in the running of the unit.' (Young woman, aged 13–16)

'I think workers should rely more on young people. We know what is going on, we know what it's like, we know what works and we know what is going to work … If young people know that workers have learned what to do from us kids I reckon they'd be more like … to go along with it. It makes sense – but I don't think they'd even think about asking us.' (Young man, 17–20)

6.2.4 Safe services provide children and young people adequate and appropriate information about risks and how to protect themselves from harm

Believing that the threats of peer sexual assault or other harm were real, young people felt that it was important for residential care services to adequately brief young people about the potential risks relating to sexual assault and unhealthy sexual relationships. They also believed that it was important to know about specific risks related to specific individuals when new residents arrived. Although they appreciated that it was important to respect new young people's privacy and to give them a 'fresh start', they strongly believed that because they were the ones most at risk of being assaulted, organisations should help them to appreciate the risks, and importantly, how to manage them. Three participants reported that they felt that it was unjust that all the staff in the organisation were given warnings about new residents but young people weren't.

> *'Because they've got more knowledge of the person … [the workers might be aware of the issues and take special notice of the risks associated with an individual and] it might work for the first week but then it will all go pear shaped and it just takes a minute for the worker to turn their back and the person sneaks into someone's room and they've like a knife to their throat or something and they've got a fist or a bat in their face or something so you just do what they want to do.' (Young man, aged 17–20)*

Similarly, young people reported that, although it was unlikely that they would encounter an unsafe worker in residential care, they believed it was important that services had open and frank discussions with young people about the possibility and what they should do in such instances.

Three young people said that they had had such discussions with workers and felt better equipped as a result. One young woman described how having this information was empowering because it demonstrated to her that the service was taking the risk of abuse seriously, that they respected her capacity to deal with the information and that they were open about the fact that the service had failed to protect children in the past. She suggested that similar conversations should be had with all young people in care and advocated that the CREATE Foundation conduct information sessions for its members. Another young man agreed:

> *'[Kids should be warned about this stuff]. I guess awareness of how these things would play out, what to be careful of, what to do if you find yourself in these situations. And before that you'd need to have someone that cares about you that's not going to take advantage of you. So apart from that I don't really know? It's hard to describe what a safety net for that would be but there'd need to be something in place.' (Young man, aged 17–20)*

Young women who had encountered unsafe adults who might exploit or take advantage of them argued that it was important for young people in care to understand their vulnerability and to know what a healthy relationship looked and felt like so that they could assess the intentions of adults.

In addition to knowing about the nature of abuse and other forms of harm, children and young people wanted services to help them develop their own skills in identifying threats and managing their own safety and the safety of their peers. This was because they believed that workers in services were not always aware, available or competent to prevent harm or to intervene when residents were at risk. They believed that these strategies needed to be realistic and informed by young people's own

experiences of what works and what does not. They gave examples of advice that workers had given them (such as 'just keep out of their way') that were not effective.

One of the difficulties that emerged in the interviews related to the way that young people thought about and managed relationships with peers and outsiders, particularly in relation to sex. Young people often found it difficult to manage the pressure exerted by other residents and felt that it was more their responsibility for resisting, rather than the residential care service's responsibility for managing the sexualised behaviour that often existed in houses.

> *'It just comes down to educating them on what sexual assault is because some kids might not understand it or what consent is, so inform them of if you don't want it and they do it they've broken the law so [cut] all the jargon: talk in a language they understand.' (Young man, aged 17–20)*

Female participants often reported that they did not fully appreciate the ramifications of having sex with peers, adults or others outside of residential care. They felt that workers rarely provided them with guidance. Although some participants recounted that they had been given sex and relationship education at school, it appeared that this education failed to respond to the unique needs of young people in care.

Without this formal education, young people (particularly young women) talked to each other about sex but noted that this wasn't always helpful. Younger women felt that sometimes they were exposed to knowledge about sex before they were ready, but felt that more knowledge was better than less knowledge.

> *'[Young people in residential care don't know enough about sex and relationships] and the problem becomes worse because resi don't actually have sex ed. Kids who aren't really in resi usually either have their parents or a family member or school, so there's always more options. In resi, staff don't really want to talk about it. They don't necessarily have family round, and they're either not attending school or the schools don't do the education. So where is the learning coming from? And we're so easy to please.' (Young woman, aged 17–20)*

Recognising that it sometimes felt inappropriate for workers to talk to young people about sex and sexuality, they thought that it would be best for outsiders (such as health professionals or sex educators) to spend time with young people in care, educating them about respectful relationships, risks related to sex, and how to have their relationship needs met in appropriate ways.

> *'I think definitely education around safe sex is very important. I think so definitely education around that. I think they need to really be looking into why young people are seeking out the attention of older people, because I think that would answer a lot of issues with sexual stuff.' (Young woman, aged 17–20)*

6.2.5 Safe services clearly articulate, communicate and demonstrate expectations

For young people to seek assistance when they were physically unsafe, participants believed that it was necessary for residential care units to make it clear that violent, bullying or harassing behaviours were unacceptable, that these behaviours were taken seriously and that action would be taken when young people broke the rules. In particular, some young people said specifically that they needed to see workers effectively responding, rather than dismissing or downplaying what had occurred.

Similarly, young people felt that it was important that workers and services had clear expectations about sexual relationships and what was and was not inappropriate. While young people received mixed messages about what 'natural' and 'appropriate' sexual relationships were, they weren't sure what to do. With little guidance about sexual relationships, young people felt unsure about what to do when they felt pressured, when they were 'tricked' into having sex with peers or felt uncomfortable with the way that their relationships were progressing.

6.2.6 Safe services mix and match children and young people based on need and safety

Almost participants in this study strongly believed that residential care was unsafe because of poor decision-making about which children and young people were placed together. Their view was that much more attention was required to consider which children and young people could be suitably placed with others.

> 'Well [what] I hoped they would have done is did a better matchmaking process with putting kids like that with kids like me in care. Because I'm not like the typical person in care. I'm not out doing all this whack stuff. I'm on my computer. I'm doing nerd stuff all the time.' (Young man, aged 17–20)

> 'You have to think about – yeah. You have to think about – instead of just slapping three random people in a house together and hoping for the best. Because that's either going to work out really well or blow up in your face.' (Young man, aged 17–20)

Children and young people believed that residential care was chaotic and violent due to the types of children and young people most likely to be there: those who had experienced trauma; who had behavioural problems; and those had been 'rejected' by foster carers.

> 'Resi care just puts the teenagers that have been outcast by society and their own parents and puts them all in together. They just take their anger and frustration out on each other or themselves.' (Young man, aged 17–20)

Many reported the consequences of poor decisions in client mixing and described how they had been physically, emotionally and sexually assaulted. They were often frustrated by the fact that their assault could have been avoided, although older young people often appeared resigned to the fact that poor decisions would continue. For example, five of the participants related sexual assault directly to poor mixes:

> 'From what I've read and stuff most people that at 16 or 17 do that sexual stuff to people because they've got a high sex drive and stuff and the department would know that so they've got to think "well, that person then should be into a unit by themselves without a new person". But to do that it's just too much work for [the Department] and they don't want to do it so they just go "we'll put that person there, we'll put that person there and pray to God nothing happens" and something happens and they try to sweep it under the carpet.' (Young man, aged 17–20)

Older participants strongly believed that vulnerable children and young people should be kept out of residential care, or if that was not possible, they should be placed in units with others of a similar age or background. They felt that children and young people who were naive, have disability, or who are gay and lesbian should not be placed in high-risk units.

Conversely, they believed that high-risk young people should be placed either by themselves or in units where their behaviours could be adequately managed. Young people with sexualised behaviours, those with mental health issues and those who were self-harming needed targeted services and supports, which were often not available in generalist residential units.

> A: 'And they don't mix kids together. They don't mix violent kids with the non-violent kids.'
> Q: 'Yeah?'
> A: 'If they know a kid's violent, they don't allow them to be with the other kids.' (Boy, aged 10–12)

Overwhelmingly, however, they reported that peer mixing and matching was a problem that organisations did not manage effectively. Participants also said that when the mix in residential care was working, young people should not be moved.

'I think making sure that you've got the right mix of people. So making sure the right group are in there. If you've got a group that's working, don't move them out to move someone else in, if something's not working in the unit and there's issues then it needs to be reassessed on what is the issue and what can they do to improve it.' (Young woman, aged 17–20)

6.2.7 Foster friendships among the peer group and create a supportive culture

Older participants felt that if young people knew each other better, were helped to develop friendships, and importantly, to resolve conflicts, the level of physical violence and emotional and sexual harassment would be reduced.

'They start talking to me. They start asking me what I like. We start doing things together. Like we start cooking dinner, all that kind of stuff. So things that we both like and we talk as well. We get to know each other, I guess. That way, I can know a little bit more about them and they can know a little bit more about me. That way, I feel a whole lot more safer.' (Young woman, aged 17–20)

Participants shared that when young people knew each other and developed friendships, they often protected each other from harm and were less likely to hurt each other. They called on the system to provide strategies to help young people to foster positive relationships, investing in programs that foster positive cultures.

As noted above, young people felt that the constant changeover of residents in units did not lend itself to creating safe cultures among peer groups. They encouraged the system to develop strategies to enable greater stability.

6.2.8 Safe services adequately screen staff and inform children and young people how this is done

When asked to identify how to best protect children and young people from worker abuse, participants stressed the importance of screening. There was some diversity in views among the group as to the extent that screening occurred, with a number reporting that they were not aware that background checks were conducted on potential staff. As with other strategies related to children's safety, talking to young people about how staff are selected might be warranted.

Q:	*'So, how good do you think resi cares are at dealing with people who might be paedophiles?'*
A1:	*'Good, because they have to check the person record and all that, history.'*
Q:	*'Do you think the checks work?'*
A2:	*'I wouldn't know. They never tell us. You'd assume that if they're working with kids they've had a check but no one tells us.' (Discussion: Boys, one aged 10–12 and the other 13–16)*

6.2.9 Safe services roster staff on the floor, particularly at night

Young people observed that they were most safe when good workers were close by, when they were monitoring residents to see that they were all safe, when they were available to deal with fights and conflicts, and when they were physically able to protect young people from harm.

'I guess I'd like do checks on everything and like have more than two staff on so that they're watching the kids pretty much 24/7 if they're at home … to be watching what they are doing, what they are saying, you know, pick up on anything that shouldn't be said or done.' (Young woman, aged 13–16)

A frequent complaint was that staff members were rarely available when young people needed them. When asked why they believed that staff members weren't present, many young people argued that it was because they were required to fulfil administrative responsibilities in the office, rather than

being with them in the communal living areas. Not really caring about young people and 'being lazy' were also identified as reasons why adults might not be out on the floor.

> *'And there's not much they could do about the paperwork, especially when they have to do incident reports and fill in the logs of what people have done for the day. But, at [one service], they would always try and make sure, unless it was a serious incident or handover, they would make sure someone did walk round frequently and workers would actually spend time with us.' (Young woman, aged 17–20)*

In particular, young people argued that it was important for workers to be available at night when much of the bullying and harassment occurred. However, a number of mainly older participants reported that, after 10pm, staff generally became unavailable, unwilling to spend time with the young people or respond to their concerns. Young people believed that as soon as the night shift began, workers would often go to their room and rarely came out before the morning shift began.

> *'Well they couldn't really stop [one young man's sexual harassment], as most of the stuff he was doing is while they were asleep. Because past 10 o'clock, they're asleep. I could just go downstairs and watch TV for the rest of the night and they wouldn't know … [The workers weren't available to help] unless it was completely urgent [like if you had to go to hospital].' (Young man, aged 17–20)*

6.2.10 Reduce the staff's administrative responsibilities so that they can be more available

Children and young people observed that often workers weren't available to them because they were required to 'do stuff in the office'. They were told that paperwork was important and that although the organisation would prefer that staff be available, this was not always possible.

> *'But, I said to them, I was asking the higher ups, "Don't they have to have a worker on the floor at all times?" They're like, "Yeah." And I'm like, "Well there's never a worker on the floor. We very rarely see the workers, so." They're like, "Okay well we'll look into that. We'll reinterview all the workers and tell them they have to have someone on the floor." But, that didn't fix anything.' (Young woman, aged 17–20)*

A number of participants felt that this was both unfair and unproductive. They felt that workers were required to fulfil administrative responsibilities and that they would be 'in trouble' if they didn't complete them. On the other hand, being with and supporting young people was not something that they were required to do and 'management' would not discipline if they failed to meet young people's need to have workers present. In spending time away from young people, participants felt that workers were not able to protect children from harm and that this should be a greater priority.

6.2.11 Safe services occupy children and young people and give them more things to do

Children and young people stressed the importance of having things to do. Children believed that violence and bullying often occurred because their peers had nothing else to do, because they were bored or because they were spending too much unstructured time together. Older participants made the same point but related it to sexual assault. They believed that if individuals had things to do they would be less likely to pressure their peers into having sex.

