



Research Article

Webinars and workshops as professional development tools to upskill frontline workers in identifying and responding to harmful sexual behaviours



L.S. Christensen^{a,*}, S. Rayment-McHugh^b, N. McKillop^b, I. Hull^b, S. Price^b, Daniel Morcombe Foundation^c

^a Sexual Violence Research and Prevention Unit, School of Law and Society, University of the Sunshine Coast, 90 Sippy Downs Drive, Maroochydore, DC QLD, 4558, Australia

^b Sexual Violence Research and Prevention Unit, School of Law and Society, University of the Sunshine Coast, Australia

^c Daniel Morcombe Foundation, Palmwoods, Australia

ARTICLE INFO

Keywords:

Harmful sexual behavior
Workshop
Webinar
Professional development
Training
Problematic behavior

ABSTRACT

Background: Growing concerns about harmful sexual behaviour (HSB) experienced and exhibited by children and young people has resulted in a demand for training programs for frontline workers. However, HSB professional development initiatives must contend with various challenges and competing demands.

Objective: This study evaluated workshops and webinars as professional development tools to upskill frontline workers on preventing, identifying, and responding to HSB. Particularly, whether these platforms met the needs of the workforce; increased professionals' perceived knowledge, confidence, competence, and actual knowledge, in what ways; and whether the training was subsequently applied in practice to identify and respond to HSB.

Participants: and **Setting:** Surveys were issued pre- and post-workshop/webinar training to measure changes in frontline workers' perceived knowledge, confidence, competence, and actual knowledge, to identify and respond to HSB (n = 638 pre- and n = 418 post-workshop respondents; n = 473 pre- and n = 419 post-webinar; n = 3 workshop and n = 27 webinar 12-month follow-up).

Methods: Quantitative (paired sample t-tests, one-way ANOVA, and independent sample t-tests) and qualitative thematic analyses from pre- and post-workshop/webinar survey responses were conducted.

Findings: Findings tentatively indicate workshops and webinars met the needs of participants and, overall, were effective in increasing perceived knowledge, confidence, competence, and actual knowledge. Despite a smaller 12-month follow-up sample, knowledge and skills learned from training were subsequently applied in practice to identify and respond to HSB.

Conclusion: There is promising value in workshops and webinars as professional development tools for upskilling a diverse, and geographically dispersed, workforce.

There is increased awareness and concern in many countries – such as the United Kingdom, New Zealand, and Australia – about the prevalence and impacts of harmful sexual behaviour (HSB) experienced and exhibited by children and young people (e.g., Ministry of Social Development, n.d.; Royal Commission, 2017; Stop It Now!, n.d.). It is widely accepted that the negative impacts of both experiencing and displaying these behaviours can be enduring, such as physical and psychological health issues and difficulties with interpersonal relationships (e.g., McKibbin & Humphreys, 2023; Royal Commission, 2017). These impacts emphasise the importance of the capability amongst frontline workers in

HSB prevention and early intervention.

The issue, however, is that HSB professional development initiatives are challenged by attending to a diverse workforce, which comprises specialist, skilled, and inexperienced professionals in a range of fields (McKibbin & Humphreys, 2023), with this issue unlikely unique to only HSB professional development initiatives. Demand on services also means frontline professionals are often faced with barriers to participating in professional development (e.g., time restraints) (Healy et al., 2009), compromising opportunities to dedicate to ongoing professional development activities and upskilling. Further, organisations do not

* Corresponding author.

E-mail address: lchriste@usc.edu.au (L.S. Christensen).

<https://doi.org/10.1016/j.chipro.2024.100036>

Received 4 October 2023; Received in revised form 21 April 2024; Accepted 28 April 2024

Available online 10 May 2024

2950-1938/© 2024 The Authors. Published by Elsevier Inc. on behalf of International Society for Prevention of Child Abuse and Neglect. This is an open access article under the CC BY license (<http://creativecommons.org/licenses/by/4.0/>).

often have the resources to fund training opportunities (Healy et al., 2009). Some countries, including Australia (where this study was conducted), must also contend with a geographically dispersed workforce, creating obstacles in accessibility to training and resources. Demographic and geographic service gaps in Australia mean that services differ in terms of staffing expertise among other differences, such as funding arrangements and therapeutic philosophy (O'Brien, 2010). This means there is a great variance in the qualifications and skills of professionals (O'Brien, 2010). Recognising the need to attend to the diversity, the Daniel Morcombe Foundation – a leading Australian not-for-profit organisation focused on child safety education – developed a flexible and tailored program with multiple training modalities, to increase accessibility to training nationwide. The Daniel Morcombe Foundation's Changing Futures program aims to address the needs of, and upskill, frontline workers to better identify and respond to HSB. Drawing on the larger program evaluation of the Changing Futures program (see Daniel Morcombe Foundation, 2023), this paper focuses on exploring the value of the workshop and webinar series for upskilling frontline workers in identifying and responding to HSB.

HSB is defined as “sexual behaviours expressed by children and young people under the age of 18 years old that are developmentally inappropriate, may be harmful towards self or others, or be abusive towards another child, young person or adult” (Hackett, Holmes & Branigan, 2016, p. 12). Hackett (2010) proposed a continuum model for the range of sexual acts children and young people engage in from normal to inappropriate, problematic, abusive, and/or violent. HSB is the term that has been widely adopted in the field for those behaviours that are classed as *problematic* and *abusive* (Hackett et al., 2019). The National Society for the Prevention of Cruelty to Children (NSPCC, 2021) in the United Kingdom acknowledged that the true prevalence of HSB has not been determined, as many behaviours are not brought to the attention of authorities. However, using available crime research and statistical data, the NSPCC estimate that approximately one-third of all child sexual abuse incidents are committed by other children and young people (NSPCC, 2021), which aligns with similar findings from the United States (Finkelhor et al., 2009) and Australia (Australian Bureau of Statistics, 2021). It has been suggested that HSB of youth may be evident in even as much as one-half of all incidences of child sexual abuse (McKibbin & Humphreys, 2023).¹

