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Reaching every parent: National parent survey on child sexual abuse prevention resources

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Executive summary

This report presents findings from a national survey of 1,012 Australian parents and primary caregivers of children aged 10 years and under. The survey was commissioned by e-kidna to test whether parents and primary caregivers want practical child sexual abuse prevention resources, what content they consider most useful, and which universal service touchpoints may be most acceptable for distribution.

The findings show a clear parent capability gap rather than a lack of parental willingness. Most caregivers recognised the importance of body safety information, but many reported only moderate confidence in knowing what to teach, how to have age-appropriate conversations and how to recognise warning signs that someone may have an inappropriate interest in their child. Caregivers of children aged 0–5 years were generally less confident, indicating a strong case for early, universal supports.

Key findings:

- 95% of caregivers rated being directly provided with body safety resources as very or somewhat important.
- 79% of caregivers supported including child safety information in the Child Health Book or Personal Health Record.
- 80% of caregivers were interested in receiving a free children's book to support gentle, age-appropriate body safety conversations.
- 61% of caregivers were not aware, or were unsure whether they were aware, of any campaigns, resources or information about body safety.
- Caregivers most wanted practical guidance on recognising unsafe or concerning behaviours, talking with young children, private body parts, consent and body autonomy.
- Caregivers identified government as having the strongest responsibility for ensuring families can access education and resources to help prevent child abuse.

The results support a practical policy direction: child sexual abuse prevention information should not rely on caregivers searching for resources when they are already worried. Instead, credible, evidence-informed and age-appropriate resources should be offered proactively through trusted universal systems, including child health records, hospitals, maternity services, child health checks, general practice, paediatric services and early childhood settings.

Project background

Child sexual abuse in Australia

In Australia, child sexual abuse remains unacceptably common. Child sexual abuse includes any sexual act inflicted on a child by an adult or other adolescent, including contact and non-contact acts, for the purpose of sexual gratification, where true consent by the child is not present (Haslam et al., 2023). The *Australian Child Maltreatment Study (2023)* surveyed over 8,500 people to estimate the prevalence of child maltreatment and found that more than one in three girls and almost one in five boys experienced child sexual abuse (Mathews et al., 2023). Findings indicated that most child sexual abuse occurs within homes and community environments rather than institutional contexts (Haslam et al., 2023). Indeed, **over 80% of perpetrators are adolescents or adults known to the victim**, and only 4% of perpetrators are institutional caregivers (such as schoolteachers, clergy, sports coaches) (Mathews et al., 2024), highlighting the **importance of strengthening prevention efforts in families and communities**, rather than focusing only on institutions or stranger-danger messaging.

e-kidna's purpose and response

To help address this national challenge, e-kidna was formed by three national child protection organisations: Act for Kids, Bravehearts and the Daniel Morcombe Foundation. The partnership advocates for system change and education to help keep children safe from child sexual abuse.

The case for parent-focused prevention

A growing body of evidence supports **parent-focused approaches as a critical component of child sexual abuse (CSA) primary prevention**. Caregivers are uniquely positioned to deliver body safety messages repeatedly and in the context of everyday life — an approach widely endorsed by prevention professionals as more effective than one-off education (Moon & Simeone, 2023). Research also suggests that community-based and home-based education are mutually reinforcing; caregivers whose children receive body safety education in childcare or school settings are more likely to continue these conversations at home (Moon & Simeone, 2023). A systematic review of four decades of research found that programs targeting caregivers consistently improved behavioural intentions, response-efficacy, and actual protective behaviours (Rudolph et al., 2024). Despite this, parent-focused prevention remains underdeveloped relative to child-focused approaches, with existing Australian initiatives primarily focused on upskilling children rather than shifting responsibility and education to adults (e-kidna Group & EY, 2023).

The access gap: CSA prevention information is not reaching caregivers

A significant barrier to effective prevention is that CSA prevention information is not consistently reaching parents and primary caregivers through universal touchpoints. A large survey of parents and primary caregivers in the US found that only 10% had received CSA prevention information from their paediatrician, and more than half reported that their child's doctor had never discussed sexual abuse prevention with them (Moon & Simeone, 2023). Parents and primary caregivers who did engage with prevention information tended to

actively seek it out, suggesting that current approaches rely on motivated individuals rather than universal reach.

In the Australian context, the National Centre for Action on Child Sexual Abuse (2024) found that **less than half of Australian adults (48%) agreed they know what to do to keep children safe from CSA**, despite the majority recognising it as a serious and prevalent issue. Critically, most community members reported low confidence in key protective actions: 31% were not at all confident knowing how to talk to the *parent or carer* of a child they suspected had been sexually abused, and 28% did not know how to start a conversation with a *child* they suspected had been harmed (National Centre for Action on Child Sexual Abuse, 2024). These findings point to a significant capability gap — one that universal, proactive dissemination of CSA prevention information is well positioned to address.

Community awareness and the grooming gap

Community understanding of CSA, and grooming in particular, remains limited in ways that have direct implications for prevention. The National Centre for Action on Child Sexual Abuse (2024) found that while 86% of Australians agreed that child sexual abuse is more common than most people realise, over half (56%) did not believe it happens where they live. This disconnect may reflect the persistent influence of media portrayals focused on stranger danger, rather than the reality that most perpetrators are known and trusted by the child and their family (The State of Queensland (Queensland Child Death Review Board), 2025).

Grooming — the gradual process by which perpetrators establish trust with a child and often their caregivers, to create opportunities for abuse — is one of the most common strategies used to facilitate abuse (The State of Queensland (Queensland Child Death Review Board), 2025; Winters & Jeglic, 2017). Yet awareness of grooming behaviours remains concerningly low. While 75% of Australians recognised grooming as a form of CSA, less than half identified common grooming behaviours (e.g. an adult giving gifts to a child, an adult's preferential treatment of a child, or an adult encouraging a child to believe they are special) as warning signs (National Centre for Action on Child Sexual Abuse, 2024). Despite this, 81% of community survey participants agreed it would be helpful to have greater community awareness about grooming indicators. Taken together, this research signals both a recognised gap, and a strong public appetite for this kind of education (National Centre for Action on Child Sexual Abuse, 2024).

Policy context: Operational Recommendation 14

These evidence gaps are directly reflected in Queensland policy. The QFCC's In Plain Sight report identifies parent-focused education as critical to preventing CSA (The State of Queensland (Queensland Child Death Review Board), 2025). Operational Recommendation 14 calls for the Queensland Government to fund accessible, evidence-based child safety resources for parents and primary caregivers in settings frequently accessed by families, including health services and early childhood education and care settings (see Figure 1). The recommendation specifically identifies protective behaviours, recognising grooming, identifying signs of distress, and responding to disclosures as key content areas, and notes that current guidance for parents and primary caregivers in these areas is inconsistent, with many relying on informal sources.

Figure 1: Summary of Operational Recommendation 14 from p. 418 of the QFCC's In Plain Sight report (The State of Queensland (Queensland Child Death Review Board), 2025).

Prior work

Stage 1: Review of primary prevention initiatives

What we did: Soon after its formation, e-kidna commissioned a review of primary prevention initiatives against child sexual abuse in Australia.

Key finding: The review found that existing prevention activity was weighted heavily towards child-facing protective behaviours education, with comparatively less emphasis on equipping parents, primary caregivers and other adults with the knowledge, confidence and practical tools needed to prevent abuse before it occurs (e-kidna Group & EY, 2023).

Key learning: Primary prevention cannot rely only on teaching children protective behaviours. Adults need to be positioned as active prevention agents because they hold the primary responsibility for creating safe environments, recognising concerning behaviour, reducing opportunities for grooming and supporting children to speak up when something does not feel right.

Stage 2: Desktop analysis of parent-facing resources

What we did: e-kidna undertook a desktop analysis of parent-facing resources designed to prevent child sexual abuse. More than 70 resources were reviewed, most of which were websites, downloadable factsheets or PDF guides.