Although having activities available was valued, most felt that residential care did not have a focus on providing children and young people with things to do other than go to school. They pointed at other programs that had a stronger focus on keeping children and young people occupied. One young woman, for example, talked about living in a mental health facility with other young people who had behavioural problems, but reported that the instances of violence were much lower because there were always structured activities that young people could do, most often with workers who watched out for them. She felt that in residential care, many young people didn't go to school or work

and were either misbehaving for attention, were demonstrating their frustration through violence, or needed distractions to keep them from thinking about doing unsafe things with their peers. Other children and young people agreed that having more things to do would be of benefit.

> *'You stick a bunch of resi kids into a unit, particularly a high-risk unit and they've got nothing to do and they go let's get high or I'm bored let's smash something up, or literally we got bored one day, grabbed a bunch of pastels and started drawing all over the wall. Got bored another day, we put sauce all over the roof. It's still sitting there actually; they never got rid of it … If only they'd organise stuff we wouldn't take it out on each other or the unit.' (Young woman, aged 13–16)*

6.2.12 Safe services manage environmental risks

Participants stressed the importance of living in a safe environment where physical risks were minimised. There were differing views within the group about the extent to which it was necessary to have equipment in residential care to monitor young people to keep them safe. The younger boys and girls, for example, discussed the use of alarms, sharing that they felt safer when they knew that people couldn't come into the residential care unit at night, and that their peers (and workers) couldn't come near their rooms without setting the alarm off. Similarly, others felt that cameras in the unit would make it easier for workers to observe young people and act when they were acting unsafely or inappropriately.

> *'Once you walk out of the door or someone tries to walk into your door, the alarm goes off. Then the worker gets up and tries to see what happened … You feel more safe knowing no one can come into your room.' (Boy, aged 10–12)*

> *'If someone of a bad character was coming, it's why you get a scanner for your door, just to get to alarm you if you're in your room, so an alarm will go off if someone's trying to harm you. And – like I'm not thinking just of myself. I'm thinking of other houses, like a wire goes through the wall and goes through the door and goes up to the ceiling and then goes down. And then you know those factory lights, how they come down in the red with metal cages then? Yeah, put one of those in the bottom – I mean, top right corner.' (Boy, aged 10–12)*

However, older participants argued that being constantly surveilled felt confining and it reinforced their safety fears. As such, they argued that there needed to be a balance: and that these mechanisms needed to be used to help children be and feel safe, rather than in ways that compromise their privacy.

> *'The only other way you could probably monitor everything is with cameras but you don't want to be intrusive and that creates an unsafe environment anyway. It feels really unsafe if you know that you've got cameras watching from every angle. Obviously you can't put them in the bedrooms because privacy but it's just like, "Yeah".' (Young man, aged 17–20)*

6.2.13 Safe services collaborate with outsiders

In two-thirds of interviews, young people identified adults and services outside residential care that could play a part in keeping children safe. Children, in particular, felt that police had a good understanding of issues related to abuse and could be relied upon to help protect children in care. Older young people felt that sexual health workers might be better equipped to help residents in care to learn about, talk about and have their sexual issues dealt with. Similarly, five of the children and young people felt that their child protection case worker could be relied upon to ask about their safety and to protect them from harm.

> Q: *'So who do you think they could go to?'*
> A: *'Either your teachers at school if you're still engaged in a school. If you're not engaged in a*

school then whatever service you're linked in to. It doesn't matter who it's just got to be someone that you trust.' (Young man, aged 17–20)

Children and young people who identified these adults, felt that these support people should be given more opportunities to spend time with children in care. One young woman felt that residential care services should support collaboration much more. She talked about her time in a mental health facility and remarked that whilst she was an in-patient, multiple services and workers spent time with her and were available to talk about serious issues. This was in contrast to her time in care. She also felt that these external services were able to monitor her safety and act on any concerns that she might have. She argued that residential care could learn from mental health models in the way that they collaborate.

6.2.14 Safe services monitor workplaces and workers

As discussed previously, young people felt that it was important for units to be monitored by outsiders to ensure that they were appropriate, that they were fulfilling their responsibilities and that young people were safe. Young people felt that services did not always take their concerns about safety seriously and argued that they needed to be more aware of young people's worries. In two instances, young people felt that there may be a role in an external body doing random checks of staff and periodically talking to young people in care about the appropriateness of staff.

> *'[They should] secretly come and run [checks] randomly.' (Boy, aged 10–12)*

Similarly, participants believed that it was important for external organisations to come into residential care to see whether responses to children's concerns were appropriate and adequate. They argued that these monitors might have to come into units on a regular basis, rather than only coming when young people sought them out. This was because they believed that it would be difficult for many to seek help after they had been hurt or mistreated.

> Q: *'But is it something that staff should be involved or external people should be involved?'*
> A: *'You've got to be careful because the more people that get involved the more humiliating it is for the young person. But at the same time you do need external people to step in and go, "Okay something has to happen here. Something happened that shouldn't have happened now how would that come about and what do we do about that?"*
> Q: *'I'm thinking, just off the top of my head, if you had available somebody to complain to that was external to the service but an official kind of person do you think that would be something that?'*
> A: *'It would but at the same time you've got to think about how many people are actually going to be game enough to call that number.'*
> Q: *'Why wouldn't they be game enough?'*
> A: *'They could be ashamed of them letting something happen. They could feel guilty. They could be embarrassed.' (Young man, aged 17–20)*

6.3 Supporting safe residential care – the importance of trustworthy staff

There was a pervasive view that residential care was most safe when there were adequate numbers of competent and trustworthy workers who were available and present for children and young people. Although almost all participants could identify competent and trustworthy workers, most had reservations about adults who were employed in residential care. They believed that many workers were employed in residential care because it was easy work, was well paid and because they did not have the skills to be employed in other professions. They were adamant that not all staff were under-skilled but felt that there were lots of workers who did not demonstrate the skills that inspired the confidence of children and young people.

'No, well they get uni students and the uni students are the worst because they get this job because it's better pay than Macca's, I've literally heard that from them. They've said "I only work here because it's better pay than anywhere else while I'm at uni" because they can pick what times they want to work. A lot of places you can't.' (Young man, aged 13–16)

When asked to describe a worker they trusted and to whom they would go if they were unsafe, young people identified a series of characteristics. These are discussed in the following section.

6.3.1 Trusted staff are safe

Children and young people recognised that it was possible for staff in residential care to be abusive and for systems to be in place to ensure that they were safe.

'Yeah definitely better monitoring. I don't know, I was just having a laugh with one of the other workers last night about this, I reckon they need to test them before they hire them … They also need to monitor them to make sure that they're safe. The last thing young people in resi needs is for shit staff to take advantage of them.' (Young man, aged 13–16)

They also believed that staff members were unsafe if they failed to protect children and young people from harm. This required them to have a good understanding of safety risks, to take child sexual abuse and exploitation seriously, and to act whenever they were concerned about a child's safety or had their suspicions that things were not alright.

6.3.2 Trusted staff care

When asked to identify characteristics of a good worker, young people most often talked about care, support and encouragement. Young people often talked about their first experience of entering residential care, reflecting that it was often a scary and daunting experience starting in a new place, with new peers and without much preparation for the new life ahead. Having someone care for them was seen as essential: they believed that it helped them manage this important transition and built a foundation on which they could begin to feel safe and secure.

Although they believed that most workers appeared to be caring, they most valued those who demonstrated this care in practice. A caring worker was one who looked out for you, who was available when you needed support and encouragement and who checked in to see how you were doing. Young people felt that workers who care and show they care differentiate themselves from other workers who are 'just doing it for the job'.

'[We want workers:] ones that actually show they care, not just say they care. They've got to show they care … They just sit with us, talk to us, you know what I mean, just socialise.' (Young woman, aged 13–16)

'Someone that's not just there for a job, they're there because they actually care.' (Boy, aged 10–12)

Young people reported that often they found it difficult to trust workers due to their own past experiences of abuse or being let down by adults. They reported that this often led young people to put up barriers between themselves and workers. Good workers were those who were aware of this and 'hung in', realising that it took time for young people in care to begin to trust them.

'Of course because you've got to build those relationships up. It doesn't matter how much a young person pushes a worker away that worker will keep trying to break through. They will get through eventually. It takes time, you can't build a friendship overnight.' (Young man, aged 17–20)

6.3.3 Trusted staff are available and accessible and protect children and young people from harm

Young people valued workers who spent time with them, 'hanging out' and getting to know them. Although they wanted an adult to act professionally (and to have boundaries) they wanted to feel that the worker liked spending time with them and was friendly (rather than being young people's friends). Young people were also keen for workers to be available when they needed them. As will be discussed in section 6.2.10, young people were frustrated when workers were required to do administrative tasks that kept them from being in the young person's space, spending time monitoring the group and establishing and firming up trusting and trustworthy relationships.

> 'I guess they were engaging. They didn't just sit in the office and look through the glass window they actually came out and talked to us. Sat down and watched movies or would get us out of the house … But a good youth worker would be someone that would be willing to take their time to talk to you if you really need them. Or they're willing to listen to you. They're willing to do things with you. Like things as in like going out and stuff like that. A bad youth worker would be someone that just tells them to basically piss off <laughter>.' (Young woman, aged 17–20)

One of the younger girls said that she could determine whether someone was a good and safe worker by the way that they looked out for young people and protected them from other young people. She, and others, gave examples of workers who stepped in when they were being bullied and recognised the impact that bullying could have on young people. An ability to negotiate and compromise was considered a vital characteristic of a good worker. Young people recognised that simply disciplining residents was not enough and that they needed workers to be able to help resolve problems.

Good workers were also those who had high expectations but who were happy to negotiate with young people. These workers helped young people to build their skills to manage challenges that they encountered and gave them some power within the relationship. As such, workers still expected young people to do things and act in a particular way, but young people were given some choices about how it might be done, and how conflicts and problems might be dealt with.

> 'Yeah. She goes "we need you to do this" and if we didn't want to do it that way, she would be very good at taking what we were saying and finding a good middle.' (Young man, aged 17–20)

6.3.4 Trusted staff act

Safe workers were those who had expectations of young people and enforced rules fairly. Young people reported a concern about workers who dismissed the rules even when it was in the young person's favour. They were concerned that if adults did not respect and enforce the minor rules they may be reluctant to step in and deal with the bigger problems. They also reported that predictability was important and that it was good to know how workers would deal with situations. This is not to say that young people didn't challenge workers' attempts to enforce rules, just that they appreciated them.

6.4 What do children and young people consider should be done to respond to safety issues in residential care?

Children and young people stressed the importance of workers and services providing good responses to those who experienced abuse or assault or encountered unsafe peers or adults. Unfortunately, many reported that responses were often inadequate or failed to meet young people's expectations. A good response was predicated on children and young people already having trustworthy relationships with adults who noticed that a child may not be safe, demonstrated through their

behaviours or circumstances. They preferred that adults take the initiative in checking in with these young people, rather than waiting for the individual to come to them with their concerns.

When a child or young person raised an issue or disclosed abuse or assault, they needed adults to demonstrate empathy, take their concerns seriously, work with the child or young person to decide what needed to happen, support the young person to seek resolution, and inform them of the things that they and others were doing as a response to the threat. Recognising that other young people might also be affected by these encounters was also emphasised, as was the need to engage with young people on how to best respond.

6.4.1 Ensure that young people have an adult that they trust to whom they can turn when they have concerns for their safety

Most participants strongly felt that before young people will turn to a worker, they need to trust them and feel as though they genuinely care. A number of young people reported that they had no one in residential care, or outside, who they could turn to if they were being harmed, and others reported that they did not have anyone in care or within the broader system that would stand up for them if something happened.

> Q: 'So who stands up for kids in resi care? Anyone?'
> A: 'No one.' (Young woman, aged 13–16)

When asked who they might turn to when they encountered an unsafe person or when they had experienced harm, many identified individual workers who they believed 'were different to most of the other workers' to whom they could go for support. Others said that they would tell a biological parent, a family member or a friend. Five participants mentioned their child protection case worker, however, many reported that they rarely had contact with their case worker, that often these case workers changed or that they didn't see them soon enough after an incident to raise their concerns when needed. Three young people mentioned official visitors but again suggested that their visits were irregular and that these individuals did not specifically ask them about safety. This meant that they had not disclosed their safety concerns, sometimes believing that it wasn't something that the visitors were interested in or could do anything about.

Six of the children said that they would go to the police but felt that they would only be taken seriously if they had 'evidence'. They did not believe that others could effectively deal with their issues.

Participants who had a supportive adult either inside or outside of residential care argued that to establish a trustworthy relationship with young people, staff need to get to know young people and allow the young people to 'suss them out'. This can take some time: particularly if young had negative past experiences with workers who either hurt them or let them down.