In response to an increased awareness of the issue, a number of strategies and resources to better address the prevalence of HSB have been implemented by governments and non-government organisations. In Australia, for example, the *National Strategy to Prevent and Respond to Child Sexual Abuse 2021–2030* was recently launched by federal, state, and territory governments, which included plans to enhance the national approach to children exhibiting HSB and to increase workforce capability for prevention and response (Commonwealth of Australia, 2021, p. 44). Simultaneously, many local and international organisations have also begun to offer HSB training and support to community members and frontline workers, such as StopItNow! and the Daniel Morcombe Foundation (Daniel Morcombe Foundation, 2023; Stop It Now!, n.d.). These strategies and resources are very timely, given research has found professionals do not yet feel prepared to identify or respond to HSB, in terms of knowledge and skills (e.g., Kor et al., 2022; McKibbin et al. 2023; Royal Commission, 2017). This was also evident in a recent scoping review of 31 papers by McKibbin and Humphreys (2023). They reported that professionals lacked a sound understanding of HSB, including defining HSB, how to handle disclosures of HSB, and the knowledge and skills for ongoing management of HSB, including knowledge of risks and reoffending. What is more, the nature and quality (positive or negative) of relationships young people have with such professionals are perceived as pivotal to the future direction of their lives (Hackett et al., 2022).

¹ While the research team acknowledges that ‘harmful sexual behaviour’ is the appropriate term to use, the term ‘child sexual abuse’ has been used here as this point includes adults who perpetrate sexual abuse against children.

Combined, these studies highlight a clear, and pressing need for increasing the capability of these professionals to better address HSB.

In their paper, McKibbin and Humphreys (2023) also acknowledge the diversity among frontline workers, which includes a range of disciplines and agencies, such as teachers, nurses and medical professionals, childcare providers, child safety, and justice professionals (see also Hackett, 2019). These professionals, therefore, have differing needs when it comes to HSB training and resources, with some in need of basic or foundational knowledge and skills, and others requiring more advanced specialist training. That is, different skills and knowledge are required across professional settings to support identifying and responding to HSB (McKibbin & Humphreys, 2023). Hackett (2010) noted that professionals vary in their knowledge and awareness of the issue, with many disciplines lacking confidence. Hence, effective HSB training programs must be flexible and tailored to the needs of the participating cohort. Furthermore, while the evidence is limited, findings of a study by Salazar et al. (2020) indicate that frontline workers would likely benefit from multiple training modalities to attend to this diversity, with a sample of 21 prospective and current foster caregivers advocating for flexible training delivery, including online and face-to-face modalities. Differing modalities are argued to provide additional benefits; face-to-face learning may allow for greater discussion and learning amongst fellow attendees whilst online learning offers more adaptable and flexible learning for busy schedules (Salazar et al., 2020).

Webinars have been used for education and training purposes in a range of sectors for some time, including business, medical, mental health, and childcare (e.g., Gegenfurtner et al., 2020; Johnsson, Lincoln, Bundy, Costley, & Bulkeley, 2022; Radoslaw, 2022). While comparative studies are limited, a meta-analysis by Ebner and Gegenfurtner (2019) showed that webinars can produce equal or greater acquisition of knowledge and skills among professionals, than classroom or face-to-face learning. Additionally, professionals of webinar-based training have reported an appreciation of the flexibility afforded by online learning, with the opportunity to return to content at a later time, and reported high ratings of satisfaction with webinar experiences (e.g., Gegenfurtner et al., 2020; Joshi et al., 2013) – although Ebner and Gegenfurtner (2019) noted satisfaction ratings were still higher among professionals of face-to-face learning. Research on webinar-based training on preventing, identifying, and responding to HSB is scarce.

Importantly, HSB training programs must be evaluated and refined to ensure that participants are receiving and engaging with appropriate content and delivery methods to develop the necessary knowledge and skills to address HSB (McMahon-Howard & Reimers, 2013). Currently, evidence as to the value of workshops and webinars in upskilling frontline workers in identifying and responding to HSB is lacking, which – combined with the increased awareness of the prevalence of HSB – highlights the need for growing this body of evidence. The current study does just that, by exploring the value of workshops and webinars, as professional development tools, to upskill the diverse frontline workforce on HSB. The evaluation sought to address the overarching question: Has the Changing Futures program upskilled participants on HSB to contribute towards improved outcomes for children and young people?

1. Daniel Morcombe Foundation ‘Changing Futures’ program description

Given the increased demand for professional development training to address HSB, the Daniel Morcombe Foundation received Australian Federal Government funding in 2020 for the Changing Futures program. This three-year program (2020–2022) aimed to upskill frontline workers in children's education and care (professionals hereafter) sectors on the topic of HSB experienced and exhibited by children and young people, building their capacity and confidence, with a focus on the prevention and identification of HSB, and early intervention. In doing so, the program ultimately aimed to improve outcomes for children and young people. The Daniel Morcombe Foundation created practical resources,

and delivered national webinars, along with state and territory workshops and forums, which were all free for attendees. Recognising the need to attend to the diversity of the frontline workforce, and a multi-pronged approach to its implementation, the Daniel Morcombe Foundation developed a flexible and tailored program with multiple training modalities.