Key finding: While many resources contained high-quality information, they were fragmented, largely passive and dependent on caregivers knowing what to search for, where to look and which sources to trust. Consultation with sector experts reinforced that caregivers are unlikely to seek out many of these resources until they are already worried or abuse has occurred.

Key learning: The major challenge is not only resource availability; it is reach, timing and trusted access. Prevention information exists, but it is not routinely reaching caregivers early, universally or through service touchpoints they already use.

Stage 3: Preliminary parent survey on proactive resource distribution

What we did: e-kidna conducted a small preliminary survey exploring parent responses to a body safety children's book, with a view to advocating for its inclusion in baby bundles or distribution through Australian hospitals and other universal early childhood pathways.

Key finding: Caregivers showed a strong appetite for body safety resources and wanted more practical information, particularly in relation to recognising grooming behaviours and having age-appropriate conversations with children.

Key learning: Universal and proactive distribution appeared acceptable to caregivers and warranted further testing through a larger, more representative national survey.

These findings align directly with Operational Recommendation 14 of the QFCC's *In Plain Sight* report, and with the community capability gaps identified by the National Centre for Action on Child Sexual Abuse (2024). This convergence strengthens the case for our advocacy: caregivers do not appear resistant to prevention resources; rather, they want credible, practical and timely resources that help them translate concern into everyday protective action.

The current project

This survey

Given the small sample in the prior work, these findings informed this large-scale, more representative follow-up survey of over 1000 parents and primary caregivers in Australia. This survey was designed to explore parent and primary caregiver preferences for how and where CSA prevention information should be made available. Questions assess confidence, knowledge and attitudes towards body safety messaging to prevent child sexual abuse.

A note on terminology

For this report, parents and primary caregivers refers to adults with primary caregiving responsibility for children under 18. This includes biological parents, step-parents, foster carers, kinship carers, grandparents, aunts, uncles and other adults with caregiving responsibility (Guastaferro et al., 2024).

Child sexual abuse may be abbreviated to CSA.

Throughout this report, *body safety education* and *protective behaviours* are discussed as primary prevention approaches that aim to reduce opportunities for child sexual abuse and strengthen children's safety by equipping children and adults with practical knowledge, language and response pathways.

Method

Participants

Participants were recruited in June 2026 via PureProfile. Eligibility requirements included: (i) currently residing in Australia; and (ii) being a parent or primary caregiver for at least one child aged 10 years or younger. Recruitment initially targeted caregivers with children aged 5 years and under, but due to sampling challenges caregivers/primary caregivers of children aged 6-10 years were included and analysed separately to check for group differences (i.e., whether results differ from the target 5 years and under population). The sample included 1,012 participants: 58.4% women, 41.4% men, 0.1% non-binary, and 0.1% preferring not to answer. Most respondents were aged 30-39 (46.2%) or 40-49 (39.2%) and cared for one (54.4%) or two (37.4%) children under 10 years. Participants described their location as a capital city (63.9%), regional city or large town (31.1%), rural/remote area (4.6%) or preferred not to say (0.3%). See Appendix A for full sample characteristics.

Materials

An online survey was designed to capture parent/carer confidence in their own protective behaviours' knowledge/skills, attitudes towards protective behaviour resources including information provided at hospital and in a children's book, and general awareness of campaigns/information about body safety and preventing child sexual abuse. The survey included multiple choice, Likert scale and open text questions. Question response options were randomised for multiple choice questions where appropriate. No identifiable information was collected. The full survey is provided in Appendix B.

Procedure

The e-kidna project team designed the survey, which was delivered by PureProfile. Prior to commencing the survey, participants were provided with information about the study, including its purpose and estimated completion time (10 minutes). They were also given contact details for Bravehearts (1800 272 831) and Lifeline (13 11 14) in case completing the survey raised concerns. Participants were informed that they could withdraw at any time and were required to confirm that they had read this information and consented to participate before proceeding. This project did not undergo formal ethics committee review. On survey completion participants were also given websites for further information including Bravehearts, the National Office for Child Safety, and e-kidna.

Analysis

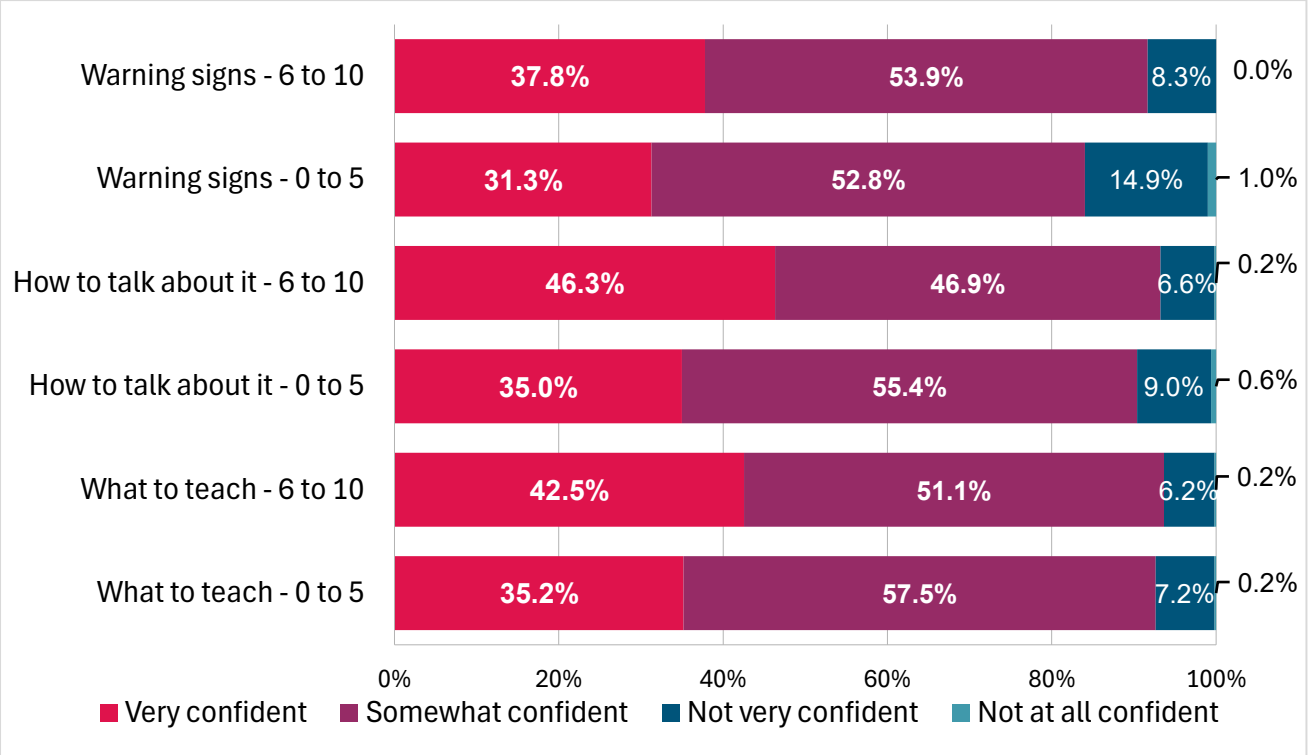
Open text responses were analysed using rapid content analysis with illustrative extracts. Quantitative responses were cross-tabbed and graphed using Excel. Where relevant, data were examined separately for participants with children aged 0-5 years, to descriptively compare patterns across these groups.

Results

Parent confidence: body safety conversations and grooming

Three questions assessed parent confidence in body safety conversations and grooming. Questions asked confidence in: (i) knowledge of topics and rules to teach; (ii) talking in an age-appropriate way; and (iii) knowing signs of inappropriate interest. *Figure 2* indicates that most caregivers reported being “somewhat confident” across all three questions, with fewer reporting that they were “very confident”, indicating a confidence gap rather than a crisis of confidence. Confidence tended to be lower for caregivers of younger children aged 0-5 years.