> 'You have to get to know workers before you know what they're like.' (Boy, aged 10–12)

> Q: 'So, if you had one key message for the Royal Commission on how to make kids safer, what would it be?'
> A: 'Really building relationships with the kids works, because then they feel safer to come with you with pretty much any problem. They're not going to come to you with problems, even if it's something as simple as being bullied, they're not going to come talk to you if they think you don't like them or that you don't listen. So, if you don't spend time with the clients you work with they're not going to feel safe to actually come and talk to you. I think that's why [my residential care provider] made sure our workers always spent time with us. Even if it was something as simple as taking us to go in a park, they made sure that workers would spend time with us, because then they knew that; [my residential care provider] did know that building relationships was important in keeping kids safe, because you can't keep kids safe if they won't talk to you.' (Young woman, aged 17–20)

6.4.2 Services look out for threats to young people's safety and to behaviours that suggest that a young person is unsafe and then engage them

Young people argued that they needed workers to watch over them because they were not always sure as to whether something or someone was unsafe or not. This provided comfort to young people, that staff could react and intervene when issues of safety arose for and between young people. Closely and consistently observing young people also allowed staff to notice behaviour changes that might suggest that something has happened or that there are risks to safety.

> 'But I guess a youth worker's role – say, for example, if they did see something different in one of the kids in resi, I guess a youth worker's role is to act on it and, like I said, keep – not asking them every single day, but keeping an eye on them, making sure that they're [OK] … like if they act different – say, for example, if I completely avoided [another young person's] room. That's obviously going to be a major sign that something's happened for me to completely avoid a room. Or say, for example, me completely avoiding [another resident]. Or even in [my fellow resident's] case, him completely avoiding someone else or avoiding another room or something like that. That's obviously going to be a major sign that something's happened.' (Young man, aged 17–20)

6.4.3 Staff actively 'check-in' with young people and ask them if they feel safe

Participants stressed the importance of having staff members check in with them to see whether they were safe and whether there were any issues that were troubling them. In doing so, workers did not rely on young people having to come to them to seek assistance; something participants felt was unlikely when young people in care were feeling threatened, embarrassed or unsure about what to do in an unsafe situation.

> 'They would always ask us how we felt, like 100 per cent how we felt. They would always make sure that if we ever need a sit down, if we ever felt like we needed a mentor, being like okay, we don't know what to do, can you help us? We know that the youth workers are going to be there to support us. And they have.' (Young man, aged 17–20)

Although participants stressed the importance of staff asking them questions about their safety in residential care, most reported that it was something that rarely occurred. One young person remarked that although adults were always asking him what he was doing and how things were going, he felt that as they had never asked him an explicit question about safety, he had not talked to his workers about threats that had been made towards him or his fear of being assaulted by other residents.

6.4.4 Staff help young people to feel comfortable

Participants argued that raising concerns with adults is often difficult for young people. They believed that an important way that staff could make young people in residential care feel comfortable, was by engaging with and showing interest in them. Participants also suggested that it was important to think about where conversations about concerns were had. When young people were in earshot of their peers, when they were in spaces where they felt uncomfortable or where incidents had occurred and when they felt pressure to talk, young people reported that they would be reluctant to talk about issues or raise concerns. One way that they believed workers could help young people feel more comfortable was to take them out of the residential care context and spend some time with them.

> 'I don't know. Go for a walk, go for a drive somewhere. Just like different – change of location could change a lot.' (Young man, aged 17–20)

6.4.5 Staff listen and demonstrate understanding and empathy

Young people stressed the importance of workers responding to disclosures of abuse or harm with empathy and understanding. Rather than focusing on what needed to be done, young people wanted workers who could sit with the young person and allow them to express what they were thinking and feeling, provide them with comfort and reassurance, and develop an appreciation of how hard it was to disclose and how the assault or abuse had affected them.

Young people felt that sometimes workers who had come across issues like bullying and violence before often 'switched off' and didn't fully appreciate their concerns.

> 'They do listen, but they don't listen at the same time. It's just like they go "oh yeah, yeah, yeah". But they're not really – they're sitting there listening, but they're not actually listening.' (Boy, aged 10–12)

> Q: 'Or you can just tell – so you might tell the person that's not behaving properly how you feel?'
> A: 'Yeah, like say, you feel uncomfortable in doing that.'
> Q: 'How would you expect that person to respond to that?'
> A: 'To listen because it's someone opinion and everyone's opinion's valuable.' (Boy, aged 10–12)

> 'So they listen and don't interrupt. I think that's why we feel so supported, I guess, because they don't interrupt and they don't lecture us. They actually support and help us. I guess that's the best way.' (Young woman, aged 17–20)

6.4.6 Staff and services take young people's concerns seriously, even when they seem insignificant, and act on them

Children and young people voiced their frustration in workers who failed to adequately and effectively respond to their concerns. Often, they believed that workers turned a blind eye on issues such as physical and emotional violence, believing that there was nothing that they could do; or because they felt unable to deal with the day-to-day violence young people experienced because they believed it was inevitable. Young people were not happy with this, believing that even though it might be difficult to meet all young people's safety needs and wishes, workers needed to do better in responding to their concerns.

Although young people were generally ambivalent about workers' capacity to protect them and respond when safety issues were identified, all of them identified at least one worker who was effective. These workers were often the ones who spent time on the floor.

> 'To take action and what kind of action needs to be taken in what kind of scenario. Because obviously different scenarios need different actions. Obviously if it's a sexual abuse scenario, you're going to be wanting to be more kind, more heartfelt words kind of thing. Whereas if it's three guys fighting, then it's like obviously they're going to have to step in and be hey, come on, you don't need to do this kind of thing. We can talk about it. So they need to know what actions they need to take in different scenarios.' (Young woman, aged 17–20)

A few, however, reported that they felt quite comfortable raising their concerns with senior staff and 'those in management', and often did so regularly. In these instances, they generally felt like these leaders took their concerns seriously and investigated why it was that staff in care had failed to adequately respond.

Others, however, reported that organisations were not responsive to children and young people's complaints, often accepting workers' accounts for what had happened and dismissing young people's alternate views.

'Looking into why the workers never reported that I was bullied, talking to the workers about having someone on the floor. And even if they did checks in the unit like they're supposed to when a complaint's made, they would have seen the workers were never on the floor, they would have seen just how bad these girls were, because I explained to them how bad the girls were. They were like, "Well if the workers thought that they would have been put in secure welfare by now." I'm like, "The workers don't care what happens."' (Young woman, aged 17–20)

6.4.7 Staff work in partnership with young people in their response to a threat or harm

Those that had experienced abuse or harm (or had witnessed how services responded to their peers in such a situation) reflected that things did not always go the way that they would have hoped after disclosing their experiences to a worker or service. In some instances, young people felt as though after a report to child protection was made, workers and services required them to go through the investigation and legal process themselves with little support. Conversely, others reported that workers and services 'took over' and gave them little control over what happened next. Three girls who talked about concerns they had raised with staff, for example, reported that once they had disclosed assault, workers and services had acted without asking them what they wanted or needed. This was disempowering for these young women, who reported that they had no control over the situation and were fearful of the repercussions. They said that they wanted more of a say. It appeared that it was important for them to feel empowered after encounters where they had been disempowered by the actions of others.

These participants felt that both responses were unhelpful and advocated for young people to be actively supported throughout the process and be given some control over what happened, but also the option for others to take control.

'The worker you've gone and told haven't just gone, "Okay I'll go and deal with it". They actually make the phone call to whoever they have to and then they help you with that process the whole way so you're not left talking to 15 people because you told one and you're doing it all along it's like why did I go to that one person?' (Young man, aged 17–20)

'You get a say. They let you know what will happen if you make a certain decision. They let you tell them what you want them to do and what you will do for yourself. And they'll hang in with you so you know you're not alone.' (Young woman, aged 17–20)

Having staff hang in and provide ongoing support was valued by young people who shared times when they felt as though they could trust and rely on workers to be there when they needed them. This is exemplified by the story of one young woman who reported that she had been sexually assaulted by a boyfriend. She shared:

'I ended up breaking down in tears in [the front office, they called [a manager who] ran out in front, "What happened?" I then had to tell her my ex had sexually abused me. She ended up cancelling all of her appointments that afternoon so she could take me to the police station. Yes, and it doesn't happen a lot to you in unit, even if it's not by a worker, by a partner and a lot of kids don't feel safe talking to their workers about it, if their workers don't make an attempt to build a relationship with them … They stuck with me through it all … I never felt alone.' (Young woman, aged 17–20)

She talked about how the staff in residential care organised counselling for her, took her to the police, found her somewhere to stay so that her partner could not find her and assisted her through the court process. She reported that it was essential for her to be supported in this way and suggested that if workers had just reported the assault to the police and not provided her with ongoing assistance, things would have been significantly different.

Other young people reflected that workers and services often just made reports to child protection or to the police and organised counselling, which they felt didn't really respond to their needs. Once

these referrals had been made, they reported that workers often seemed to distance themselves, either because they felt unable to help the young person deal with the fallout from the traumatic event or because they thought someone else was assisting them. Good workers and services made these referrals but were also available to meet the young person's immediate needs.

6.4.8 Staff and services advise children and young people what has been done about their concerns

Children and young people felt that when complaints had been raised or concerns had been shared, workers and services needed to report back on what they had done and what resolutions had been achieved. They felt that too often, workers and services did not keep them informed about how they were managing the concern or event. This suggested to them that either the worker or service had done nothing, or were doing things but did not appreciate their right and need to know what was happening. They felt that young people who felt dismissed or uninvolved would be less likely to share their worries in the future.

> 'Well, we'd tell our coordinator, which is the boss of the house and they normally just go, "Stop worrying. Nothing has happened." Well, there's this one worker we don't like … We don't like him. He's like just weird. He just sits there and stares. I don't know. Just when you feel uncomfortable around someone and you don't know why, but you just do that's him … Well we told them [the coordinator] but they haven't checked on him and I don't think that's right. And they haven't asked if he's still a problem.' (Girl, aged 10–12)

> '[At my first unit] the workers just didn't care what happened, but [at another unit] if you went and told them something, they would deal with it … Usually it was just a case of a child had overreacted or misunderstood something, but even if it was like that, they'd make sure the worker explained what they meant … They would come back to you and tell you what had happened and were open and honest about it. That was good because otherwise you were never sure where things went. (Young woman, aged 17–20)

6.4.9 Staff and services respond to the needs of all young people who are affected by others' behaviours

As discussed in section 5.1.4, young people reported that they often felt unsafe when they were exposed to self-harm and other self-destructive behaviours of their peers. In particular, young people reported significant distress when their peers cut themselves, attempted suicide or overdosed, or were sexually assaulted. They felt that it was good that workers and organisations did what they could to help young people who were directly harmed, but felt that they failed to appreciate the ways that this harm affected them and their sense of safety. They argued strongly for recognition of these impacts and for services and supports to be made available to all young people exposed to these distressing events.

> 'We weren't offered counselling, but I ended up seeking out counselling when I was 19 for [the sexual assault of my friend] and other issues. [Another young person recently] broke down in tears because she still can't think about it … You come across this stuff but no one really helps you deal with it. Like they get help for the person who's hurt themselves but don't realise that it affects us too.' (Young woman, aged 17–20)

> 'They didn't support us as much and stuff [after another resident overdosed], they just had a memorial for her and stuff but it's the physical and the mental strain that it took and stuff they didn't get support and stuff.' (Young man, aged 17–20)

> 'Well, especially for things like that, being able to have help linking into services like Headspace … Most of us were already going there for other issues, because it was one our orders we had to go

there, but the workers didn't link us in with a counsellor or anything there. They linked me in with a doctor and a psychiatrist there after a suicide attempt, but that was the suicide incident at that unit. But, one of the workers there … He sat down with us all one day and decided to – because when he was our age he went through self-harm and all that kind of stuff. So, he decided to sit down with us for about an hour and talk about the risks of it, the short-term benefits and long-term risks and actually tried to go to us, "Well if you feel like doing this, you should come and talk to me." (Young woman, aged 13–16)

6.5 What restricts young people from getting a positive response?

Children and young people spent some time considering the reasons why they were unsafe within residential care. They highlighted a number of things that kept them from being safe, getting assistance when they needed it and kept workers and units from adequately responding.

6.5.1 Not knowing what to do

Children and young people were often asked what they would do and how they believed services and workers would respond. Many said that they weren't aware of what they should do or what was in place to deal with their concerns. It seemed to be the case that many young people were unaware, even though the services had processes in place to raise concerns and to report threats. In one group interview, for example, a group of children said that their service did not have a process in place for handling complaints. This despite the fact that the room in which the interview was taking place had posters promoting the services' complaints policy and listing what children and young people could do. The importance of not only having policies and practices in place, but also spending time with children and young people to make sure that they were aware of them, had confidence in them and knew how to best use them, is necessary.

6.5.2 Fear of consequences

Participants sometimes reported ambivalence in raising their concerns for fear of the consequences that might occur if they did. Children under 12, for example, said that they couldn't talk to staff about particular workers who were acting unfairly or inappropriately, for fear that those particular workers would find out and punish them for complaining.