Interactive workshops were delivered by the Daniel Morcombe Foundation's Education Team and were tailored towards frontline individuals and organisations who work directly with children, providing a critical introduction to the topic of HSB. Frontline workers involve a diverse group of professionals who work directly with children in some capacity with different areas of expertise and include, but are not limited to, teachers, counsellors, law enforcement officers, social workers, psychologists, and child protection workers. The focus of the workshops were on preventing, identifying, and responding to HSB. The workshops covered the differences between developmentally expected sexual behaviours and those that cause harm, how to respond to sexual behaviours, the causes and context of HSB, strategies for addressing HSB through a strengths-based and holistic lens, and the 'next steps' after HSB has occurred such as safety planning. In contrast to the webinars, workshops were state- and territory-based, and were intended to be highly interactive. In addition to increasing frontline practitioners' knowledge and capacity, the workshops aimed to foster cross jurisdictional, cross sector, and cross agency collaboration. Workshops typically ran for three to 4 h. The workshops were endorsed by the Australian Community Workers Association (ACWA) for Continuing Professional Development (CPD) in years 2021 and 2022. A total of 44 workshops were delivered across the three years. Each year, the number of workshops varied: 10 workshops were delivered in 2020, 19 in 2021, and 15 in 2022. It is important to note the impact of COVID-19 in the first two years of the program. In 2020 and 2021 almost all the workshops had to pivot to online delivery due to the lockdowns and travel restrictions. The remaining workshops were delivered face-to-face across the nation. These workshops did not differ in content across the modalities.

In contrast to the workshops, webinars were delivered typically to those with a more basic understanding of HSB. The focus of the webinars, similar to the workshops, was on preventing, identifying, and responding to HSB. However, the webinars aimed to break down complex issues relating to HSB into digestible topics to increase reach and accessibility at a national level. The typical length of webinars was 45–60 min. Individuals could attend the webinar (live) which allowed participants to ask questions of the presenters, or alternatively, to increase accessibility and enable self-paced learning, the webinar recordings were made available via the Daniel Morcombe Foundation's website. These recordings allowed professionals who were unable to attend training during work hours, such as teachers, to engage in the sessions at a suitable time. Each year, eight webinars were delivered ($N = 24$ webinars). Unlike the workshops, each webinar had a different topic with different presenters. Global academic and therapeutic specialists in the field of HSB were invited to present on their key areas of expertise. Some of the webinar topics included: safety planning with HSB; technology and HSB (i.e., technology-assisted harmful sexual behaviours); dealing with disclosures; what is typical sexual development; prevalence and prevention of HSB; working with young people and HSB without shaming; record keeping; siblings and HSB; and Adverse Childhood Experiences (ACE's) in youth who offend (i.e., with ACE's being prevalent among those who offend). Some webinars were more theory-based, while others were more practice-based, or research-focused (e.g., with the discussion of results from the presenter's study). Participants were welcome to attend any of the webinars they were interested in.

2. Method

Under approved ethics protocols gained from the researchers' tertiary institution's Human Research Ethics Committee (Approval No. A201465), this research study utilised a realist-action evaluation

approach, which is a hybrid of realist principles (i.e., explaining the underlying mechanisms that create the observed phenomenon; see Pawson & Tilley, 1997; 2004) and traditional action research. In particular, this approach allowed the research team to take learnings from initial workshops and webinars to inform the Daniel Morcombe Foundation so they could refine the remaining workshops and webinars. Qualitative and quantitative measures were used in this study, defined below. While the findings were predominantly informed by quantitative analyses, qualitative responses were used to contextualise the data (Kraska & Neuman, 2012) offering a more comprehensive interpretation of findings, and allowing the research team to best answer the questions of 'what, how, when, where, and why' (Lune & Berg, 2017, p. 12). To answer the overarching research question: "Has the Changing Futures program upskilled participants on HSB to contribute towards improved outcomes for children and young people?", four sub-questions were posed:

- (1) Did the workshops/webinars meet the needs of professionals?
- (2) Did the workshops/webinars increase professionals' perceived knowledge, confidence, competence, and actual knowledge?
- (3) How did the workshops/webinars increase professionals' perceived knowledge, confidence, competence, and actual knowledge? and
- (4) Was the training subsequently applied in practice to identify and respond to HSB?

The findings below are presented under each of these four research sub-questions.

2.1. Recruitment and sample

Recruitment was performed by the Daniel Morcombe Foundation. Workshop and webinar invitations were disseminated via email to the Daniel Morcombe Foundation's database and Changing Futures delegates.² This database included professionals who had prior involvement with the Daniel Morcombe Foundation's work, those who signed up themselves for Changing Futures, along with emails disseminated to key organisations across Australia identified by the Daniel Morcombe Foundation. For the workshops, a total of 12,500 emails were sent across the three years, resulting in a total of 859 professionals engaging with the workshops across in-person and online modalities; 102 in 2020, 382 in 2021, and 375 in 2022. For the webinars, almost 60,000 emails were sent across the three years, resulting in a total of 6136 professionals engaging with the webinar series both live and viewed online at a later date via the Changing Futures website; 2005 in 2020, 1941 in 2021, and 2190 in 2022. In 2022, the Daniel Morcombe Foundation's Education Team also ran a further eight webinars for Independent Schools Tasmania.

All invitations included an option to participate in the Changing Futures program evaluation (pre-workshop/webinar survey), with surveys disseminated to all those who engaged in the workshops and webinars (post-workshop/webinar survey). A follow-up survey was disseminated to the professionals who engaged in the 2020 workshops in 2021 ('12-month follow-up survey') to explore the longer-term impact of the workshops and webinars. Survey responses were as such: 71 pre- and 14 post-workshop and 124 pre- and 142 post-webinar survey completions in 2020; 449 pre- and 266 post-workshop and 189 pre- and 172 post-webinar survey completions in 2021; 118 pre- and 138 post-webinar and 160 pre- and 105 post-webinar survey completions in 2022; and 3

² The Daniel Morcombe Foundation also made extensive phone calls to key contacts in government and non-government agencies across each state and territory and disseminated a Digital Campaign Kit to key stakeholder agencies and organisations for promotion within their own internal networks to aid recruitment. The number and impact of these additional efforts were not recorded and, as such, the research team is unable to comment further.