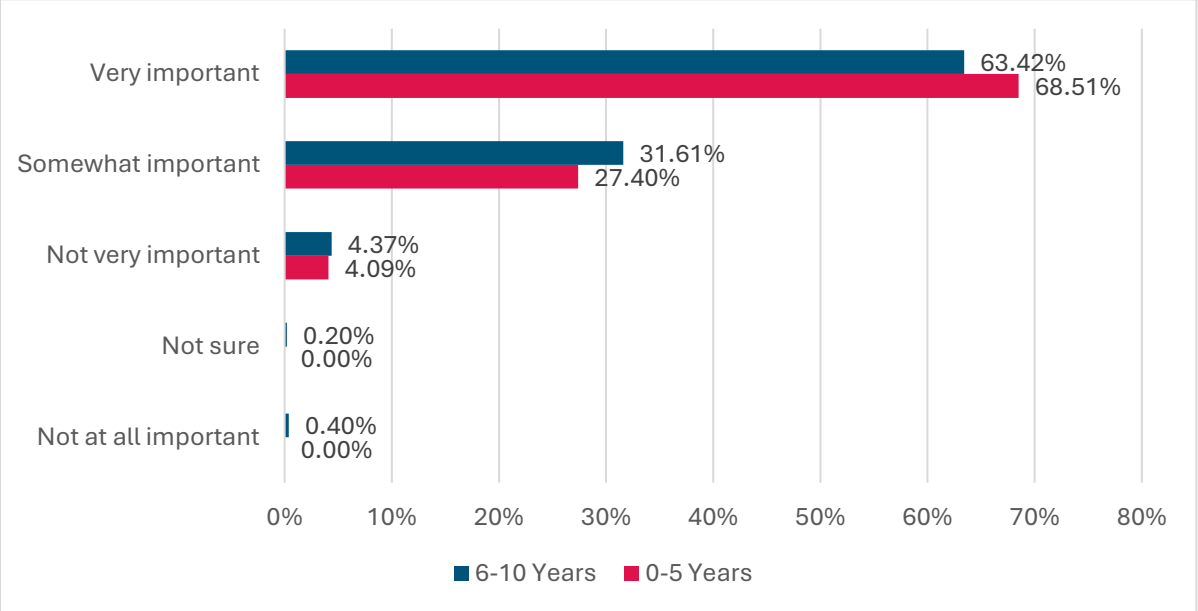
Figure 2: Confidence in body safety conversations by age group (0-5 vs. 6-10)



Importance and topic preferences

Caregivers were asked to indicate how important it is for them to be directly provided with resources to talk to their child about body safety. Most caregivers indicated that being provided this information is “very important” (65%), or “somewhat important” (30%). The subgroup of caregivers of younger children (0-5 years) were particularly likely to rate being provided with resources as “very important” (see Figure 3).

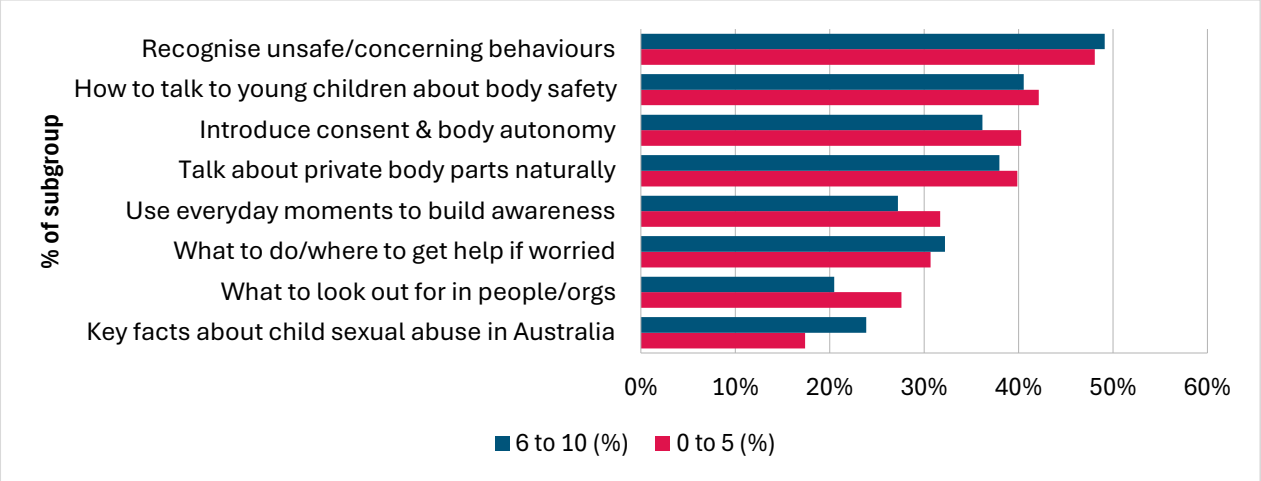
Figure 3. Importance of being directly provided with body safety resources, by age of youngest child



When selecting which topics caregivers would find most useful, the most selected topic was *"How to recognise behaviours from adults or others that may be unsafe or concerning"* (48%), followed by "*How to talk to young children about body safety as they grow"* (42%).

Many caregivers also indicated they would want information *on "How to talk about private body parts in a natural, age-appropriate way"* (39%) and *"How to introduce ideas like consent and body autonomy in simple, age-appropriate ways"* (38%). The least endorsed option was *"Key facts about child sexual abuse in Australia"* (20%), possibly indicating caregivers want practical, protective content over general information.

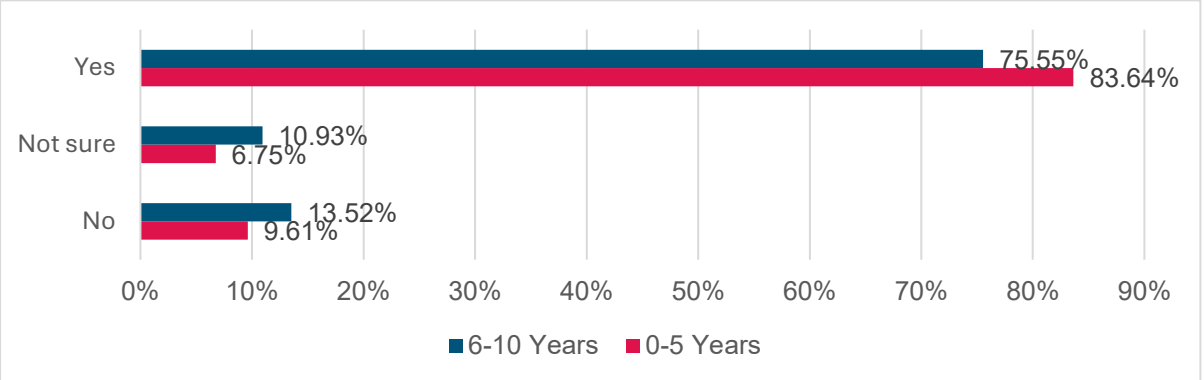
Figure 4. Topics caregivers would find useful, by age of youngest child



Protective behaviour information in a child health book

Respondents were provided with a description of the Personal Health Record currently provided in some states – for example the Children's Health Queensland 'red book' and accompanying, *"Your guide to the first 12 months"* information resource (Children's Health Queensland Hospital and Health Service, 2023). This collective resource was referred to as the *Child Health Book*. Caregivers were asked whether it would be useful for this resource to include protective behaviour information. Most respondents supported this addition to the Child Health Book (nationally: Yes = 79%). Findings were similar across states (Queensland: Yes = 82.1%; New South Wales: Yes = 80.6%). Support was particularly high among caregivers of younger children (see Figure 5).