> A: *'Because they could pass it onto the next person who's the person that is the reason why they said it.'*
> Q: *'So you'd be worried … that the worker would tell the young person and then it'd get back to you?'*
> A: *'Yeah, my teacher told the CSO [Community Services Organisation], the CSO told the person what I was talking about.'*
> Q: *'So people might feel worried about their privacy but also what might happen if that person finds out about it?'*
> A: *'Yeah.' (Boy, aged 10–12)*

Because sexual relationships were often banned in residential care units, some young people reported that they were reluctant to disclose their concerns when they emerged. They felt that they would either get in trouble for having sex (and breaking the rules) or that workers would see it as their fault that they had been assaulted. Afraid that they would be disciplined or exited from a service for breaking the rules, they said that they may not disclose to a worker that they had been abused or assaulted within a relationship.

A few young people reported that they had a trusted worker to whom they could go to when sexual problems arose. These workers were those who prioritised children's concerns rather than focusing,

initially, on how the young people were unsafe due to poor decision-making as a result of broken rules. These workers recognised when young people had made mistakes, but prioritised their immediate needs and concerns. They were not sure whether others would respond in similar ways.

6.5.3 Lack of faith that workers would or could effectively respond

There was certain ambivalence about confiding in workers when young people were unsafe or harmed. Participants reported that often workers would downplay their concerns; argue that because they hadn't seen the incident there was nothing that they could do; suggest that it was the young person's fault that they had been assaulted or harmed; or voice a view that conflict and harm was inevitable in residential care and that it was pointless for them to try to prevent it.

> *'I feel like they try to deal with the big issues as well as avoiding it at the same time. I think they don't think that they can fix things so they just give up on it.' (Young man, aged 17–20)*

> *'They say they [take us seriously], but I don't think they really do.' (Girl, aged 10–12)*

Some young people voiced significant frustration in each of these situations and observed that they would either have to deal with the issue themselves or seek out someone outside of the unit for support. They often could not identify who this might be.

A number of young people described that when they had raised concerns with workers, the workers informed them that they would take their concern to a manager or to someone else to act on. However, they reported that this rarely occurred, and when this happened, young people felt betrayed. They conceded that someone may have investigated their concern but that no one had ever come back to them to tell them what had been done.

> *'Well, you fill out a piece of paper and you don't know where it goes, you've got no record of the complaint being received so it just could have been received and put to the shredder.' (Young man, aged 17–20)*

6.5.4 Staff and services appear to be unwilling to respond if there are consequences for other young people

One issue raised some young people related to the way that services failed to act on their concerns, due to the potential ramifications for another young person. For example, one young woman reported that she had been physically assaulted by a young person in the presence of a number of workers. She asked that the other resident be charged with assault but was dismayed when workers felt that it was not in the other young woman's best interest for them to call the police or to make a statement when she contacted the police independently. She argued these workers should have considered that her safety was as important as the potential impacts for the young woman who assaulted her.

6.5.5 View that staff, services and others not effectively responding to complaints

Participants were asked what they would do if they were unhappy with the way that their concerns were dealt with. In many instances, children and young people felt that there was nothing that they could do if they were unhappy, or felt that workers or services hadn't adequately responded. In a number of units, it was obvious that organisations had complaints procedures in place (there were posters on walls, for example) but when asked what they might be, many of the children and young people reported that they were unaware of what to do, and felt that it was unlikely that they would raise concerns, or that if they did, that the organisation would take their concerns seriously.

A number of young people had used complaints processes and raised their concerns with the managers of their residential care unit. However, only a few of these young people reported that this had resulted in positive outcomes. Many described feeling frustrated with the process.

> 'Because I tried to make complaints to their higher ups and the higher ups didn't even know I'd gone to the workers and they were like, "Well there's no reports of you going to the workers about bullying. There's nothing written down, what do you want us to do?" I'm like, "Well I've gone to the workers multiple times, I'm like obviously they haven't written it down." And the higher ups were like, "Well, there's not much we can do if it's not recorded that you've reported it to a worker." (Young woman, aged 17–20)

There was also an issue raised about who was responsible for receiving complaints. In one instance, a young person who was being physically assaulted in care recalled that neither the residential care service nor the child protection department were willing to act on her concerns, arguing that it was the other body's responsibility to respond to her complaints. She argued that this was frustrating, as neither organisation intervened to protect her from harm.

> 'I've been pushing the Department to do things for years, they don't listen. Even at the time I could file as many complaints as I wanted, they didn't care. The Department have this thing they will place you somewhere … [and then] as far as they're concerned you're not their problem [anymore]. Even though you're technically still on their books you're not their problem. So when I was ringing the Department and kept saying, "move me, move me, move me" … [and] the Department's like, "No you have to speak to the agency." And the agency's like, "No you have to speak to the Department." And it's this big ball game. The biggest joke actually, and we use to laugh about this in resi, the fact that the biggest joke was the fact they called themselves child protection. We sat there and actually had a conversation about how, because some of us our home life was more safe than our resi life.' (Young woman, aged 17–20)

Another young person recommended that the oversight of complaints should be handled by an independent agency to allow objective and thorough responses to complaints.

> 'I think by independent agency that's not connected to the agency. So I know in NSW as soon as a complaint's made in NSW the Ombudsman does it so where it's done internally. So I think the Ombudsman should look over complaints or have third party agency do it that's not involved and in their pocket.' (Young man, aged 17–20)

7. Discussion

'So I guess it's not even just like getting physically hurt but emotionally as well, you know, most of the kids in resi are emotionally and psychologically abused and hurt and it causes a lot of mental issues. I can speak for a few friends there. They actually get emotionally and psychologically abused and it causes a lot of depression – I've actually lost a few mates in resi from suicide because of the emotional state of it … Something has to be done.' (Young woman, aged 17–20)

Children and young people in this study felt that safety was something that they and their peers craved but reported that it was not always afforded to children in residential care. They strongly encouraged workers, services and the system to proactively work to ensure that children and young people were both safe and feeling safe, and argued that there were ways this could be achieved. This section considers the key themes and needs emerging from this study, and make links to the existing literature.

7.1 Understanding and responding to children and young people's felt safety needs

Research has consistently shown that a sense of safety is vital to achieving positive outcomes for children and young people in residential care (Bath, 2015b; Happer, McCreadie, & Aldgate, 2006; Hawkins-Rodgers, 2007; Holden et al., 2010). Writers have argued that without a sense of safety, children and young people may not overcome their past experiences of trauma but experience their time in care as another traumatic episode. As Holden et al. argue,

'Maintaining an environment with a culture of nonviolence and safety is essential if children are to feel safe and are to learn new responses to stressful situations.' (2010, p. 138).

One of the key aims of this study was to understand what children and young people believe they need to feel safe within residential care. To feel safe, participants in this study argued that residential care needed to be more home-like, where they were surrounded by caring and supportive peers and staff who 'looked out for you', where there was stability and predictability, routine, and opportunities to have a say on how things were managed and how safety issues were raised. Safe residential care units were physically safe, and policies, strategies and mechanisms (such as locks on doors, cameras and other safety devices) were there to protect rather than contain young people.

These findings echo those of previous studies conducted in residential care units across the globe that have stressed the integral part that 'felt' safety plays in the lived experience of young people in care, and the need for safety to take a central place in policies and practices (Happer et al., 2006; Hawkins-Rodgers, 2007; Holden et al., 2010; Horwath, 2000). Our findings suggest that the need for safety is more pronounced when children and young people have encountered previous abuse and violence, so the need to ensure safety in residential care is more pronounced.

7.1.1 Fostering safety within the residential and out of home care systems

Stability

Children and young people in this study highlighted the fact that their safety and their sense of safety were often compromised due to a lack of stability. Rather than seeing residential care as a stable medium or long term option, they often characterised their experience as being a holding pattern where they waited to age out of OOHC, or to see whether other options were available. As such, residential care was experienced as highly chaotic and ever-changing. With a constant churn of children and young people moving in and out of units and a highly casualised and often changing

staffing mix, participants felt that it was difficult to make enduring relationships with staff and peers. Without the ability to feel 'grounded' in a new space, with a lack of predictability and without a sense of permanence, residential care was something to be endured, rather than something that provided them with safety and the space to belong.

Older participants felt that this instability was often the result of decisions made by child protection systems and non-government organisations, who moved young people around to accommodate difficult-to-place residents, rather than to foster permanence and to enhance their safety. They were most upset when the needs of others were prioritised over their own need to sustain relationships with others and connections to the local community. Young people also expressed a frustration that they had limited opportunities to have a say about their placements or for workers to appreciate their needs and wishes. Previous research has demonstrated that stability in OOHC placements generally (Christiansen, Havik, & Anderssen, 2010), and residential care placements more specifically (Sunseri, 2005), is essential to facilitate positive outcomes for young people (Hawkins-Rodgers, 2007); and that placement breakdowns and moves can be highly traumatic and painful (Anglin, 2013; Sallnäs, Vinnerljung, & Kyhle Westermark, 2004; Unrau, Seita, & Putney, 2008). Although vital, international studies have highlighted the residential care system's failure to provide stability or a sense of permanence (Schofield, Larsson, & Ward, 2016; Sunseri, 2005; Thoburn, 2016). This is often because residential care is premised on the assumption that young people will only be placed for short periods of time and that stability is therefore not an essential component.

Even if a young person stays in the placement for a reasonable duration, if it is not planned, it is difficult for him or her to feel settled. Schofield et al. (2016) and Thoburn (2016) have argued that planned-for stability in residential care can be associated with feelings of belonging, when close relationships with staff and continuity of care into early adulthood are available. Therefore, for a small proportion of young people, a residential care placement may be the long-term option of choice (Schofield et al., 2016; Sunseri, 2005; Thoburn, 2016).

Older participants in this study stressed the need for the system to permanently place those children and young people who could not be placed in other OOHC arrangements in residential care, and for their living arrangements to be stabilised as much as possible. When a unit was experienced as safe and secure, they wanted to stay in the same unit, with the same peers and with the same workers, where possible, and encouraged the system to do what it could to commit to these arrangements. Within these stable units, young people believed that they were more likely to be safe and to feel safe and for the risks of peer assault to be reduced significantly.

Matching based on the safety needs of all children and young people

Children and young people felt that the biggest threat to their safety in residential care were their peers. Many recounted situations where they were physically, emotionally and sexually harassed or assaulted by other children and young people and were constantly fearful for their safety. In many of the interviews, children and young people said that their key recommendation to the Royal Commission was for residential care to better match peers. They also believed that once units were settled minimal changes should occur.

The need to safely match clients in residential care has been highlighted within the peer sexual violence literature. A number of client mixes were identified as being particularly concerning. Firstly, there are significant risks when young people who have displayed problematic sexual behaviours are placed with young people who have been sexually abused (Attar-Schwartz, 2014; Euser et al., 2013). Due to the fact that both of these groups are hard to place in other forms of OOHC, and because there is significant overlap between the two groups, this configuration is highly likely (Barter, 2006; Farmer & Pollock, 1998). Secondly, peer sexual violence (perpetrated against both boys and girls) is more likely in residential care services with higher numbers of young men than women. Finally, peer sexual violence is more likely to occur when young people with adjustment difficulties are placed together,

as those with adjustment difficulties are more likely to be either perpetrators or victims or both (Attar-Schwartz, 2014).

Our findings were similar, but also stressed the need to place young people with others with whom they could forge positive relationships, who could look out for and protect each other, and who were less likely to take out their frustration and powerlessness on each other within this safe and stable environment.

7.1.2 Fostering safe, trustworthy, accessible and responsive relationships between workers and children and young people

Children and young people in this study stressed the important role that workers play in keeping them safe and helping them feel safe in residential care. The centrality of the worker-client relationship has been consistently stressed in studies that have directly engaged children and young people in residential care (Augsberger & Swenson, 2015; Coady, 2014; B. Gallagher & Green, 2012; Gallant, 2003; Harder, Knorth, & Kalverboer, 2013; McLeod, 2010; Skoog, Khoo, & Nygren, 2015; Soldevila et al., 2013; Ward, Skuse, & Munro, 2005)[2]. These studies have stressed the importance that children and young people place on strong, reliable, consistent and enduring relationships with trusted workers and the therapeutic value of doing so (Schofield et al., 2016).

Previous studies have pointed to the challenges of managing the increasing organisational and administrative responsibilities and the caring and human tasks of looking after children and young people in residential care. As Coady notes, 'the place of relationships in social care has been marginalised by an approach focusing on targets, outcomes, standards and regulation' (2014, p. 79). Coupled with concerns about boundary violations emerging from inquiries related to institutional child sexual abuse (Gallant, 2003), workers' capacity and willingness to spend time with children and young people has been reduced. The irony of spending more time away from children in care to reduce the likelihood of them experiencing abuse was not lost on participants in the study, who called for a greater balance.