workshop and 27 webinar 12-month follow-up survey completions.³

2.2. Data collection

Professionals were invited to participate in a pre- and post-workshop/webinar survey. These surveys were comprised of 53 questions (33 pre and 20 post), including a combination of question types with scenarios, Likert scales, and free-text fields, in order to identify any shifts in perceived knowledge, confidence, competence, and actual knowledge, on the topics, along with distinguishing whether the workshops and webinars met their needs and expectations, and to obtain feedback on the Changing Futures program. Amongst newly developed questions, one of the questions was sourced from *Sexual behaviours in children and young people, Traffic Lights (True relationships and reproductive health, 2019)* to explore actual knowledge, along with a modified case study from *The Good Lives Model for Adolescents who sexually harm (Print, 2013)* that asked several questions to identify perceived confidence (i.e., how self-assured participants believed they felt) and perceived competence (i.e., what participants thought their actual ability was). In terms of the difference between actual knowledge and perceived knowledge, participants needed to identify which sexual behaviour would be considered typical or developmentally appropriate (actual knowledge), whereas, perceived knowledge asked participants to self-rate their level of knowledge regarding HSB concerning how to respond to a child displaying HSB, how to report concerns, etc. The data obtained through these surveys were used to address research questions 1 through 4.

The 12-month follow-up survey conducted in 2021 included 18 questions. These free-text questions explored whether professionals could still recall key topics from the workshops and webinars, and whether they had incorporated knowledge and skills from these workshops and webinars into their practice. Professionals were also asked about the impact of the workshops and webinars by inviting them to provide a brief example of how the knowledge and skills gained from the Changing Futures program was applied in their practice, allowing them to support children displaying, or affected by, HSB. The data obtained through these follow-up surveys was used to address research question 4. At the outset of the surveys, participants were informed that their responses were confidential and would be used to improve future training and facilitation, which may include de-identified responses being shared with research consultants. The Daniel Morcombe Foundation collected all survey data through the online Survey Monkey tool, with de-identified data from the surveys supplied to the research team in Excel spreadsheets for analysis.

While the researchers were unable to analyse the precise areas of employment of professionals due to reasons of confidentiality and anonymity, it was apparent that the professionals had different levels of expertise and years of experience (ranging from new to the field to decades of experience) and comprised a range of fields not limited to social work, counselling, teaching (primary and high school), youth work, child protection, psychology, chaplaincy, support work, mediation, guidance officers, and law enforcement.

2.3. Data analysis

The research used both quantitative and qualitative analyses. For the quantitative analyses, pre- and post-workshop/webinar survey responses were coded in Excel by the research team and imported into IBM SPSS Version 27 for statistical analysis. Paired sample *t*-tests or one-way ANOVA were used to compare professionals' pre- and post-workshop/webinar survey results, where the sample allowed.⁴ Of paired sample

cases, participants were matched pre- and post-from the use of a unique code: What is the last letter of your last name? What is the first letter of your birthday month? What is the first letter of the town where you were born? What is the first letter of your favorite pet's name? If you have never owned a pet, use the letter x. Independent sample *t*-tests were then used to compare all responses to the pre- and post-workshop/webinar surveys. When the number of professionals completing the pre- and post-workshop/webinar surveys was unequal, univariate analyses of variance with Welch's statistic were used to account for the difference in sample sizes. For the qualitative analyses, responses were imported into NVivo, where key themes were identified in the free-text responses. Thematic analysis was utilised with responses coded deductively into themes. While quantitative analyses form most of the findings, qualitative responses contextualise the data, allowing for a more complete interpretation of the findings.

3. Findings

3.1. Did the workshops/webinars meet the needs of professionals?

Workshops and webinars across 2020–2022 filled a clear sector need for professionals. Concerningly, most professionals who completed the pre-workshop/webinar survey had responded to a child or young person experiencing or displaying HSB in their professional capacity, however, many had not previously undertaken professional training within their workplace in this field (see Table 1). These professionals mostly only had 'some knowledge/a basic generalist understanding of the topic' (2020 and 2021) or 'sound levels of knowledge and understanding of the topic' (2022). Further, each year, in the pre-workshop/webinar surveys, professionals reported a large variance in knowledge of services available locally for young people displaying HSB.

In the pre-workshop/webinar survey, professionals consistently reported their concerns in responding to HSB. Some of these concerns included limited knowledge and experience in dealing with HSB, "lack of awareness, knowledge and skills", "confidence to respond" and "lack of training". Professionals were also asked about their expectations for the workshop/webinar. Professionals' expectations included enhanced knowledge and skills, increased confidence, deeper insight and understanding, current findings and research, and strategies for responding appropriately to HSB. One professional responded, "to continue to develop my framework for practice and integrate current knowledge with contemporary theory and practice to enhance my intervention toolbox". Others responded, "gain a greater understanding of the issues and challenges of dealing with HSB in children and gain an insight into the strategies and approaches that help deal with this effectively" and "to walk away feeling more confident in being able to identify, respond, notify the appropriate services".

Table 1 shows that each year (2020–2022), more than approximately two-thirds of professionals indicated that both the workshops and webinars met their expectations. When rating the facilitators and content across various items, most ratings were higher than 80% in agreeableness (with some ratings of 100%; workshop facilitators were knowledgeable in 2020). Additionally, most professionals across the three years indicated that they were satisfied with the workshops and webinars, with most ratings above 90 percent (Table 1).

Professionals commented on the workshops and webinars being a valuable and accessible resource that addressed workforce training needs, with the delivery of such being high quality, on hand, and free. As one professional commented, "thanks very much, really appreciate access to this high quality PD [professional development]" and others stated, "it is short and accessible with no prerequisite training required", "good resources that people can access at a later date", and "thank you very much for making this important information free". One professional acknowledged, "it is so wonderful to see an organisation meeting this huge training need. I would love to see pre-service teachers receiving this as it can be so daunting for them dealing with this issue".