Figure 5. Add body safety information in Child Health Book, by age group



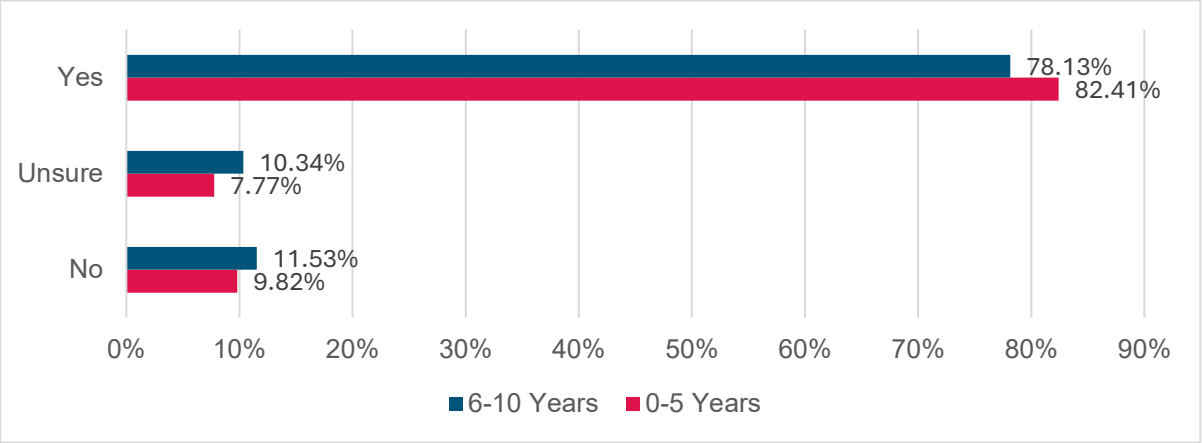
Caregivers were then asked to describe the reason for their response.

Among caregivers who answered 'Yes', the dominant themes were child protection and safety, the value of accessible information, and the need for practical help in starting conversations. Caregivers often described the red book as a trusted, tangible resource that could support both children and caregivers. For example, one parent said that *"having clear, trustworthy information about child safety in the record book means it's all in one place during a time when there's already so much to learn as a new parent"*, while another said it would be *"very useful to have a book to refer to when needed and knowing it was backed by the government"*.

Children's book resource interest and logistics

Caregivers were asked about their interest in receiving a free children's book to support gentle, age-appropriate conversations about body safety as their child grows. Most caregivers (80%) were in favour, compared with those who were not interested (11%) or unsure (9%). Again, caregivers of younger children were particularly interested in a children's personal safety book (see Figure 6).

Figure 6. Interest in receiving a children's book about body safety, by child's age group



Caregivers were then asked to describe the reason for their response.

Caregivers who were in favour of the children's book framed the resource as a practical way to move from concern to action. Several responses reflected a strong protective motivation, including *"It might be an effective way to help guarantee my baby's safety"* and *"I'm 40 years old and when I was growing up an overwhelming amount of my peers were affected by sexual abuse. That cycle will not continue with my children"*. Others highlighted the confidence gap that a book could help address. One parent wrote, *"I would love this we are navigating this at the moment but not sure where to start"*, while another reflected, *"My knowledge in the area is quite limited. This survey is making me realise there is a lot more I should know"*.

The format of a children's book was also valued because it could make difficult conversations feel more natural, shared and age appropriate. A father of young children explained, *"As a dad of 3 kids, I want age-appropriate ways to start these conversations early. A free book would help me explain body safety in a gentle way without making it scary for them as they grow up"*. Other caregivers emphasised the value of having a practical

resource available when needed, including the response, *"I would be happy to look at it even if I didn't show it to my kid as it helps me with awareness and how to talk about it"*.

The small group (9% of respondents) of caregivers who responded as 'unsure' about the children's book were generally not opposed to the idea. Their responses tended to be conditional: many wanted to see the book first, understand who produced it, preview the content, or be reassured that it was genuinely age appropriate. One parent said, *"I think I have it handled but I have to see the material first and know who made it"*. Others preferred online access or raised privacy concerns, including one mother's preference to *"access information online to maintain my privacy"*. These responses suggest that transparency, choice of format and clear explanation of the content would be important for increasing acceptability among hesitant caregivers.

Caregivers who were not interested in the children's book (11% of respondents) often described themselves as self-sufficient (e.g., *"I think I can handle that on my own"*, *"I wouldn't use it"*, and *"I know how to raise my kids and don't need a book to advise me"*). Opposition related to perceived gender roles (e.g., *"She's a girl so I'll let her mum do that"*, and *"My wife already has this information"*), timing (e.g., *"Too early in the child's lifespan"*, and *"I'm happy to talk to my child about private lessons. I know when the time is right"*), responsibility (e.g., *"I don't think this is the government's purpose"* and *"Because it's the parent's choice"*) or resource appropriateness (e.g., *"It's a sensitive topic and requires professional discussion"*, and *"Harassing"*). Some caregivers felt the topic was already suitably covered or believed schools addressed the topic. Responses from this subgroup highlight the importance of positioning the book as an optional, supplementary resource. Messaging should emphasise that it is intended to support caregivers with practical, evidence-based information, rather than prescribe how or when conversations should occur or replace professional advice.

Overall, open-text responses from all respondents indicate that parent demand is not simply for more information, but for practical, credible and accessible support that helps families move from awareness to action. The responses strengthen the case for universal distribution through trusted service touchpoints, while also highlighting implementation considerations: resources should be clearly evidence-informed, age-appropriate, available in more than one format where possible, and framed as a helpful tool caregivers can choose to use in ways that suit their family.

See Appendix C for thematic analysis of responses.

Time and place to receive children's book

Caregivers who responded 'Yes' or 'Unsure' to receiving a children's book were then asked when would feel like the right time to receive it, and the preferred source. Among this subgroup, most caregivers wanted the book early (30.5% at birth/hospital, 27.1% before the child turns 1, see Figure 7). They preferred to receive the book through their GP/paediatrician (53.5%), birthing clinic/hospital (40.0%), or community health centre (39.7%) (see Figure 8 for results from caregivers with children under 5 years and those with children aged 6-10 years). Given distribution points may be limited, caregivers were asked if they would want to receive the book if it was only available in a pack provided soon after

birth. Results indicated 88.7% of caregivers in this subgroup would still want to receive the book in the newborn pack.