Some organisational features of residential care appeared to act against children, young people and workers making safe, trustworthy and reliable relationships. With a highly casualised workforce (Gallant, 2003; McLeod, 2010) supported by temporary agency staff, and the constant movement of young people from one unit to another, opportunities for informal and relaxed 'quiet time' where relationships could be fostered were not optimal. Having had negative experiences with adults in general, and workers in particular, children and young people in this study often reported a reluctance to connect with adults. This adult-wariness is common within the youth care literature (Seita, 2000) and often takes significant time, patience, tenacity and assistance to overcome (Seita, 2014). There must be congruence between the stated goal of providing 'care' in residential care, and the behaviours of workers towards children and young people.

Although these challenges were significant, children and young people still often identified adults with whom they had forged a positive relationship. These people were highly valued by participants. They were workers who demonstrated their care, had developed professional relationships that were warm and engaging rather than distant and impersonal, appeared to be present (even when they weren't physically close) and were often available when needed. These workers helped children and young people to build their skills, negotiate difficulties and collaboratively find solutions to problems that emerged. In many instances, these workers assumed family-like relationships with children and helped them feel safe and secure. Like in previous studies (Augsberger & Swenson, 2015; Coady, 2014; Cossar, Brandon, & Jordan, 2014; B. Gallagher & Green, 2012; Skoog et al., 2015; Ward et al., 2005), children

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[2] Note: These articles include studies that have engaged children and young people directly in the research but do not specifically focus on issues of sexual abuse or peer sexual assault.

and young people identified them as adults who saw their role as being more than a job and the children as more than clients.

Although children and young people did not conceptualise safe relationships in terms of attachment, previous studies have used attachment theory to both describe children and young people's 'yearning' for attachment with workers and the centrality of attachment in ensuring safety and security in residential care (Hawkins-Rodgers, 2007; Shechory & Sommerfeld, 2007). Studies have shown that when young people in care do not secure attachment to positive adults whilst in care, their emotional and psychological safety is compromised (K. Moore, Moretti, & Holland, 1997; Shechory & Sommerfeld, 2007; Tomlinson, Gonzalez, & Barton, 2011).

Without these attachments, children and young people demonstrate risky strategies to manage their lives and to seek out connections that were lacking. As Moore et al. observe:

> 'Our youth, like all individuals, attempt to engage others in ways that are consistent with their working models of self and others and consistent with their past experiences of care. Their past experiences often contain recurring themes of inconsistent or ambivalent care, neglect, abuse or abandonment. They often have learned that aggression and violence are integral elements of close relationships. In many cases they have developed aggressive patterns to force reluctant caregivers into responding (Crittenden, 1992). These youth typically provoke aggressive and rejecting responses to their attachment overtures. This dynamic of mutual aggression and violence is the "glue" of their relationships and is the hallmark of abusive relationships in general.' (K. Moore et al., 1997, p. 9)

These findings suggest that a lack of attachment can both explain the importance children and young people place on relationships with workers, and some of the violence that was sustained in residential units where attachment was not enabled.

The role that hasn't been pronounced in previous studies (Barker, 2016) but was of central importance to this study, was that of protector. Children and young people wanted workers who were aware of the risks inherent in living in care, who were physically present and able to deal with in-the-moment safety issues, and who monitored young people's behaviours to see whether they demonstrated that they were safe. They also wanted workers who actively asked about their safety and broader concerns, who helped them identify effective strategies for dealing with issues, who taught and mentored them in using self-protection skills, and who would stand up for and beside young people with other adults or more powerful children and young people. These workers played a pivotal part in not only preventing and protecting but also in helping young people to create strategies and skills for dealing with them in the future.

Unfortunately, children and young people often encountered workers who did not demonstrate these desired characteristics. Children and young people spoke of workers who were 'creepy', lazy, overbearing, had poor boundaries, and who caused them anxiety and worry. These workers were not physically present in young people's lives, often used rules as a way of restricting rather than empowering young people, and demonstrated judgment rather than respect and understanding. The efforts of good workers in establishing safe spaces for children seemed to be undermined by the approach of others; however, in many instances relationships with these good workers were still potent.

Recruiting and equipping workers to meet the needs of young people

Although all of the children and young people could identify good workers, there was a view that many workers were not equipped to adequately meet their needs or protect them from harm. Older participants, in particular, felt that it was important that workers be skilled and demonstrate the characteristics (noted in section 6.3) that enabled them to protect children and young people, to inspire trust and confidence and to adequately respond when children and young people had been harmed.

Previous studies have argued that recruiting the best possible workers, supporting them to be physically and emotionally present for children and young people, supervising them to ensure that they have good boundaries that are in place to protect, while nurturing children and young people and providing working conditions that enable positive interactions, are key and vital tasks of residential care providers (Holden et al., 2010). Research has shown that, to enable staff to be the best staff that they can be, organisations must articulate and implement plans that prioritise children's safety, and develop policies and procedures that help workers to understand why and how to assume these roles effectively (Holden et al., 2010; Ninan et al., 2014).

Studies have stressed the significant challenges that residential care workers face and the need for thorough, rigorous and evidence-informed training and supervision to enable them to meet the needs of children and young people, in dealing with ongoing conflicts and meeting residents' physical, emotional, therapeutic and social needs. The skill level of these professionals must be high, and yet, due to limited resourcing, audits have often found that residential care workers have to rely on their own intuition rather than on formal training (Colton & Roberts, 2007; Crimmens, 1998; Pazaratz, 2003). Minimum standards have thus been advocated (Arieli, 1997) as have approaches that equip workers to understand trauma, strategies for helping young people to manage their distress and to develop their own self-care and reflexive practice strategies (Ahonen & Degner, 2014; Bertolino, Bertolino, & Thompson, 2014; Grietens et al., 2014; Ochoa, 2013).

7.1.3 Creating safe peer cultures

As demonstrated in this study, children and young people's experiences of safety in residential care are highly influenced by the relationships that they have with peers. As Cottrell observes,

> *'Relations with others lie at the heart of the adolescent experience … [young people] place a lot of importance on belonging, on being included, and on being part of a group.' (cited in R. Emond, 2003, p. 324)*

As demonstrated in this study, peers can be both the greatest threat to young people in residential care, and their greatest ally, in preventing and dealing with safety issues.

Residential care services that foster a positive peer culture may be safest for children and young people. These services are those where children and young people empathise with each other, take responsibility for each other's safety, stand up for each other when they experience violence and assault, and assist each other to access support when required (Laursen, 2014). They are democratic and facilitate the participation of children and young people in shaping their daily care arrangements, so that children and young people perceive they have some control over their living environment.

Studies have shown that when a young person has a friendship with another, when they empathise with each other and have skills at managing conflict, peer abuse is less likely to occur (Gilligan, 2001). So too is peer violence minimised when residential care units challenge 'pecking orders' and other hierarchical structures and cultures of support rather than cultures of conflict (Attar-Schwartz, 2014). Referral and matching processes must consider the mix of children in the service, including age, gender, culture, experiences, and needs.

Although there is a paucity of research that provides guidance on how to build these peer cultures in residential care, there are clear indications of its benefits (Ainsworth & Hansen, 2005; S. James, 2011). To create these cultures, Emond (2003) argues that staff members 'need to have a clear sense of the ways in which the group is functioning and the ways in which the group impacts on individual residents', to identify risks and build on the strengths of individuals and the whole. Positive cultures also need to be reinforced within the organisation (Laursen, 2014).

Care must be child-focused and designed to meet each child's physical, emotional, cultural, social, educational and other needs. When services can create calm and secure environments, this enables a focus on the future; rather than the problematic behaviours of children and young people.

7.2 Understanding, preventing and responding to sexual safety concerns

7.2.1 Problematic sexual behaviours

A significant number of the children and young people in this study had been exposed to problematic sexualised behaviour whilst living in residential care. Although many of the younger participants reported that they believed it was highly unlikely that children and young people might be pressured into having sex, be sexually manipulated by peers or be physically assaulted, young people argued that these threats existed and were often experienced by those living in residential care. All participants in the sample saw problematic sexual behaviours between peers as being more likely than other issues related to adults. This finding reflects the international literature, where prevalence studies have suggested that peer sexual violence is more prevalent than adult-child sexual abuse (Attar-Schwartz, 2014; Euser et al., 2013; Freundlich et al., 2007).

7.2.2 Differentiating sexually abusive behaviours from developmentally appropriate sexual behaviour

Throughout the interviews, older participants expressed some confusion about what constitutes appropriate and inappropriate sexual behaviours. They reported that often it was only after they began a sexual relationship with peers or adult outsiders that they realised that the relationship was problematic and viewed it as something unsavoury.

This confusion is evident in a number of previous studies: where young people, staff in residential care and the broader community have found it difficult to differentiate different types of behaviours and may reinforce skewed beliefs (Green & Masson, 2002; Timmerman & Schreuder, 2014). In some instances, adults have determined that due to their developmental stage, young people were likely to engage in sexual relationships and that this was a normal and natural part of growing up. Although this may be the case, commentators have reported that laissez faire attitudes have been dangerous, with workers failing to intervene in unsafe relationships, to ensure that all parties are aware of their rights within the relationship and to help prevent unsafe situations from occurring (Farmer & Pollock, 2003; Green & Masson, 2002). Like one of our participants, some have argued that residential care workers may need to act like parents, proactively monitor children's relationships and act decisively when concerns arise. Some have also pointed to pervasive sexualised cultures within residential care that are reinforced within hypersexual, masculine and oppressive residential care cultures, that normalise sexual violence and abuse (Colton, 2002; Farmer & Pollock, 2003; Green & Masson, 2002).

On the other hand, some residential care settings have problematised all sexual behaviour and marked those exhibiting these behaviours as being deviant. This is equally problematic in that young people in residential care are sexual beings who need opportunities to express their sexuality in healthy ways. In problematising sexuality, workers may send the wrong messages to young people and force them to hide their sexual relationships, rather than afford them opportunities to have open and frank conversations with adults, particularly when things go wrong.

A number of writers argue for a better understanding of adolescent sexuality among staff and other adults associated with residential care, and for these adults to use this knowledge to make more informed decisions about how to best respond to children and young people's sexual behaviour in care (Nixon, 2015). Commentators in the United Kingdom and elsewhere have advocated for compulsory training for residential care providers on adolescent sexuality, and the provision of sex education in all units (Hyde et al., 2016).

7.2.3 Evidence-informed sex and relationship education and information for children and young people in residential care

As a group of participants in this study observed, children and young people are rarely given information or advice about sex, sexuality and respectful relationships. Instead they often rely on their peers for sex education, which is often distorted or reinforces unhealthy notions of sexuality and sexual relationships.

Like a number of researchers, young people argued for more and better education, possibly provided by external agencies, to help children and young people understand their own sexuality, their peers' sexual development and how to best have their sexual and relationship needs met. Young men stressed the importance of talking to males about issues of consent and appropriate sexual advances to ensure that they understood the ways that their behaviours could be harmful. This echoed previous findings, that if young people's, particularly young men's, views and attitudes about young women and sex were not challenged, abusive relationships would ensue. This was particularly the case when individuals held the view that sex was about conquest and power (Green, 2005; Green & Masson, 2002), rather than about intimacy or relationship.

Similarly, participants in this study reinforced findings from other studies that showed that young women in particular, often conflate sexuality with love and intimacy, and saw sex as a way of building relationships (Green, 2005; Green & Masson, 2002). As evidenced by young women's personal accounts, many women in residential care are at risk of seeking out or accepting unhealthy sexual relationships while holding these distorted views (Becker & Barth, 2000).

Participants felt that the way they understood relationships and developed expectations about how couples should treat each other was shaped by their experiences of watching others. Older participants reflected that they often weren't exposed to 'normal relationships' (because they did not live with their parents and because workers did not usually have or demonstrate that they were in intimate relationships (with each other). Some suggested that having opportunities to see and learn from couples who had healthy relationships would be fruitful. Similarly, they thought it would be helpful to have workers who talked to them about dating, sex and relationships and challenged some of their distorted views.

7.2.4 Reporting peer sexual assault and help-seeking

Previous studies have argued that young people in residential care are unlikely to report sexual assault to staff, choosing to talk to their peers instead (Euser et al., 2013). Young people's views that staff are unable to solve problems and may exacerbate them; do not have the skills; lack empathy and trust; and may breach their confidentiality have been cited as the key barriers to residents disclosing or seeking support (Euser et al., 2013; Freundlich et al., 2007). Although most of the children and young people in this study identified a worker or outside professional who they trusted, it is concerning that most held ambivalent views about workers' capacity to demonstrate empathy or the skills to respond to issues such as violence or abuse.