³ The small sample of the follow-up surveys for the webinar sample is likely attributable to these two surveys being open for two weeks each time.

⁴ Only professionals who completed the pre- and post-workshop/webinar surveys were included in this analysis.

Table 1
Pre- and post-workshop/webinar survey response items.

	2020		2021		2022	
	%		%		%	
	Workshop	Webinar	Workshop	Webinar	Workshop	Webinar
Pre-Workshop/Webinar Survey						
In your professional capacity, have you responded to a child or young person experiencing or displaying HSB?						
Percentage of participants who responded 'Yes'	72.9	77.4	71.0	72.5	64.4	78.8
What is your current level of understanding of HSB in children and young people?						
Very little to no understanding of the topic	5.7	5.7	8.3	3.2	5.1	1.9
Some knowledge/a basic generalist understanding of the topic	48.6	36.6	41.1	39.6	41.5	29.1
Sound levels of knowledge and understanding of the topic	25.7	22.8	30.6	28.3	38.1	38.6
Moderate level of knowledge and understanding of the topic	18.6	30.9	19.2	22.5	15.3	24.1
Sophisticated and broad understanding of the knowledge base	1.4	4.1	0.9	6.4	0.0	6.3
Have you previously undertaken any professional training (within your workplace) in this area to enhance your knowledge or skills?						
Yes	29.6	44.4	25.2	45.5	17.8	50.6
No	64.8	52.4	69.7	47.6	77.1	44.9
Unsure	5.6	3.2	5.1	6.9	5.1	4.4
Have you previously undertaken any professional training (external to your workplace) in this area to enhance your knowledge or skills?						
Yes	18.6		22.8		16.1	
No	77.1		72.8		73.7	
Unsure	4.3		4.5		10.2	
How would you rate your knowledge of services available locally for young people displaying HSB?						
Poor	34.8	23.1	36.0	24.1	38.1	20.3
Fair	42.0	38.0	39.8	39.0	32.2	37.3
Good	17.4	33.9	21.7	31.0	28.0	35.9
Excellent	5.8	5.0	2.5	5.9	1.7	6.5
Post-Workshop/Webinar Survey						
Satisfaction	92.9	96.0	98.1	82.0	95.6	91.4
Venue/Platform/Location	92.3	99.0	98.4	94.7	100.0	98.1
Met expectations	67.1	69.1	75.4	64.8	80.3	66.8
The facilitators were:						
Knowledgeable	100.0	96.5	98.1	94.7	98.5	94.3
Well-prepared	100.0	97.2	98.1	91.2	98.5	93.3
Responsive to their questions	92.9	92.9	97.4	81.7	98.5	83.7
Engaging	100.0	93.6	96.6	81.3	96.3	90.4
Approachable	100.0	83.9	97.4	74.7	97.8	74.3
The workshop content was:						
Varied	100.0	89.3	95.4	84.3	96.3	83.3
Well-prepared	100.0	96.3	98.5	92.9	99.3	97.1
Pitched at the right level	85.7	94.4	94.7	89.4	96.3	84.6
Engaging	92.9	93.6	96.6	81.6	95.6	90.5
High quality	92.9	93.6	97.0	86.4	98.5	90.4
Organised	100.0	95.7	98.9	92.8	99.3	89.4
Relevant	92.9	95.0	97.4	88.8	97.1	79.8
Evidence-based	85.7	93.6	97.4	87.7	97.1	91.4
In-depth enough	85.7	85.7	89.8	77.7	92.7	53.4
Adequate in length	92.3	89.2	92.9	79.4	91.9	93.1
Interactive	92.9	55.7	94.4	46.4	92.7	84.6

3.2. Did the workshops/webinars increase professionals' perceived knowledge, confidence, competence, and actual knowledge?

Using pre- and post-workshop/webinar surveys, the combined results across the three years show that workshop and webinar completion appeared to increase professionals' perceived knowledge, confidence, competence, and actual knowledge (Table 2). In 2020, a univariate analysis of variance was used to compare the average scores for the 71 professionals who completed the pre-workshop survey and the 14 professionals who completed the post-workshop survey.⁵ As shown in Table 2, results found the workshop to significantly increase professionals' perceived knowledge and confidence by an average of 23.0% and 17.6%, respectively. While there appeared to be an increase in perceived competence and actual knowledge after attending the workshop, these were not statistically significant increases. Similarly, a paired samples *t*-test ($n = 18$) found that the webinar significantly increased perceived knowledge, confidence, and competence by an average of 13.9%, 13.0%, and 17.6%, respectively. While there appeared to be a

slight increase in actual knowledge after attending the webinars (3.3%), it was not a statistically significant increase. An independent samples *t*-test was also used to compare the average scores for the 124 professionals who completed the pre-webinar survey, and the 142 professionals who completed the post-webinar survey, with similar results found.

In 2021, a paired samples *t*-test ($n = 53$) found that workshop completion increased perceived knowledge, confidence, competence, and actual knowledge by an average of 15.9%, 26.1%, 23.6%, and 17.7%, respectively (see Table 2). A univariate analysis of variance was also conducted to compare the average scores for the 448 professionals who completed the pre-workshop survey, and the 265 professionals who completed the post-workshop survey, producing similar results. A paired samples *t*-test ($n = 22$) also found that webinar completion increased perceived knowledge, confidence, and competence by an average of 13.2%, 23.0%, and 7.5%, respectively (see Table 2). Similar to the 2020 finding, there was no statistically significant increase in actual knowledge after attending the webinars. An independent samples *t*-test was also conducted to compare the average scores for the 189 professionals who completed the pre-webinar survey, and the 172 professionals who completed the post-webinar survey. Again, similar results were observed.

⁵ The sample size was too small to perform a paired-samples *t*-test.

Table 2

Pre- and post-workshop/webinar survey results.