Figure 7. Preferred time to receive children's book, by age of youngest child

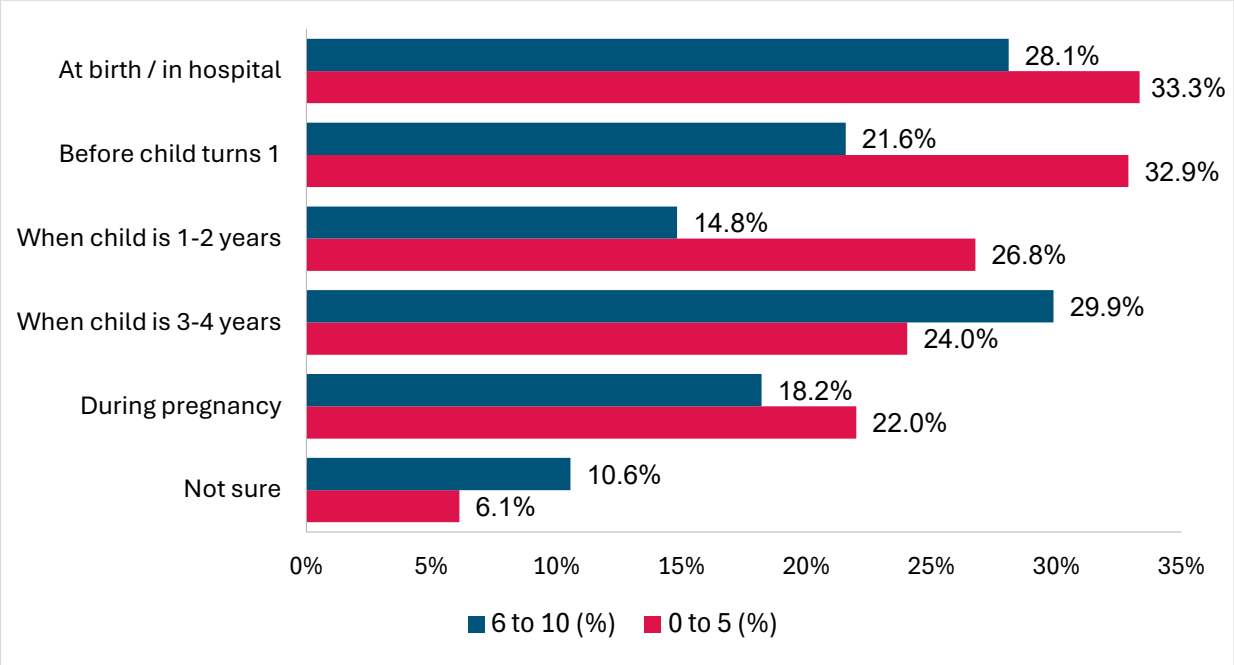
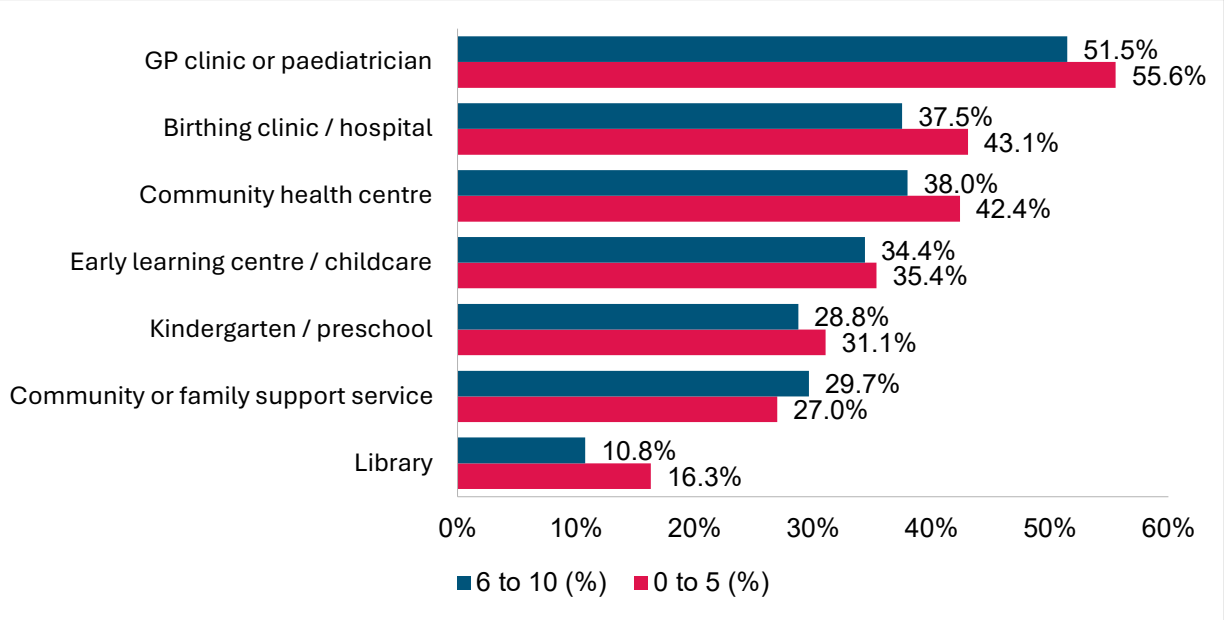


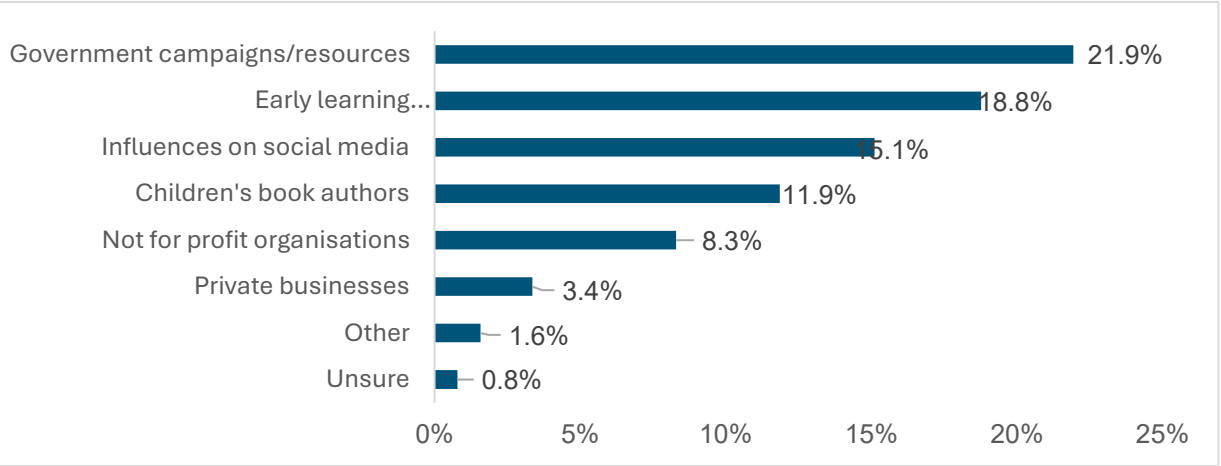
Figure 8. Preferred source of children's book, by age of youngest child



Awareness and sourcing

Participants were asked whether they were aware of any campaigns, resources or information about body safety. Many caregivers indicated they were not aware (45.0%) or unsure (15.5%), meaning 60.5% were not aware or were unsure whether they were aware. The remaining 39.5% indicated they had encountered information before; these caregivers had seen information through government campaigns/resources (55.5%), early learning centres (47.5%), social media influencers (38.3%), children's book authors (30.0%), and not for profit organisations (21.0%) (see Figure 9).

Figure 9. Sources of information and campaigns about body safety



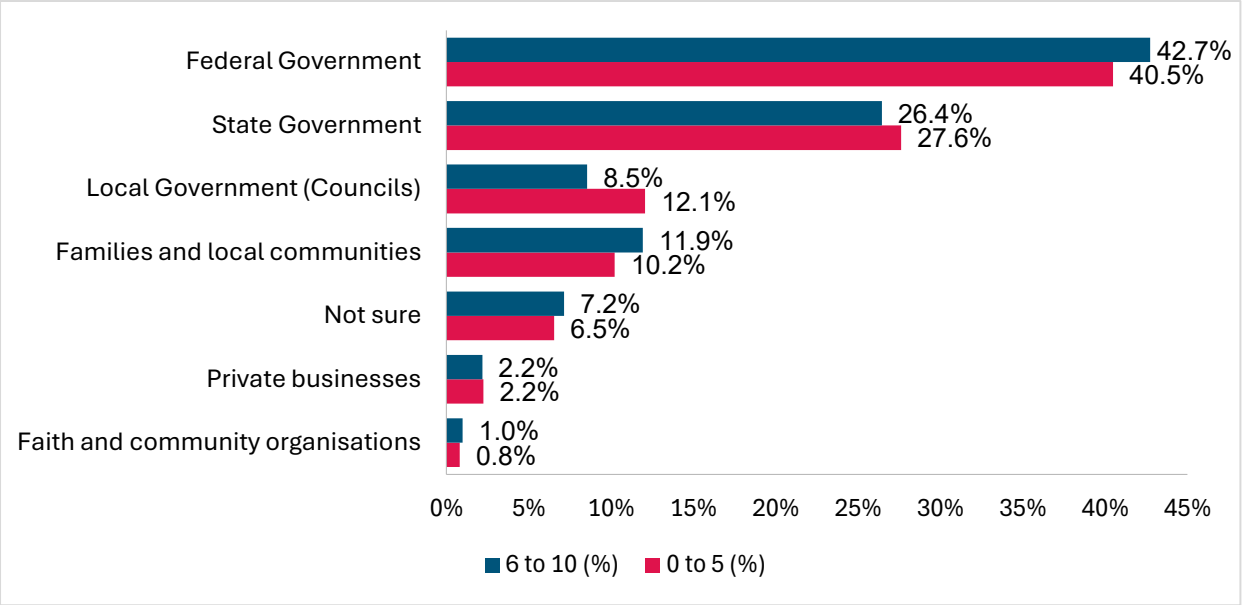
These findings suggest that government awareness-raising efforts may be reaching some families and may reflect the contribution of national and state initiatives, including campaigns led by the National Office for Child Safety and other organisations. However, the survey did not examine which specific campaigns, initiatives or resources respondents were referring to, nor the relative influence of different sources. As a result, no conclusions can be drawn

about the reach or effectiveness of any individual campaign, and further research would be required to better understand which awareness activities are driving parent engagement.