7.2.5 Sexual exploitation

Studies have shown that young people in residential care are often at greater risk of sexual exploitation than those living with their biological parents or in other family-based care (Coy, 2008). Although only a small number of young people in our sample identified sexual exploitation by adults outside residential care as a significant issue, recent Australian inquiries have pointed to its prevalence within the system (Commission for Children and Young People, 2015). Our study reinforces the view that workers in the OOHC system need to be aware of the risks of sexual exploitation, and consider

better ways of identifying and responding. Having workers and residential care units proactively monitoring children and young people's relationships was seen as essential.

7.2.6 Responding to the vicarious impact of peer's trauma, abuse and harm

Children and young people reported that their own sense of safety and emotional wellbeing were affected by the experiences and behaviours of peers. They gave examples of times when they were scared for, worried about or affected by the behaviours of their peers who experienced depression, anxiety or other mental health issues either externally (by lashing out at others, destroying property or acting aggressively) or internally (by self-harming, attempting suicide or using alcohol or other drugs). Participants reported that seeing, hearing and experiencing this distress took its toll on children and young people, even when they appeared to be casual bystanders. They reported that these impacts were not often appreciated by workers, services or the broader system. Although there is an increasing interest in the impact that children and young people's behaviour has on staff in residential care, previous literature does not appear to consider how peers trauma and trauma-based behaviours affected each other. This is in spite of the fact that many children in residential care have already been experienced trauma and the affects of post-traumatic stress disorder.

7.2.7 Understanding and enhancing children and young people's agency in identifying, preventing, managing and responding to safety issues in residential care

Although there is a demonstrated need for residential care providers to develop and use strategies to prevent abuse and violence within units, participants stressed the importance of recognising and supporting children and young people to build on their skills and knowledge to protect themselves and each other. Based on our analysis of young people's views, we would argue that this would entail four inter-related tasks: (a) assisting young people to understand the nature of abuse, sexual harassment and exploitation; (b) understanding and building on young people's self-protection strategies (including their help-seeking); (c) understanding and building on young people's peer support strategies; and (d) creating opportunities for children and young people to work with adults and institutions to ensure that their efforts are complementary.

These tasks reflect that often children and young people already have and use their own strategies for protecting themselves from harm. Participants recognised that some of these were ineffective and counter-productive, and believed that they needed to be corrected or replaced. For example, participants said that without good conflict resolution skills and without the intervention of workers when violence, bullying or harassment occurred; young people would often fight back and use violence to protect themselves. They realised that this was destructive and often caused them to get into trouble for breaking rules, and in many instances were keen to explore alternatives. So too were they cognisant that picking on other children to assert themselves as higher in the pecking order was antisocial and did nothing to make residential care safer. However, they felt that asserting themselves in such a way prevented them from being abused or harassed within violent peer environments.

In addition to these unhelpful strategies, children and young people had other innovative tactics to assess, prevent and manage risk when they were alone or when workers and units failed to effectively manage threats. Some participants reported, for example, that they would watch 'dodgy' or 'creepy' workers and document their behaviours so that they had 'concrete' evidence to take to managers when they were concerned about their safety. Others said they would also take other younger or more vulnerable residents 'under their wing' and protect them from unsafe people and experiences, and give advice when they thought that their peers were being manipulated or harmed. They believed that without abrogating their responsibilities, workers and units need to be aware of, value and assist young people to use these strategies to protect themselves and each other. Coaching and mentoring might help young people to be better informed and give appropriate and adequate advice to their peers and seek adult assistance when required.

Children and young people in this study both suggested the need for and demonstrated their desire and capacity to participate in decision-making processes related to safety in residential care. However, they reported that this was rarely done. A number reflected on times when trusted workers had sat with them and negotiated how they might deal with personal challenges and problems, and thought that this type of discussion might be replicated to cover issues of abuse and exploitation. Trust, mutual respect, understanding and gentle challenging of each other's views seemed central to these interactions.

At an organisational and systemic level, some participants stressed the value of groups of young people helping to inform, shape, and take a role in implementing and evaluating strategies for keeping children and young people safe in care and responding to their safety needs. They believed that because children and young people were those most affected by abuse and other forms of harm, they had the biggest stake in ensuring that things were done effectively. They also believed that with lived experience to draw on, children and young people were in a unique position to assess the effectiveness of policies and approaches, and ensure that they met residents' real needs.

A number of the young people in this study had taken on advocacy roles for children in care and felt that organisations like the CREATE Foundation might take a more active role in facilitating discussions with them, service providers, and state and territory child protection systems, about how to best manage safety issues for children in care. Although they believed that this was sometimes done at a macro level, no participants could identify a mechanism that was in place that specifically considered issues of safety and child sexual abuse.

The existing literature has stressed the value that children and young people in residential care place on participation in decision-making (Augsberger & Swenson, 2015; Bath, 2008b; B. Gallagher & Green, 2012; Harker et al., 2003; McLeod, 2010; Soldevila et al., 2013; Winter, 2010). Emond (2000), for example, details the complex ways that young people in residential care manage relationships and their environment, drawing upon currencies of knowledge, their environment and communication. Young people draw on their own expert knowledge of their environment and deploy tactics of communication to advocate and support their own interests in residential care (Emond, 2000). Research into residential care has found that young people use their own protective strategies, often beyond the gaze of adults (Euser et al., 2013). Drawing on young people's agency and expertise in residential care has the potential to reduce safety issues. This is because, as Barter (2004) found, young people in residential care need and want to be consulted and involved in the development of strategies to challenge violence and to support victims. Further, drawing on young people in residential care as a resource and allowing them to participate in decisions is important, because, as a study that linked incidences of peer sexual violence to policy found, young people agreed that when residential care policy on violence was 'clear, fair and consistent' they reported lower levels of victimisation by their peers (Attar-Schwartz, 2014). Providing opportunities for children and young people to have some control and exert influence has been found to positively influence wellbeing throughout childhood (Fattore, Mason, & Watson, 2007).

7.3 Concluding comments

This study explored the ways that children and young people in residential care understood and assessed their safety and the ways that institutions responded. Although some concerns were raised by stakeholders about the capacity of children and young people to both reflect on their own experiences of abuse and harm, and their ability to emotionally protect themselves from experiencing distress when discussing sensitive issues, this project reinforced the vital role that children and young people can play in identifying concerns and shaping the ways that institutions can prevent and respond to issues as they emerge. Engaging children and young people in research is recognised as a meaningful way to ensure best practice in child protection and develop policies that meet the needs

of children and young people engaged with care systems (Salveron et al., 2013; Taylor & Ashford, 2011).

Participants recognised that sometimes their understandings and assessments may be misguided, but agreed with us in arguing that, unless adults and institutions appreciate children and young people's perceptions and experiences of safety, responses would fail to meet their needs. In recognising the importance of young people's voices, this report is consistent with efforts to engage children and young people in research that addresses their experiences in empowering ways and in the exercise of their rights in systems which affect them, particularly where they are vulnerable to harm (Moore et al., 2015, Taylor & Ashford 2011).

The study demonstrates the need to work with and for children and young people, and the value of collaborating with them to find solutions to ongoing and emerging safety issues. Often with little control over their own lives and little power to protect themselves or each other, participants stressed the importance of empowering children and young people and providing them with opportunities to join with adult champions to overcome the challenges they face, and to find strategies to protect themselves from harm.

This report shows that young people will, and want to, work collaboratively with adults if they perceive that adults are concerned about their safety, are skilled, and are approachable. Children and young people in this study were also able to clearly articulate concerns for their safety, their experiences of managing unsafe environments involving adults and peers, and the ways in which they assessed safe and unsafe environments and people. Many of the ways in which children and young people make such assessments are based on relationships of respect with peers and workers, having autonomy and accountability in decision making as it affects their lives, stability in placements and workers, and creating a home-like environment.

What is evident from the young people in this study is that they are confronted with varying levels of conflict, peer-to-peer violence and sexual violence, relationships with workers that are safe and unsafe, and importantly, that they are aware of the limitations and successes of the systems in which they do this. Children and young people in this study also had very clear ideas about how to improve their safety in residential care environments. This included having adults, both workers within residential care and adults outside of care, that demonstrated an interest in them, were willing to listen, and took complaints seriously when they were made. This affirms the need to continue to respect the ability of young people to understand their needs and vulnerabilities, to speak about these in meaningful ways, and for adults to meaningfully engage with young people about their experiences in systems of care and protection (Höjer & Sjöblom, 2014) . Young people in this study have demonstrated that they want to be heard and that it is important that their voices are considered.

We would like to close by recognising the courage, generosity and considered advice provided by the children and young people who participated in this study. We hope that this report shines a light on their experiences and demonstrates the value of providing them with the opportunities to have their say.

> *'We believe that the young people are the ones that are going to be affected most by this stuff so they should have a right to say.' (Young woman, aged 17–20)*

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Appendix 1: Conducting the study ethically: Our approach

Inclusion of children and young people in research

There is a strong view that rather than excluding vulnerable children from research, researchers should try to find ways of responding to and minimising potential harm so that they may be included. The majority of writers believe that excluding vulnerable children from research may render them more vulnerable and place significant limitations on the research as a whole (Aldridge, 2014; Allnock, 2011; Finkelhor et al., 2016b; Morris, Hegarty, & Humphreys, 2012; Morrison, 2013). This study did not actively recruit children and young people who had experienced institutional sexual abuse, but instead, recruited children and young who had lived in residential care.

Understanding potential harms

Within the literature, two potential harms are examined at length. Firstly, there is concern that children may experience psychological distress because of their participation in the research; because it might remind them of an upsetting or traumatic life event; because it might introduce to the child subject matter that may be troubling; or because the child is not developmentally prepared.

Literature that quantifies such impacts is limited but generally suggests that psychological distress is unusual and short-lived (Chu, DePrince, & Weinzierl, 2008; Kuyper, de Wit, Adam, & Woertman, 2010; Widom & Czaja, 2006 as cited in Finkelhor et al., 2016b). A number of studies have shown that children exposed to traumatic life events experience the research process in ways not dissimilar to children without such exposure and rarely report feeling upset as a result of their participation (Ybarra et al., 2009). Finkelhor and his colleagues report that only 3 per cent of those who expressed distress as a result of participating in a survey on exposure to violence said that they would not participate again had they known the content (Finkelhor et al., 2014). They note that such post-participation testing has not been conducted with younger children, often because surveys and interviews targeting these age groups do not specifically ask children about their trauma experiences (Finkelhor et al., 2014).

Even still, we approached study cautiously and constantly 'checked in' with participants to ensure that they felt safe within the research context. We also worked with referring organisations to ensure that ongoing support was available if children became distressed.

In relation to children being exposed to developmentally inappropriate content, the literature generally suggests that children are often aware of the issues under examination even when adults might think that they are not. Writers suggest that researchers should raise issues in a very broad sense at the beginning of research activities to ascertain whether children might have been exposed to traumatic events or have an opinion on them, and only further explore those topics with which children engage (Finkelhor et al., 2016b; Mudaly & Goddard, 2009). This was a technique that we adopted in this study, also providing children and young people opportunities to opt out of conversations.

In the small number of studies that have asked children and young people about topics they have not personally experienced and then asked them to reflect on answering these questions, respondents have generally been more concerned about others than themselves. In a study focused on children and young people's exposure to violence reported, for example, some young people reported feeling uncomfortable about the tone of questions asked (believing them to be accusatory), and expressed concern that their peers may have been exposed to such life events (Ybarra et al., 2009). Writers in such areas seem to support Finkelhor et al.'s (2016b, p. 5) observation:

'It may be better, in fact, to formulate the concern as one about how the topics are addressed with younger children, rather than a presumption that the subject material is somehow intrinsically harm inducing.'

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. Reference 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). 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 4). The research team has established protocols with referring organisations and with the appropriate State / Territory Rape Crisis / Child Abuse Survivors Services to respond to any distress that is raised. A list of alternate services and supports will be provided to all young people.
Young people who are perpetrators of violence / bullying or harassment in joint interviews 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.

Potential harm	Likelihood	Mitigation strategy
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.

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.

Potential risk	Likelihood	Mitigation strategy
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 residential care, 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.

Responding to 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.

Steps that will be taken to respond to disclosures include:

- **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 Child Wise National Child Abuse Helpline

- **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 determined by the researcher's legal and ethical obligations, the young person's wishes, their vulnerability and whether they have disclosed to others

- **reporting** to the Royal Commission 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.

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 that 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: Checklist for identifying young people for the Residential Care Safety Study (NGO partners)

A few things to consider:

- The research team (and the Royal Commission) is keen to ensure that the study is **appropriate, safe and accessible** to as many children and young people as possible. It has been developed to ensure that children and young people of different ages (10–18), backgrounds, literacy levels and capacities are able to participate.

- Researchers have **skills and experience in conducting research with children and young people on sensitive issues**. Most are social workers, youth workers and/or have worked in child protection, mental health or welfare sectors.

- This study has been developed **based on a methodology used with children and young people aged 4–18**. It does not require high levels of literacy and is tailored to the individual (who can choose whether they draw, write, talk or complete tasks).

