

Young people's perception of safety in youth-serving organisations is related to their quality of life ... but not in every context

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Background

2017: Final report of the Royal Commission into Institutional Responses to Child Sexual Abuse.

Implications: Organisations across Australia begin making changes to their policies and practices regarding children's safeguarding.

Recent studies: There are still alarmingly high numbers of child sexual abuse and victimisation in organisational settings:

- 5–8% of students reported they have experienced some form of child sexual abuse in school (Chen & Wei, 2011)
- 23–87% have experienced sexual harassment or peer sexual victimisation (Clear et al., 2014).

Safety is one of the basic domains of quality of life in general (González et al., 2012) and for children's wellbeing in particular (Fattore et al., 2009).

Children's views and rights are important, and in some states are legally required to be incorporated into practice (Moore et al., 2016).

There is a growing view that without appreciating the ways that children perceive and experience abuse, strategies to effectively prevent and respond to child sexual abuse will be limited (Jernbro et al., 2010).

Aim

To investigate the relationship between children and young people's **perceptions of safety** and their **health**, using Quality Adjusted Life Years (QALYs), across a range of youth-serving



Method

Participants:

549 young people aged 10–18

40% male, 59% female, 1% 'non-binary'

Participants responded in relation to schools, sports clubs, family services, youth clubs, outside school hours care and out-of-home care.

Materials: *Children's Safety Survey* was used to measure 3 dimensions of safety perceptions, and 1 health/wellbeing domains:

- **Child Informed Organisational Safety Climate (CIOSC)**
- **Confidence in Adults (CIA)** – scored separately for confidence to respond to concerns with an adult and concerns with a peer)
- **Barriers to Help Seeking (BTHS)** – scored separately for confidence to respond to concerns with an adult and concerns with a peer)
- **Child Health Utility 9 Dimension (CHU9D)** – where a higher score means better quality of life.

Procedure: Young people took part in a survey run by ICPS that recruits young people from within organisations they are involved in (with parental consent).

Some completed the survey at home, others at the organisation. Responses to the CIA and BTHS were given to two risk scenarios: one from an adult, and one a peer.

Is your sector next...?

The ICPS is eager to co-design more sector-specific scenarios for use in the survey.

What is the risk in your setting?



Results

We conducted correlations (Spearman's Rho) between perceptions of safety and quality of life.

Quality Adjusted Life Years (QALYs) are significantly associated with perceptions of safety, but only in three contexts:

- (1) schools;
- (2) out-of-home care; and
- (3) youth development services.

Correlations between CHU9D utility scores and perceptions of safety subscales

Organisation Type	CIOSC	CIA ADULT	CIA PEER	BTHS ADULT	BTHS PEER
Schools (n = 442)	.46***	.37***	.37***	-.33***	-.35***
Out-of-home Care (n = 31)	.60***	.41*	.47**	-.56**	-.46**
Youth Development (n = 30)	.40*	.49**	.36*	-.41*	-.43*
Family Services (n = 31)	.22	.21	.13	-.04	-.20
Sports Clubs (n = 7)	-.37	-.25	-.56	-.22	.07
Outside Sch. Care (n = 8)	.52	.95***	.61	-.41	-.33

* $p < .05$, ** $p < .01$, *** $p < .001$

Two out of three of these sectors are ones where children and young people spend significant amounts of time.

References

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Conclusion/Implications

There is a significant **correlation between children/young people's perceptions of safety and their health** in contexts where they spend significant amounts of their time (i.e., school and out-of-home care).

This can be seen by the positive correlation (relationship) between the scores on both **safety climate** and **confidence in adults** to respond protectively to concerns either about adults or peers and their quality of life (scores on the CHU9D).

The negative correlation between barriers to seeking help (BTHS) and quality of life (CHU9D) indicates that those who identified fewer barriers reported better quality of life.

Results were significant only for children and young people from three sectors (schools; out-of-home care; youth development). Although the same trends can be seen in other sectors, the relationships were not statistically significant.

Youth development services and clubs (focused on personal identity, physical wellbeing, outdoor and social skills, mentoring etc.) also had a statistically significant association between quality of life and perceptions of safety.

In terms of whether actions to improve conditions of safety will have a broad positive effect on their health and wellbeing, our findings indicate that the context of the youth-serving organisation needs to be considered.

When allocating resources and implementing interventions and strategies to improve children's safety, it is particularly important for youth-serving organisations to consider the length of time children spend with them.

Read the report of the full project (not this specific study) here: <https://bit.ly/33g40Uk>