Responsibility

Caregivers identified government as having the strongest responsibility for ensuring families can access education and resources to help prevent child abuse. Federal government was selected by 41% of respondents and state government by 27%, with no other option exceeding 12%. This indicates a clear public expectation for government leadership, rather than relying only on schools, services or individual families. See Figure 10 for responses separated by age of youngest child.

Figure 10. Caregivers' views on who is responsible for ensuring they have access to education and resources to help prevent child abuse, by age of youngest child



What Queensland caregivers told us

Although this was a national survey, the Queensland findings are particularly relevant given the alignment with Operational Recommendation 14 of the QFCC's *In Plain Sight* report. Queensland caregivers showed strong support for practical, universal prevention resources: 82.1% supported including child safety information in the Child Health Book and 81.1% were interested in receiving a free children's book to support age-appropriate body safety conversations. These results are consistent with the national pattern and suggest that Queensland caregivers are receptive to prevention resources being provided through trusted early childhood and health pathways.

For Queensland policy audiences, these findings strengthen the case for practical implementation of Operational Recommendation 14. They suggest an immediate opportunity for Queensland to lead by testing low-cost universal mechanisms, such as enhanced Personal Health Record content, newborn pack resources and distribution through routine child health services.

Discussion

These findings provide value by extending the evidence beyond general support for child safety education. They indicate that caregivers value practical, preventative resources delivered through existing universal service systems, strengthening the case for parent-focused approaches that provide accessible support rather than relying on caregivers to actively seek information.

Parent interest in primary prevention resources was strong, practical and consistent. The survey showed that caregivers and carers place high value on receiving child sexual abuse primary prevention information directly. Overall, 65% rated access to body safety resources as very important, with a further 30% rating it as somewhat important. Support was similarly strong for the proposed delivery formats, with 79% supporting the inclusion of body safety information in a child health book and 80% expressing interest in receiving a free children's book to support gentle, age-appropriate body safety conversations. Caregivers of younger children were particularly likely to value these resources, reinforcing the importance of providing prevention information through early, universal service touchpoints.

The findings point to a gap in confidence and skills, not awareness.

Caregivers' interest in resources suggests a preference for practical, accessible support that can help translate awareness into everyday protective conversations. Caregivers most commonly reported feeling "somewhat confident" about knowing what topics or rules to teach, talking with their child in an age-appropriate way, or recognising when someone may have an inappropriate interest in their child. Open-text responses gave further context to this pattern, with caregivers describing limited knowledge, uncertainty about where to start, or a desire for gentle, age-appropriate, and non-threatening ways to begin conversations.

Caregivers want practical, protective content.

Caregivers seek guidance to identify risk and build everyday protective conversations. The most requested topic was how to recognise behaviours from adults or others that may be unsafe or concerning, whereas key facts about child sexual abuse in Australia was the least selected option. This suggests that caregivers in this sample were particularly interested in information that helps them translate concern into protective action.

Current information pathways are not reaching enough families.

Almost all caregivers recognised the importance of being provided with body safety resources, and there was strong support for specific, practical resource options in the Child Health Book and a free children's book. Results indicate that current resources and campaigns are not consistently visible or accessible to many caregivers, and caregivers are currently finding information through fragmented pathways, including informal and self-directed channels. These findings suggest that the primary challenge is not parent willingness, but reach. Caregivers value practical, credible child sexual abuse prevention information; however, existing pathways appear insufficient to ensure families receive this information early, routinely and equitably. This reinforces the need for proactive distribution through trusted universal service touchpoints, rather than relying on caregivers to know what information to seek, where to find it, or which sources to trust.

Trusted, routine settings are preferred access points.

Caregivers' preferred distribution points were services already connected to child health and development, such as their GP or paediatrician, birthing clinic or hospital, or community health centre. Caregivers were in favour of receiving the book at birth or before the child turns one. This finding strengthens the case for proactive, universal distribution through existing systems, while also suggesting that newborn packs, child health records and health service settings may be acceptable mechanisms for reaching caregivers at scale.

Resources need to be embedded in trusted relationships

The findings support the value of practical resources but also highlight that resources should not be understood as a stand-alone prevention response. Information is most likely to be useful when it supports trusted relationships, repeated conversations and clear pathways for parents and primary caregivers to seek help if the information prompts concern. Future work should therefore explore how universal resources can be embedded within relational touchpoints, such as child health, GP, early childhood and family support settings, where messaging can be reinforced, understanding confirmed, concerns addressed safely, and additional support identified and provided as needed.

Credibility, choice and framing will matter for acceptability.

Caregivers' support for resources was often linked to trust, accessibility and practical usefulness. Caregivers were in favour of clear, trustworthy information in one place, a tangible resource to refer to when needed, and content backed by government or credible organisations. Caregivers who were unsure about the proposed resources were generally not opposed to them, but wanted to see the material first, understand who produced it, or be reassured that it was age-appropriate. Caregivers who were not interested most often described themselves as already confident, unlikely to use the resource, or preferring to manage the topic independently. These responses indicate that universal distribution should be accompanied by careful implementation: resources should be evidence-informed, clearly age-appropriate, respectful of parental autonomy and framed as optional support rather than instruction or judgement.

Caregivers see a role for government leadership.

More than two-thirds of parent respondents identified federal or state government as most responsible for ensuring access to education and resources to help prevent child abuse. This points to a clear public expectation that governments have a leadership role in ensuring caregivers can access credible, consistent prevention information. This aligns with the report's policy context, including Operational Recommendation 14 of the *In Plain Sight* review, which calls for accessible, evidence-based child safety resources for caregivers and caregivers in settings frequently accessed by families.

Taken together, the results support a considered case for parent access to primary prevention materials.

The findings should be interpreted carefully. They do not show that a children's book or child health record content alone will prevent child sexual abuse, nor do they establish the effectiveness of any specific resource. Rather, these results from a national sample of caregivers and primary caregivers of children aged 10 and under show caregivers' strong interest in practical, credible body safety information, that many caregivers feel only

moderately confident in key protective conversations and warning signs, and that preferred access points are routine, trusted services already used by families.

The survey therefore provides a credible basis for testing and evaluating universal parent-focused primary prevention resources, particularly through health and early childhood touchpoints where caregivers can be reached early, consistently and without needing to know what to search for or where to look.

Study limitations

These findings should be interpreted in light of several limitations. Participants were recruited through an online survey panel, which may not fully capture the views of caregivers with limited digital access, lower literacy, or lower engagement with online research. The survey also measured stated preferences and self-reported confidence rather than observed behaviour or the effectiveness of any specific intervention.

The original target group was caregivers and primary caregivers of children aged five years and under; however, caregivers of children aged 6–10 were included due to recruitment challenges, and were analysed separately where relevant. This broader sample is useful for understanding parent views across early childhood and primary-school years, but the findings should not be interpreted as specific only to new caregivers or caregivers of infants.

Finally, strong parent interest in a resource does not demonstrate that the resource will change behaviour or reduce harm. Any implementation should therefore include evaluation of reach, acceptability, equity, parent confidence, behaviour change and child-centred outcomes.

The sample provides useful national-level insights into parent and primary caregiver preferences; however, it was not designed to examine the experiences of specific population groups in depth.

In particular, the online panel method and small rural/remote representation limit the extent to which findings can be interpreted for Aboriginal and Torres Strait Islander families, culturally and linguistically diverse families, families experiencing disability or socioeconomic disadvantage, kinship and foster carers, and families in rural, remote or otherwise harder-to-reach contexts. Future phases should include targeted engagement with these groups to understand who may be least likely to be reached through universal pathways and what adaptations are needed to ensure implementation is genuinely equitable.