- It uses a **scaffolded methodology** which is driven by participants, who:
    - help define safety and describe what it feels like for them; they are asked what it means to be unsafe and how they can tell
    - identify safety concerns that they believe young people in residential care might experience
        - only issues that are identified by the individual are explored – child sexual abuse will only be discussed if raised by participants
    - are asked what young people would need if they encountered one of the safety issues that they identified, what they believe is currently being provided, what needs to be improved, how it might be better prevented and managed.

- Participants are given **multiple opportunities to choose** how they participate, whether they answer particular questions or whether they stop participating.

Previous studies with children and young people that quantitatively test the impacts of participation in research on issues such as interpersonal safety, child abuse and trauma have shown that:

- only very small numbers of children and young people experience distress

- children and young people who have experienced abuse or trauma are no more likely to experience distress than their peers

- when children and young people do experience distress it is most often short-lived

- they have found, instead, that children and young people report benefits from their participation, and if given the choice, would participate in similar studies.

Checklist for participation	Further consideration	Implication for participation
☐ **Is the child / young person under the age of 10?**		If yes, the child is not eligible to participate.
☐ **Has the child or young person lived in residential care for less than three months?**		If yes, you may want to consider whether the young person is in a position to reflect on their safety.
☐ **Is the young child or young person currently involved in a court process related to child sexual abuse or sexual assault (either as a victim or an alleged perpetrator)?**		If yes, the child or young person is not eligible to participate.
☐ **Is the child or young person involved in therapy as a result of abuse or assault?**		If yes, consult their therapeutic team and determine whether they believe it is safe for the young person to participate.
☐ **Is the child or young person experiencing significant difficulty at the moment?**	Have they been recently hospitalised for mental health issues? Have they recently experienced a traumatic life event (such as a death, an assault, relinquishment by parent)?	If yes, consider whether they are emotionally stable and able to participate in an interview. Workers should consider talking to the young person and decide, together, whether difficulties might make it unsafe for them to participate.
☐ **Would the child or young person be unsafe if a third party became aware that the child or young person was involved in the study?**	Have they been victimised by a staff member or other resident who may be threatened by the young person's participation? NOTE: as victimisation is often hidden, workers may not be able to answer this question. Researchers will ask young people this question before engaging them in an interview.	
☐ **Are there any major reasons why you believe that the child or young person may be at greater risk of experiencing distress as a result of their participation (noting the way that the methodology has been developed and how participants will be supported in the study)?**		
if 'no' to questions above, young people may be invited to participate in the study		

Appendix 3: Interview schedule

Pre-interview checklist

- ☐ Young person is on list of participants that have been signed-off by [the Department].
- ☐ Parental consent has been provided, if required.
- ☐ You have an audio recorder with enough battery.
- ☐ You have food/drinks.
- ☐ You have voucher.

Starting the interview

- ☐ Young person has been briefed by worker/s about project.
- ☐ Young person has received information brochure.

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

☐   REMIND
Study commissioned by the Royal Commission
Ask young person if they've heard about the commission and what they do

- What are we asking?
  - o What does it mean to be safe in residential care?
  - o What risks are there for young people in residential care?
  - o How can residential care services keep young people safe from harm from things like abuse?
  - o What do young people think about things services do and don't do to keep them safe from harm?
  - o What things would they want services to do and to do differently?
- Why are we asking?
  - o Young people have been unsafe because they haven't had a say.
  - o 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.
  - o Young people can tell us things that adults wouldn't have thought about.
- Nature of the interview
  - o You will be given some stories to think about and asked the questions in the box in the first column.
  - o **You will not be asked about your own experiences of abuse in residential care.**
  - o You will not have to answer any questions you don't feel comfortable answering.
  - o **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).**
  - o We will not identify you when we talk about the research or tell anyone things you don't

□   **REMIND**
want us to share. We value confidentiality and would get into trouble if we broke your trust.

□   **EXPLAIN: Risks and benefits**
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.*

Screening

□   **EXPLAIN:**
SAY SOMETHING LIKE: *Today we're going to talk about being safe in residential care and what residential care needs to do to keep young people safe from harm.*   *Because talking about things like safety and abuse are sensitive and might bring up tough feelings we're suggesting that young people who are not in a good headspace, who are stressed or upset or who are going through some rough times might sit out this time.*   *Is it OK if I ask a few questions to help you and I decide if you're in an OK space to participate?*

□ **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 below.
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?	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

□	**SCREEN:**	
4.	How safe are you feeling at the moment?	- 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?*

□	**REMIND:**
	Provide voucher and explain that it is as a way of saying 'thanks' for coming today. It's now theirs – whether they complete the interview or not. Obviously we'd love to hear their stories and ideas but they don't have to stay if they don't want to.

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 and 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 my 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 okay.   - 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.

Icebreaker (if needed)

Biographical

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?	
How long have you been in residential care?	
How many different residential care placements have you had?	

Question 1: What does it mean to be safe? What does it mean to be safe in residential care?

DISCUSSION (NOTE OPTIONAL ACTIVITIES)	
Key Question	Prompts / probing questions
1. What does it mean to be safe?	1.1 What are some of the words that come to mind when you hear the word '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 a resi unit is safe or not?
	    a. What does the service 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 young person is safe or not?

3. How do young people think about safety from sexual abuse in residential care?[3]	3.1 Thinking about sexual abuse in residential care – what would be the main risks? (examples may be used to prompt – sexual harassment, pressure to have sex from peers, being alone in a room with a worker, access to porn, creepy people hanging

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[3] 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.

DISCUSSION (NOTE OPTIONAL ACTIVITIES)	
	around, people talking about sex inappropriately, bullying, degrading talk about girls etc)
4. What do young people need to be safe and feel safe in residential care?	4.1 What does the resi care need to do? 4.2 Workers need to do? 4.3 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 resi care 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?'	
5 What keeps residential care from being safe?	a. People b. Environment c. Behaviours d. Things e. Things that are done?

Scenarios

Give the young person the 'scenario' examples and an A3 matrix, and ask them to decide (a) from their experience, how likely is it that a young person would encounter a scenario like the one presented? (b) if a young person came across the situation, how bad would it be?

For each scenario ask:

- Do you think young people in residential care are at greater risk? Why/not?
- Why did you choose to rank the scenario as you did?
- Are there greater risks for different types of young people?

NOTE: **ONLY USE THE SCENARIOS THAT RELATE TO ISSUES IDENTIFIED IN Qs 1,2,4,5**

1. **Jessica** feels uncomfortable because staff are always checking in with her. She feels like they don't respect her privacy – coming in to her room, and also knocking on the door when she is in the bathroom.
2. There's a worker, Matt, who always puts his arm around **Jason**'s [Jane's] waist. Most of the time Jason [Jane] thinks it's just friendly but sometimes it feels a bit weird.
3. Two of the workers, Craig and Mitch, are always making sexual jokes about one of the female staff, Sarah, in front of the boys. **Kelly** feels uncomfortable about it.
4. **Vicky and Michael** avoid being near one of the staff, Chris. He hasn't done anything in particular but he just has this vibe and creeps them out.
5. Denise, one of the workers, often gives the **Jasmine** sex advice and tells her things that she has done to make guys want to have sex with her.
6. The boys sometimes dare each other to play truth or dare seeing how far they'll go. **Danny** feels pressured into doing this.
7. **Chrissie** [Chris] has been bullied by other young people. Older boy, Brett, has said that he'll protect Chrissie [Chris] if she does 'things' for him. Chrissie [Chris] is worried that it will include sexual stuff but doesn't feel safe.
8. There's a worker, Ben, who has been sleeping with one of the girls, **Krystal**, in residential care. The other young people think this is a bit dodgy but don't want to tell anyone.

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Question 2: What is being done and what could be done to keep young people safe in residential care?

DISCUSSION (NOTE OPTIONAL ACTIVITIES)	
Key question	Prompts/probing questions
1. What are the biggest risks/what are the things that most seriously compromise young people's safety in residential care?	
2. Of these topics which are most important and which would you most like to discuss?	

ACTIVITY

In the pre-printed worksheets answer the questions:

What would a young person who came across this risk need?	What does resi care currently do (well) to keep this from happening?	What else should they do/what don't they do (well)?	What should they do if they find out this is happening?	What don't they do well/ what else should they do?	What advice would you give residential care/adults about this?	Who else could help?

DISCUSSION OPTIONAL

(if sexual abuse/peer sexual violence has been raised)

Key question	Prompts/probing questions
Needs	How can residential care services prevent young people from exposure to sexual abuse in residential care? (Explore potential of sex education, protective behaviours messages, supervision/ monitoring of activities, clear boundaries and personal space)
How well are residential care services preventing sexual abuse?*	What does your residential care service do, or what policies does it have, that aims to make you feel safe, and be safe? What do they do well? What should they do better? What don't they do?
	Do workers know what is going on amongst young people in your residential care service? Would workers know if bad things were happening? How can you tell?
	If you felt unsafe or insecure, would you tell? Who would you tell? Why them?
	How well do they/do you believe workers would do in responding?
How well are residential care services responding to sexual abuse?	Does your residential care service make it clear what to do if you have a complaint or a worry (about yourself, another young person, a staff member, or someone else)

DISCUSSION OPTIONAL	
(if sexual abuse/peer sexual violence has been raised)	
	How confident would you be that the residential care place you are currently in, would make a good response when a young person has been or felt unsafe?

Question 3: Key messages

DISCUSSION (NOTE OPTIONAL ACTIVITIES)	
The Royal Commission is going to make recommendations about how to make children and young people in residential care safer	
What is the most important message the Royal Commission needs to hear?	What things do you think they should fix most? What advice should they give? What needs to change? What can be built on?

POST INTERVIEW: Check-in

CHECK-IN	
SAY SOMETHING LIKE: *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?*	**Options:** • Kimochis • Funky Fish

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.* *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?	*Fill in the Sharing my story form (Attachment 2)*
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

What can be shared?	What can't be shared?	Who can be told?

If you have told the researcher that you have experienced abuse or harm they will need to do something about it. Before finishing the interview the researcher will discuss this with you and negotiate a plan.

[ ] I am happy for one of the researchers to contact me within 48 hours to see how I am going and for some feedback on the interview

My signature:

_____

Researchers signature:

_____

Other's signature/s:

Post-interview checklist

- □ Have you checked-in with the young person?
- □ Do you have any safety concerns?
  - o Is the young person in imminent danger?
  - o Are other young people/staff in imminent danger?
  - o Has the incident been reported/investigated already?
    - ▪ If yes, does the young people need additional support?
    - ▪ If no, follow protocol (Attachment 3).
- □ Is the young person emotionally okay? What do you need to put in place to ensure that they are safe in the short and longer term?
  - o Talk to Morag/Tim.
- □ Are there any ongoing safety issues that you think needs to be communicated to the organisation?
  - o If yes, can you get permission (using the Sharing my story proforma) to report. You can assure the young person that you do not need to disclose their identity.
  - o Report to Morag/Tim.

Researcher check-in

Reflect	
- How are you feeling after the interview? o Did the interview stir up anything for you? o How did this influence the way you conducted the interview/the way that you interacted? o Are you okay to keep going today? o Do you need some space/talk to someone before you do another interview?	What do you need to do?

Appendix 4: Responding to disclosure or distress protocols

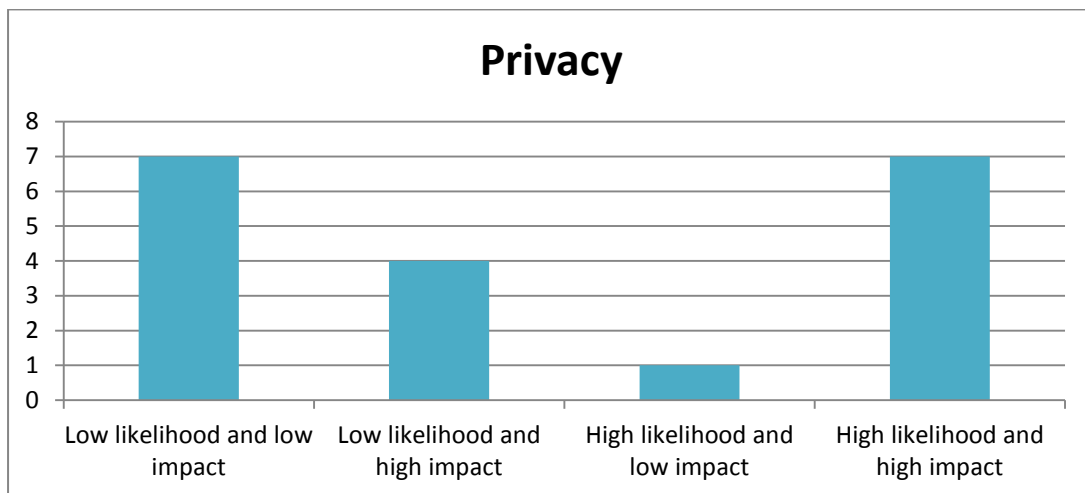| Disclosure	Questions	Action/s
Disclosure of abuse	1. Stop the interview 2. Acknowledge the disclosure 3. Assess the nature of the abuse - 'Do you mind telling me when this happened?' - 'Is this person still in your life?' - 'Are you still in danger of experiencing abuse?' - 'Have you got help as a 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 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 a report - who they would like to tell so that they can get support and be protected from potential abuse - whether they would like you/ a staff member to support them to get support.
Disclosure that they have perpetrated assault	1. Stop the interview. 2. Acknowledge their disclosure. 3. Remind them that you have a duty to report concerns for the safety of others. 4. Assess: - are you concerned about the imminent safety of others?	