	Pre (%)		Post (%)		df	t/Welch	p	Cohen's d/Partial Eta
	M	SD	M	SD				
2020	n = 71		n = 14					
Workshop								
Actual Knowledge	65.63	22.72	73.85	23.64	1, 16.32	1.34	0.263	0.017
Perceived Knowledge	44.41	20.27	67.40	13.54	1, 26.08	28.01	<0.001 ^a	0.166
Perceived Confidence	42.62	22.99	60.26	21.01	1, 17.77	7.49	0.014 ^b	0.075
Perceived Competence	46.02	20.34	55.13	17.19	1, 18.73	2.90	0.105	0.027
Webinar (n = 18)								
Actual Knowledge	65.56	26.40	68.89	23.98	17	-0.44	0.668	-0.101
Perceived Knowledge	39.81	22.24	60.19	18.20	17	-3.51	0.003 ^c	-0.827
Perceived Confidence	43.52	28.09	56.48	22.97	17	-2.83	0.012 ^b	-0.667
Perceived Competence	38.89	26.81	56.48	20.72	17	-4.49	<0.001 ^a	-1.057
2021								
Workshop (n = 53)								
Actual Knowledge	49.81	23.41	65.66	24.92	52	-5.62	<0.001 ^a	-0.773
Perceived Knowledge	44.08	18.39	70.15	13.62	52	-10.86	<0.001 ^a	-1.492
Perceived Confidence	38.05	22.73	61.64	18.66	52	-7.25	<0.001 ^a	-0.996
Perceived Competence	44.21	20.09	61.95	16.79	52	-6.99	<0.001 ^a	-0.960
Webinar (n = 22)								
Actual Knowledge	65.91	29.42	60.23	31.49	21	0.72	0.239	0.154
Perceived Knowledge	49.20	21.55	62.40	15.19	21	-3.04	0.003 ^c	-0.649
Perceived Confidence	33.64	27.18	56.67	21.16	21	-3.73	<0.001 ^a	-0.796
Perceived Competence	50.98	18.76	58.48	17.45	21	-1.74	0.048 ^b	-0.372
2022								
Workshop (n = 21)								
Actual Knowledge	67.62	23.22	72.38	21.43	20	-1.56	0.067	0.140
Perceived Knowledge	33.33	17.09	62.19	11.96	20	-7.38	<0.001 ^a	0.180
Perceived Confidence	28.57	19.11	56.35	13.41	20	-6.38	<0.001 ^a	0.200
Perceived Competence	38.11	17.33	54.76	13.06	20	-4.19	<0.001 ^a	0.182
Webinar	n = 160		n = 105					
Actual Knowledge	62.50	30.20	65.00	29.94	263	-0.66	0.254	0.301
Perceived Knowledge	55.17	18.36	61.84	18.02	253	-2.83	0.003 ^c	0.182
Perceived Confidence	58.30	21.96	64.40	22.21	251	-2.15	0.016 ^b	0.221
Perceived Competence	58.24	21.83	56.33	26.25	181.94	0.61	0.272	0.236

^a Significant at .001.^b Significant at .05.^c Significant at .01.

In 2022, a paired samples *t*-test ($n = 21$) found that workshop completion increased perceived knowledge, confidence, and competence by an average of 28.7%, 27.8%, and 16.6%, respectively (see Table 2). The workshop also appeared to increase actual knowledge by an average of 4.8%, however, this increase was not found to be statistically significant. An independent samples *t*-test was used to compare the average scores for the 118 professionals who completed the pre-workshop survey and the 136 professionals who completed the post-workshop survey. Again, similar results were observed, however, the increase in professionals' actual knowledge was significant ($t(252) = -3.16, p < 0.001$ (one-sided), Cohen's $d = 0.232$). An independent samples *t*-test was used to compare the average scores for the 160 professionals who completed the pre-webinar survey, and the 105 professionals who completed the post-webinar survey.⁶ As shown in Table 2, results found the webinar to successfully increase professionals' perceived knowledge and perceived confidence by an average of 6.7% and 6.1%, respectively. Despite what appeared to be a slight increase in actual knowledge (2.5%) after attending the webinar, it was not statistically significant. Perceived competence (-1.9%) appeared to decrease after attending the webinar, however, this difference was also not statistically significant.

3.3. How did the workshops/webinars increase professionals' perceived knowledge, confidence, competence, and actual knowledge?

Across the three years professionals were asked to share the most

⁶ It was not possible to perform a paired samples *t*-test due to the small sample size.

valuable learnings from the workshop/webinar. Themes were very similar across each year, and pertained to (1) assessment of behaviour, resources, and tools; (2) understanding HSB; (3) treatment and intervention including approaches, frameworks, models, and guidance; and (4) safety planning.

3.3.1. Assessment of behaviour, resources, and tools

With regard to assessment, professionals commented on the importance of understanding the context when assessing a young person's behaviour. For example, one professional commented that the "context of behaviour is more important than behaviour alone", whilst others commented "always consider the behaviour in context", "being holistic in assessment – identifying why the behaviour might be problematic, HSB or developmental", and "ensuring young people aren't shamed, ostracised through their behaviour and our responses to their behaviours". Other professionals commented on their interest in learning about certain tools, including frameworks to use in assessment including "how to respond to Harmful Sexual Behaviours, and the strengths-based safety planning tool" and the "importance of using evidence-based models for determining responses to HSB such as Hackett's continuum (of behaviours)".

3.3.2. Understanding HSB

Specifically, professionals highlighted the value of learning about "the causes and triggers for HSB's and how to adequately safety plan with the YP [young person] and their families", "needing to understand what lies beneath the behaviour and unmet needs", and "different interventions and approaches". Other professionals shared the importance of "learning that unmet needs may underlie the concerning HSB, and that HSB can be

understood on a continuum from normal development to very concerning/violent behaviour". Having presentations grounded in data, statistics and evidenced-based research was reportedly valued as it provided participants with an understanding of the occurrence and trends of HSB. One professional commented *"not all (or even many) children with HSB go on to be adult perpetrators"*, suggesting that information presented in workshops and webinars may have dispelled some commonly held myths. Other professionals highlighted that references to evidence-based research to *"apply to your working environment"* was valuable for their practice moving forward.