Recommendations

Survey results indicate that parents and primary caregivers want practical information about child sexual abuse prevention and, in particular, would like to learn more about protective behaviours they can teach their children. This finding aligns with the messaging of the National Office for Child Safety's public awareness campaign, which positions parents and primary caregivers as key agents in preventing child sexual abuse and emphasises their role in creating safe environments for children.

The findings also support the Queensland Family and Child Commission's *In Plain Sight* review, which found that "engaged caregivers can reinforce protective behaviours, provide guidance, and create an environment in which children feel safe to raise concerns, further reducing opportunities for abuse to occur." This survey shows caregivers are aware of the issue, recognise their role in prevention, and are looking for trusted, evidence-based information to help them take action. In addition, the QFCC review reported that 78% of Australian adults support increased public awareness on prevention (National Centre for Action on Child Sexual Abuse, 2024).

Importantly, the survey found that caregivers want information and resources delivered through the services they already use and trust. Hospitals, maternity services, child health clinics, general practices, paediatric services, early learning centres and schools provide important opportunities to equip caregivers with prevention information at key stages of their child's development.

To build on existing public awareness efforts and support caregivers to move from awareness to action, e-kidna recommends a staged implementation approach: immediate low-cost actions, pilot investment actions and system reform actions.

Immediate low-cost action: strengthen universal written information already provided to caregivers through child health records and trusted government channels.

Pilot investment actions: test the most acceptable and effective ways to provide practical CSA prevention resources to caregivers through newborn packs, hospitals, GP and paediatric services, community health centres and early childhood settings.

System reform actions: embed parent-focused prevention education into early childhood funding programs, fund evaluation from the outset, and support ongoing child-centred prevention advocacy and policy development.

Recommendation 1: Include child protective behaviours information in the Personal Health Record

Across jurisdictions, caregivers are provided with a Personal Health Record, commonly known as a blue or red book, depending on the state or territory. The survey found that 79% of caregivers wanted body safety information to be included in this record. In jurisdictions such as Queensland, where the record already includes information about keeping children safe, a low-cost next step would be to add concise, evidence-informed content on body safety and protective behaviours. Existing resources could inform this content, with community sector expertise used to ensure it is practical, age-appropriate and accessible for caregivers.

Recommendation 2: Fund pilots to test universal parent resource distribution pathways

Through Queensland Health, the Queensland Protection Commission, or community sector partnerships, we recommend trialling age-appropriate children's book resources that help caregivers start gentle conversations about body safety. The proposed pilots should test reach, acceptability, equity, parent confidence, implementation feasibility and potential behaviour change. Recommended trials include:

- A trial providing age-appropriate children's book resources to caregivers through birthing clinics or hospitals at the time of birth.
- A trial working with general practice, paediatric and child health services to provide age-appropriate children's book resources to caregivers during routine baby and child health checks.

Examples of existing age-appropriate resources that could inform pilot design include:

- *Only For Me* - Michelle Derrig
- *Everyone's Got a Bottom* - Tess Rowley
- *My Underpants RULE!* - Kate Power & Rod Power
- *Let's Talk About Body Boundaries, Consent and Respect* - Jayneen Sanders

Pilots should test not only whether resources are distributed, but whether they are received, understood and used, and whether trusted service touchpoints can reinforce key messages, answer questions and support parents and primary caregivers when concerns arise.

Recommendation 3: State Governments expand the use of early childhood funds for caregivers to access body safety education

Funding programs such as Queensland's Kindy Uplift, Victoria's School Readiness Funding and South Australia's Preschool Boost should explicitly support parent education sessions on child safety, protective behaviours and child sexual abuse prevention.

These sessions could be delivered in partnership with community organisations with expertise in protective behaviours education, including through:

- Early learning centres;
- Kindergartens and preschools;
- Child and family health services;
- Neighbourhood centres and libraries; and
- Other settings accessed by new and emerging caregivers.

Embedding prevention education within existing services would improve accessibility and reduce barriers. This recommendation aligns with Operational Recommendations 13 and 14 of the In Plain Sight report, which call for protective behaviours education and accessible child safety resources for children, parents and primary caregivers.

Recommendation 4: Fund evaluation and child voice from the outset

The Queensland Protection Commission should fund evaluation of parent-focused child sexual abuse prevention initiatives and protective behaviour education trials. Evaluation should be built into implementation from the outset to assess effectiveness, reach, acceptability, equity and impact, ensuring programs are evidence-informed and can be continually improved over time.

Evaluation should include measures of reach, equity, comprehension, confidence, behaviour change and implementation quality, including whether families know what to do next if a resource raises concerns about a child's safety.

Recommendation 5: Support community-led prevention advocacy and child participation

The Queensland Protection Commission should support community-led child sexual abuse prevention advocacy and child participation mechanisms so that future policy and implementation are informed by children, families, prevention experts and trusted community organisations. This should include resourcing independent advocacy, cross-sector collaboration and safe, ethical mechanisms for children's perspectives to inform policy decisions that affect their safety and wellbeing. e-kidna could contribute to this work as a delivery and advocacy partner, alongside other organisations with expertise in child safety, protective behaviours, lived experience engagement and community education.

We recommend that the Queensland Protection Commission resource community-led advocacy and child participation mechanisms to strengthen child sexual abuse prevention reform. This would support trusted, independent voices to contribute to policy development, enable collaboration across community agencies and ensure children's perspectives are safely and meaningfully considered in decisions that affect their safety and wellbeing. Resourcing this work would reinforce the principle that child protection is everyone's business, not only the responsibility of statutory agencies.

We recommend the Queensland Protection Commission supports e-kidna's ongoing advocacy to advance child sexual abuse prevention reforms and ensure the voices, experiences and interests of children are meaningfully represented in policy and decision-making processes that affect their safety and wellbeing. Children are some of the most vulnerable and unheard parts of our society, and it is important for policy makers to ensure they have a resourced input from children. Resourcing the community also unlocks a network of collaboration with other community agencies across the country, ensures that advocacy is heard from a trusted and independent source, and program and service ideas are developed with children who are the consumers of child protection services. Resourcing community advocacy shows a commitment that child protection is everyone's business, not just that of statutory agencies.

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Appendix A. Sample Characteristics (N = 1,012)

Characteristic	Category	n	%
Gender	Woman	591	58.4%
	Man	419	41.4%
	Non-binary	1	0.1%
	Prefer not to say	1	0.1%
Age bracket	Under 30	75	7.4%
	30-39	468	46.2%
	40-49	397	39.2%
	50 or over	71	7.0%
	Prefer not to answer	1	0.1%
Number of children	One	551	54.4%
	Two	378	37.4%
	Three or more	83	8.2%
Area	Capital city	647	63.9%
	Regional city/ large town	315	31.1%
	Rural/ remote	47	4.6%
	Prefer not to say	3	0.3%
Child's age group	0-5 years	489	48.3%
	6-10 years	503	49.7%
	Prefer not to say	20	2.0%
State	NSW	325	32.1%
	QLD	196	19.4%
	VIC	267	26.4%
	WA	105	10.4%
	SA	71	7.0%
	ACT	22	2.2%
	TAS	18	1.8%
	NT	8	0.8%

Appendix B: Full Survey

e-kidna National Parent Survey

Online Survey Draft Questions

Blue = e-kidna notes
Red = programming notes

Target group = Australian caregivers and carers of children aged 0-10

Screener:

SR – ASK ALL

Q1. Do you currently reside in Australia?

1. Yes
2. No

TERMINATION CRITERIA: answer = 2 (No)

If Q1 = 2. No: redirect to a disqualification page. “Thank you for your interest. You are not eligible to complete this survey. We appreciate your time.”

Q2. Are you the parent or primary caregiver of at least one child aged ten years or under?

1. Yes
2. No

TERMINATION CRITERIA: answer = 2 (No)

If Q2 = 2. No: redirect to a disqualification page. “Thank you for your interest. You are not eligible to complete this survey. We appreciate your time.”

Page 1 Welcome and Consent:

On-screen text — displayed before any questions

Thank you for taking part in this survey.

e-kidna is a partnership of three national child protection organisations – Act for Kids, Bravehearts and the Daniel Morcombe Foundation.