Distress protocol

Indications of distress during the interview	Questions	Action/s

Display signs of distress or upset (ie 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 should be halted.
		
		'I'm worried about you. The interview 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 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 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 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 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	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?
		1. Identify supports.
		2. If there is imminent danger remind the young person that you have a responsibility to act.

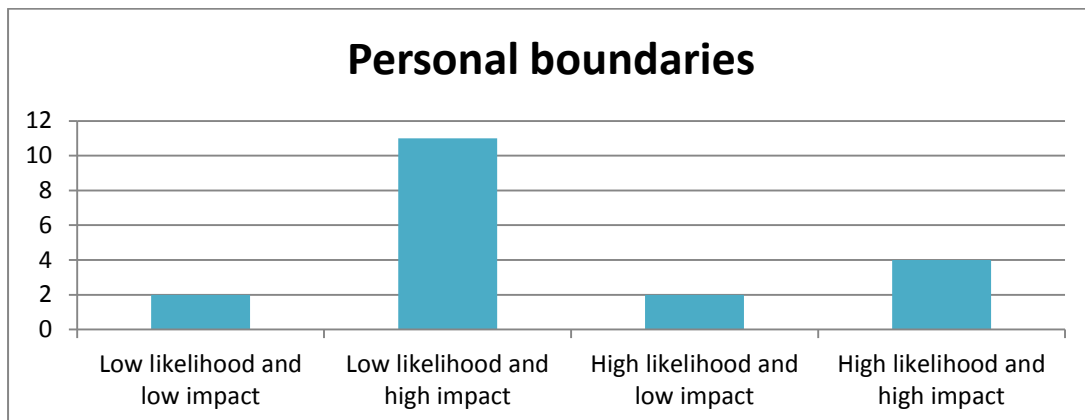| Indications of distress during the interview	Questions	Action/s
participation in the study	- What do you think the other person would do if they found out? 3. Determine if the person is experiencing a safety concern.	3. Identify who to best inform and what other actions might be necessary (in negotiation with young person). 4. Act (support, refer, report). 5. Report situation to team leader.

Appendix 5: Vignettes

Vignette 1: Privacy

Scenario: *Jessica feels uncomfortable because staff are always 'checking in' with her. She feels like they don't respect her privacy – coming in to her room, and also knocking on the door when she is in the bathroom.*

Privacy

Bar chart with y-axis from 0 to 8:
- Low likelihood and low impact: 7
- Low likelihood and high impact: 4
- High likelihood and low impact: 1
- High likelihood and high impact: 7

Vignette 2: Personal boundaries
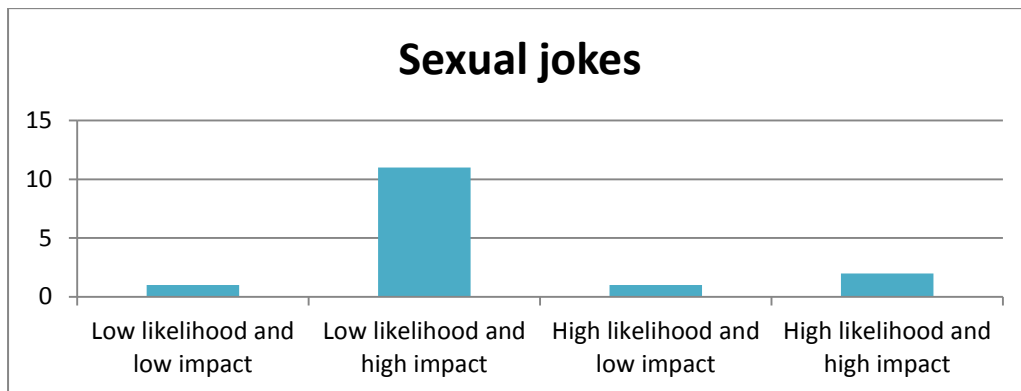
Scenario: *There's a worker, Matt, who always puts his arm around Jason's [Jane's] waist. Most of the time Jason [Jane] thinks it's just friendly but sometimes it feels a bit weird.*
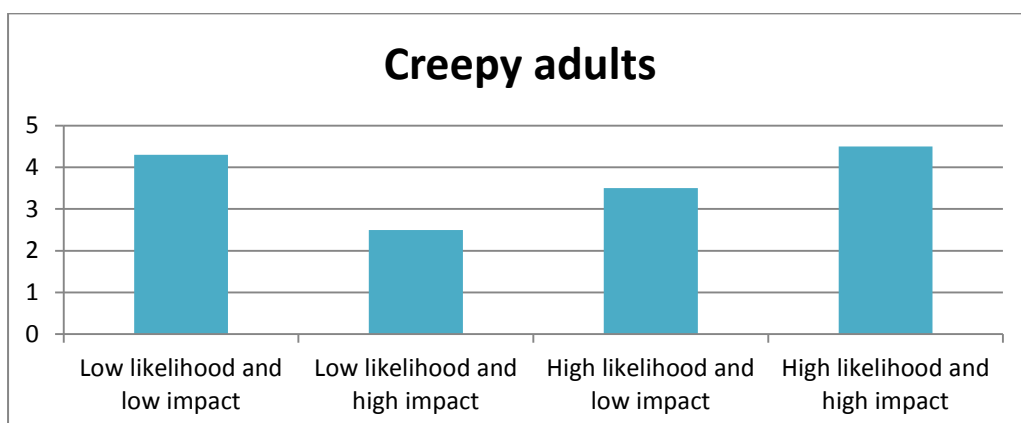
Personal boundaries

Bar chart with y-axis from 0 to 12:
- Low likelihood and low impact: 2
- Low likelihood and high impact: 11
- High likelihood and low impact: 2
- High likelihood and high impact: 4

Vignette 3: Sexual jokes

Scenario: *Two of the workers, Craig and Mitch, are always making sexual jokes about one of the female staff, Sarah in front of the boys. Kelly feels uncomfortable about it.*

Sexual jokes

Category	Value
Low likelihood and low impact	1
Low likelihood and high impact	11
High likelihood and low impact	1
High likelihood and high impact	2

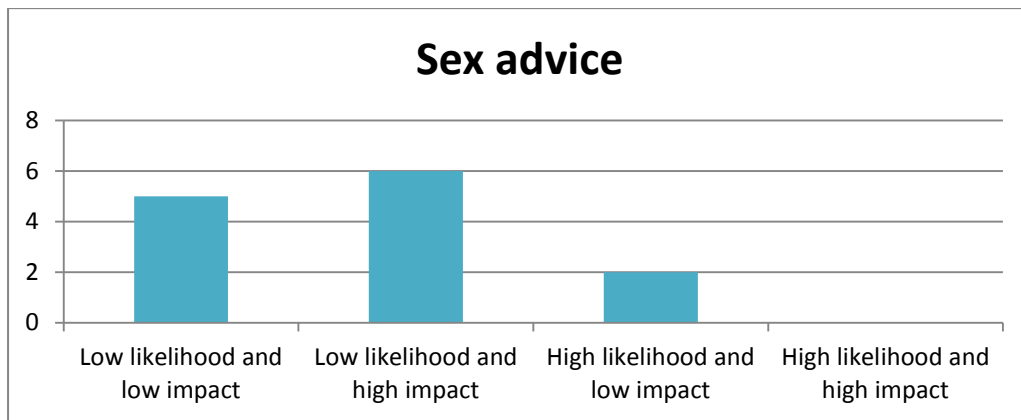## Vignette 4: Creepy adults

Scenario: *Vicky and Michael avoid being near one of the staff Chris. He hasn't done anything in particular but he just has this vibe and creeps them out.*

Creepy adults

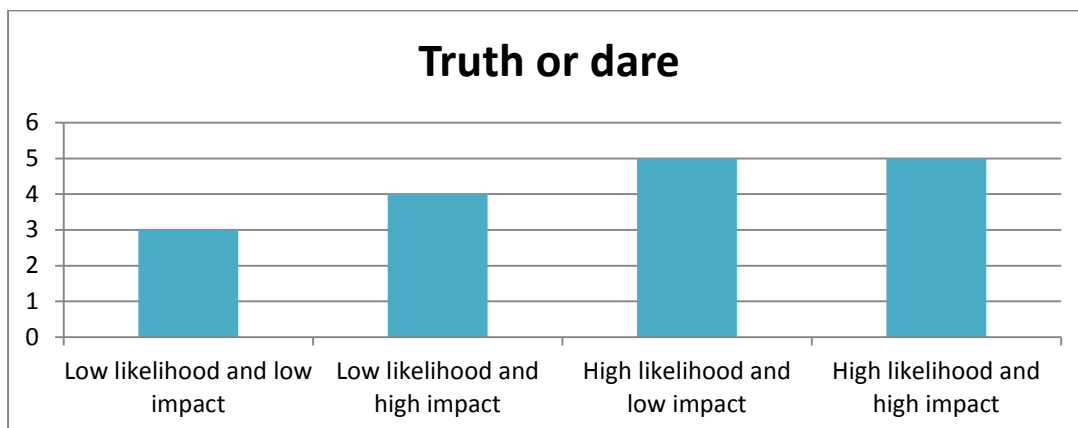| Category	Value
Low likelihood and low impact	4.3
Low likelihood and high impact	2.5
High likelihood and low impact	3.5
High likelihood and high impact	4.5

Vignette 5: Sex advice

Scenario: *Denise, one of the workers, often gives the Jasmine sex advice and tells her things that she has done to make guys want to have sex with her.*

Sex advice

A bar chart titled "Sex advice" with y-axis from 0 to 8:
- Low likelihood and low impact: 5
- Low likelihood and high impact: 6
- High likelihood and low impact: 2
- High likelihood and high impact: 0
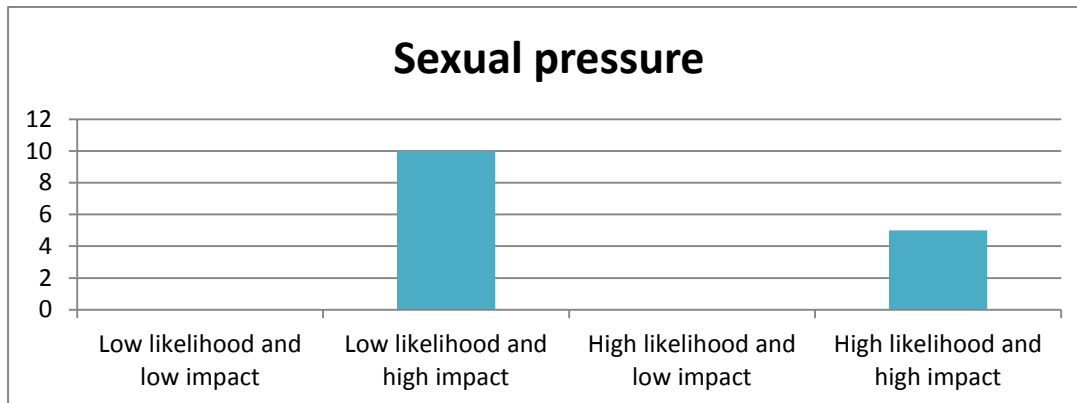
Vignette 6: Truth or dare

Scenario: *The boys sometimes dare each other to play truth or dare seeing how far they'll go. Danny feels pressured into doing this.*

Truth or dare

A bar chart titled "Truth or dare" with y-axis from 0 to 6:
- Low likelihood and low impact: 3
- Low likelihood and high impact: 4
- High likelihood and low impact: 5
- High likelihood and high impact: 5

Vignette 7: Sexual pressure

Scenario: *Chrissie [Chris] has been bullied by other young people. Older boy, Brett, has said that he'll protect Chrissie [Chris] if she does 'things' for him. Chrissie [Chris] is worried that it will include sexual stuff but doesn't feel safe.*

Sexual pressure

Category	Value
Low likelihood and low impact	0
Low likelihood and high impact	10
High likelihood and low impact	0
High likelihood and high impact	5

Vignette 8: Child sexual abuse

Scenario: *There's a worker, Ben, who has been sleeping with one of the girls, Krystal, in residential care. The other young people think this is a bit dodgy but don't want to tell anyone.*

Child sexual abuse

Category	Value
Low likelihood and low impact	0
Low likelihood and high impact	12
High likelihood and low impact	0
High likelihood and high impact	0