3.3.3. Treatment and intervention (approaches, frameworks, models, and guidance)

In terms of treatment and intervention, professionals commented that it was valuable to have knowledge of *"key elements for effective programs"*, *"most effective interventions"*, and *"therapy/treatment ideas"*. Specifically, one professional highlighted the importance of *"the applicability of the approach/model in working with First Nations people - which also links to culture as healing"*. Professionals also commented on the importance of communication, in the *"ways of interviewing children"*, highlighting the *"difference between non-leading open questions and leading open questions"*. For example, one professional commented, *"that interviewers can cause harm with questions (open-ended leading)"*. Another professional commented *"communicating with the children to get responsive answers from them, that are not coercive"*. Professionals also commented on *"ways to better communicate with children with different needs and cognitive abilities"*. Professionals also highlighted the importance of self-awareness, in being mindful of how *"our own personal experiences and values can impact us when faced with HSB"*.

3.3.4. Safety planning

Specifically, safety planning was identified as valuable, as it provided professionals with information regarding *"who should be part of the plan development"*, *"the importance of the child participating in safety planning"*, and *"the importance of a well-structured safety plan"*. Professionals highlighted the value of learning about the *"Good Lives Model as a strengths-based model to support change and safety planning"*, *"as well as thinking about the spectrum of behaviours"*.

3.4. Was the training subsequently applied in practice to identify and respond to HSB?

Professionals from the 2020 workshops ($n = 3$) and webinars ($n = 27$) were followed-up at 12-months post-workshop/webinar completion to explore the longer-term impacts on their practice. When asked about some of the key topics recalled from the workshops and webinars, professionals were able to recall the points discussed accurately, displaying some level of knowledge retention. Most professionals had also incorporated the knowledge and skills from the webinar or workshop they attended into their practice. For example, one professional stated, *"I have used the knowledge when completing consultations with people working with young people who engage in sexually harmful behaviour"*. For those who had not yet incorporated their knowledge, there was the intention to incorporate the knowledge and skills but had simply not yet done so.

Despite the smaller number of these 12-month follow-up samples, there were clear accounts from professionals regarding applying the knowledge and skills learned from the training into their practice to identify and respond to HSB. Some responses demonstrated direct bystander behaviour, such as *"I was able to identify the behaviour and referred the student to the wellbeing coordinator and the Assistant Principal"* and *"de-escalating situations and making sure that children displaying harmful sexual behaviours were referred to appropriate support agencies"*. Other examples demonstrated the use of effective strategies to respond to students displaying HSBs, for instance, *"helping a student to process the behaviours they were displaying, where these had originated from, and how best they could manage them"* and,

the young person [Person A] I support is able to develop empathy towards the other young person [Person B] to whom he displayed the HSB, the young person [Person A] also understands that he can control his behaviour by reducing addiction to devices, that the young person [Person A] feels he has the strategies he can use if he was to be in the similar situation he initially displayed the HSB.

Responses extended to support systems surrounding young people by *"providing education to supporting adults around appropriate management of the child especially to ensure they are not demonized through inappropriate language"* and helping to build resilience among those harmed,

helped children to move from 'victim' status to children who could still thrive. Ensuring that their experience did not define who they were or influence their lives in a negative way for the rest of their lives. Provided them with skills to deal with other situations in their lives that posed as a potential threat to their safety and wellbeing. Emphasised the importance of telling an adult who could help them when they were feeling unsafe. Reassuring them that they were not to blame. Helping schools to follow the processes designed to keep children safe.

4. Discussion

This paper presents evaluation findings from the Daniel Morcombe Foundation's Changing Futures workshop and webinar series. In particular, it set out to address the overarching question: Has the Changing Futures program upskilled participants on HSB to contribute towards improved outcomes for children and young people? Overall, positive program outcomes tentatively indicate that the Changing Futures program has upskilled participants on HSB to contribute towards improved outcomes for children and young people. The findings are discussed below, along with the limitations of the current study. There is a great need for flexible and multi-modality HSB training for frontline workers and the current results showed that the workshops and webinars were an effective means to deliver this training.

First, the workshops and webinars are filling a clear sector gap in frontline workers' knowledge and skills in identifying and responding to HSB. Aligning with existing literature, professionals reported a lack of knowledge, confidence, and competence to identify and respond to HSB prior to workshop and webinar completion (e.g., McKibbin & Humphreys, 2023). The pre-workshop/webinar survey responses found that most professionals had responded to a young person either exhibiting or experiencing HSB, corresponding with the Royal Commission's (2017) positioning of these professionals as instrumental to prevention and early intervention efforts. However, the current findings are particularly concerning as it is evident that there are professionals who hold only basic knowledge of the topic and have not received training (or have received minimal training) yet are currently responding to a child or young person experiencing or displaying HSB. These findings reinforce the need for HSB training for professionals, such as the Changing Futures program.

4.1. The workshops/webinars met the needs of professionals

The findings showed that the Changing Futures program met the needs and expectations of professionals. Survey responses indicated that professionals were largely satisfied with delivery and content, including facilitator performance and program features (e.g., length). Overall satisfaction ratings by professionals averaged above 95 percent for the workshops and 80 percent for the webinars across the three years, which aligns with existing literature about training programs in other fields (e.g., Joshi et al., 2013) and is likely to contribute to positive impacts on learning outcomes (e.g., Akoto et al., 2017). These findings are particularly promising given the workshops and webinars were still able to meet the needs of professionals despite the diversity of this group, with professionals spanning a breadth of fields with differing expertise.