We are seeking feedback from caregivers to understand what information feels helpful and appropriate when it comes to keeping young children safe as they grow.

This includes topics like body safety, boundaries and recognising when something might not feel right.

Body safety refers to teaching children about their bodies, appropriate and inappropriate touch, and who they can speak to if something makes them feel unsafe.

There are no right or wrong answers – we’re interested in your honest thoughts.

This survey takes around 10 minutes.

You can skip any question or stop at any time.

The questions relate to child safety, but there are no detailed or graphic descriptions.

If anything in this survey raises concerns, you can contact Bravehearts on 1800 272 831 and Lifeline on 131114.

To be eligible, you must be the parent or primary caregiver of at least one child aged five years or under and currently reside in Australia.

By clicking 'Next' below, you confirm that you have read the above and consent to participate.

Demographics:

SR ASK ALL

Q3. How many children aged ten and under do you currently care for?

1. 1
2. 2
3. 3 or more

SR – ASK ALL

Q4. How old is your *youngest* child?

1. Under 1 year
2. 1 year
3. 2 years
4. 3 years
5. 4 years
6. 5 years
7. 6 years
8. 7 years
9. 8 years
10. 9 years
11. 10 years
12. Prefer not to say

SR – ASK ALL

Q5. What is your gender?

1. Woman
2. Man
3. Non-binary
4. Prefer to self-describe

   _____
5. Prefer not to say

SR – ASK ALL

Q6. What is your age bracket?

1. Under 30
2. 30–39
3. 40–49
4. 50 or over
5. Prefer not to say

SR – ASK ALL

Q7. Where do you live?

1. NSW
2. VIC
3. QLD
4. SA
5. WA
6. TAS
7. NT
8. ACT

SR – ASK ALL

Q8. How would you describe the area where you live?

1. A capital city
2. A regional city or large town
3. A rural or remote area
4. Prefer not to say

Confidence questions: body safety conversations and grooming

Please rate your confidence in the following:

SR – ASK ALL

Q9. Please rate your confidence in knowing what topics or rules to teach your child about body safety as they grow

1. Very confident

2. Somewhat confident
3. Not very confident
4. Not at all confident

SR – ASK ALL

Q10. Please rate your confidence in talking with your child about body safety in an age-appropriate way

1. Very confident
2. Somewhat confident
3. Not very confident
4. Not at all confident

SR – ASK ALL

Q11. Please rate your confidence in knowing what warning signs to look for in someone you trust that may indicate an inappropriate interest in your child?

1. Very confident
2. Somewhat confident
3. Not very confident
4. Not at all confident

SR – ASK ALL

For Child Health Info Book

Q12. You may be aware that in some states (e.g. Queensland and New South Wales), a child health record book is provided for a baby's first 12 months.

Q13. Would you find it useful if this book included information on how to keep your child safe from unsafe or concerning people?

1. Yes
2. No
3. Not sure

MR – ASK ALL, Randomise order of options

Q14. What types of information would you find most helpful? (Select all that apply)

1. How to recognise behaviours from adults or others that may be unsafe or concerning
2. What to look out for in people or organisations looking after your child
3. How to talk to young children about body safety as they grow
4. How to introduce ideas like consent and body autonomy in simple, age-appropriate ways
5. How to use everyday moments (like bath time or dressing) to build body awareness and safety
6. How to talk about private body parts in a natural, age-appropriate way
7. What to do and where to get help if you are ever worried about your child
8. Key facts about child sexual abuse in Australia

SR – ASK ALL

For Children's Book Resource

Q15. Would you be interested in receiving a free children's book to help start gentle, age-appropriate conversations about body safety as your child grows?

1. Yes
2. No
3. Unsure

OE – ASK ALL

Q16. Please describe the reason for your response.

_____

_____

_____

_____

MR – ASK IF Q15 = 1 or 3

Q17. When would feel like the right time to receive this book? (select all that apply)

1. During pregnancy
2. At birth / in hospital
3. In the first few months
4. Around 6–12 months
5. Later when my child is older
6. Not sure

MR – ASK IF Q15 = 1 or 3

Q18. Where would you like to receive the book from? (Select all that apply)

1. Birthing clinic / hospital
2. GP clinic or paediatrician
3. Community health centre
4. Community or family support service
5. Early learning centre / childcare
6. Kindergarten / preschool
7. Library
8. I would prefer not to receive it

SR – ASK IF Q15 = 1 or 3

Q19. If the book was only available in a pack provide soon after birth, what would you prefer?

1. Include it in the newborn pack
2. I would prefer *not* to receive the book if it's only available in at this time

For a potential campaign

SR – ASK ALL

Q20. Child sexual abuse is a serious issue in Australia. Research suggests that around 1 in 4 Australians have experienced child sexual abuse. Caregivers and carers can help prevent harm by talking regularly with their children, using correct names for private body parts, teaching body boundaries and setting clear safety rules.

Before today, were you aware of any campaigns, resources or information about body safety?

1. Yes
2. No
3. Unsure

MC - ASK IF Q20 = 1. YES; Randomise order of options 1-4

Q23. Please describe the creator of the resources you have come across about body safety. (Select all that apply)

1. Early learning centre/ childcare/ kindergarten/ preschool/ prep
2. Government campaigns/ resources
3. Influences on social media
4. Children's book authors
5. Not for profit organisations
6. Private businesses
7. Unsure
8. Other, please describe:

   _____

   _____

   ____

Q21. How important is it for caregivers like you to be directly provided with resources to talk to your child about body safety?

1. Very important
2. Somewhat important
3. Not very important

4. Not at all important
5. Not sure

SR – ASK ALL

Q21. Who do you think is most responsible for ensuring caregivers and carers have access to education and resources to help prevent child abuse?

1. Federal Government
2. State Government
3. Local Government (Councils)
4. Private businesses
5. Faith and community organisations
6. Families and local communities
7. Not sure

At end of survey

Appendix C: Open text response table

Question: Would you be interested in receiving a free children's book to help start gentle, age-appropriate conversations about body safety as your child grows? Please select one "Yes" "No" "Unsure". Please describe the reason for your response.

Yes (n = 807)	Band	Illustrative Quotes
General endorsement: support/information/ resources as inherently valuable	Most	"Any information is helpful".
Helpful to have trusted resource	Some	"Having clear, trustworthy information about child safety in the record book means it's all in one place during a time when there's already so much to learn as a new parent". "Would be very useful to have a book to refer to when needed and knowing it was backed by the government".
Early intervention is valuable	Some	"As a dad of 3 kids, I want age-appropriate ways to start these conversations early. A free book would help me explain body safety in a gentle way without making it scary for them as they grow up."
Content of book – gentle, age appropriate	Few	
Format of a book – practicality		"To have a resource handy for when the time comes would be incredibly valuable".
General protective motivation		"It might be an effective way to help guarantee my baby's safety".
Personal/ family circumstance		"I'm 40 years old and when I was growing up an overwhelming amount of my peers were affected by sexual abuse. That cycle will not continue with my children". "It is really helpful for caregivers who come from overseas where this talk is not common. So caregivers get an idea how and when talk to kids about safety of body parts".
Addresses gap in own knowledge		"My knowledge in the area is quite limited. This survey is making me realise there is a lot more I should know". "I would love this we are navigating this at the moment but not sure where to start".

No (n = 110)	Band	Illustrative quotes
Not needed/ already know what to do	Most	"I think I can handle that on my own".
Too early/ not age-appropriate	Some	"Too early in the child's lifespan".
Wouldn't use it	Some	"I wouldn't use it".

Unsure (n = 95)	Band	Illustrative quotes
General uncertainty	Some	"I'm not sure".
Conditional – wanting to see book first	Some	"I think I have it handled but I have to see the material first and know who made it".
Preference for own research/ privacy concern	Few	"I would prefer to access information online to maintain my privacy".
Feels topic is covered elsewhere	Few	"I think it's something they are already learning at school with his peers".
Uneasy with the topic	Few	"I feel very uneasy about topic so I don't know".