These professionals also acknowledged the value and accessibility of these platforms, being able to address workforce training needs, and appreciated the high quality, on hand, and free format. To address what appears to be a widespread issue regarding professionals lacking knowledge, confidence, and competence in identifying and responding to HSB (e.g., McKibbin & Humphreys, 2023), such workshops and webinars could be built into ongoing professional development for frontline workers (e.g., professionals asked to watch one webinar or attend one workshop every six months). The need for continuing professional development (CPD) in professional work is well established, with it becoming a formal requirement of many professional bodies as opposed to just being an expectation (Mulvey, 2013). For example, the Australian Association of Social Workers (AASW), requires social workers to undergo regular CPD to maintain knowledge, competency, and skills (Hudson et al., 2021). If such workshops and webinars were built into ongoing professional development for frontline workers more broadly, there could be exploration of a scaffolded approach to maximise impact. In particular, a scaffolded approach would see the program content evolve from foundational concepts (webinars and workshops tailored to, for example, foster caregivers and volunteers as a form of pre-service training) and skill-building (webinars and workshops tailored to graduates or frontline workers new to this field), through to more in-depth discussions on the research-practice nexus (webinars and workshops for experienced frontline workers and for policy professionals and decision-makers).

4.2. *The workshops/webinars increased professionals' perceived knowledge, confidence, competence, and actual knowledge*

The findings showed that training completion resulted in gains in professionals' knowledge and skills – both actual knowledge and perceived knowledge, competence, and confidence for workshops and perceived knowledge, competence, and confidence for webinars. These findings reinforce the suggestion that workshops and webinars can be used to upskill professionals in HSB; a noteworthy finding for the field of HSB, where evaluation of frontline worker training practices is limited. The value of these workshops is also evident with the workshops being recognised and endorsed by the Australian Community Workers Association (ACWA) for Continuing Professional Development (CPD). The ACWA's role includes leading the registration and recognition of the community work profession throughout Australia.

4.3. *The workshops/webinars resulted in these increases due to a variety of topics learned*

Professionals suggested gains in knowledge and skill were achieved through key learnings about HSB generally, HSB practice and theory frameworks including intervention skills, and contemporary evidence, which were likely to result in improved knowledge and skills, awareness and confidence, and increased knowledge and understanding of evidence-based resources. Each of these key learnings corresponds with the universal training needs of professionals in this field identified by McKibbin and Humphreys (2023). This suggests that the Changing Futures program is a valuable resource for the HSB field, delivering relevant and timely content. In fact, the research team has been informed that a sexual assault service in one jurisdiction of Australia is now using the Changing Futures webinars to onboard their staff. This highlights the value seen in this program for frontline workers and the opportunity for other organisations in the sexual violence prevention field, including various allied health professions, to build multi-modality training into their onboarding. That said, it is imperative that workshop and webinar content is updated in a timely manner to capture any emerging research or changes in practice.

4.4. *Despite the small sample, the knowledge and skills learned from the workshops/webinars were subsequently applied in practice to identify and respond to HSB (up to 12-months)*

Importantly, the findings also indicate that the program resulted in sustained, positive impacts on professionals' practice (up to 12 months), which further highlights the value of the Changing Futures program as an effective tool to upskill professionals about HSB. While there was a small number of responses here, there were reported instances of the HSB stopping and decreasing as a *direct* result of the professionals' skills gained from the program. Therefore, these positive impacts cannot be overlooked based on the sample size, and again highlight the value of multi-modality training programs. To increase the capacity to interpret the longer-term impacts of the program, longitudinal research (e.g., over five years) could be undertaken with professionals engaged in HSB training to identify the continued impacts of that training (including the outcomes for children affected by, or displaying, HSB).

4.5. *Limitations*

While valuable, the findings reported herein are limited by sample and scope. This evaluation did not test the effectiveness of such webinars and workshops on gains in knowledge, competence, and confidence *per se* therefore forgoing being able to test whether it is a true reflection of gains. Future research could, however, incorporate comparison samples or a control group to compare group outcomes. Further, given the sample size, the research team was unable to explore the variations across webinars and workshops. In fact, it was not possible to conduct a paired samples *t*-test for each year, and where this test was performed one of the samples was small (e.g., 21). The number of professionals who completed the follow-up surveys was also small (e.g., 3). Using an alternative recruitment and retention strategy, such as an opt-out consent process, may help to increase the sample size in future research. These findings could also be enhanced with a broader scope, such as exploring the impacts of satisfaction on learning outcomes or differences in the level of engagement between participants, and doing this alongside the inclusion of more demographic information (e.g., age, gender). This was largely beyond the ability of the present study due to the limited sample sizes, which prevented the use of more complex analyses. Also, while the research team is aware that the professionals who attended the webinars and workshops comprised a diverse sample, they were unable to analyse the precise areas of employment due to reasons of confidentiality and anonymity. It is, therefore, unknown if participants who completed the surveys differ from those participants who did not complete the surveys. For example, those who completed the surveys could possibly be more engaged and invested in the topic with the results potentially being unique to this group of individuals, limiting the generalizability of the research. Further, although the results suggest diverse mechanisms are useful for this diverse population, the analyses do not inform whether one webinar was enough for professionals, or whether several are ideal for gains in knowledge, confidence, and competence. This is one area to be considered in future evaluations on this topic.

5. Conclusion

This paper explored the value of workshops and webinars, as training programs, to upskill frontline workers in identifying and responding to HSB. Overall, the findings reported in this paper tentatively highlight the value of workshops and webinars as professional development tools to upskill participants on HSB to contribute towards improved outcomes for children and young people. The findings showed that, overall, professionals' perceived knowledge, confidence, competence, and actual knowledge improved following workshop/webinar completion, and that

participation had lasting impacts on practice at 12-month follow-up. With HSB professional development initiatives needing to contend with the diverse workforce of specialist, skilled, and inexperienced professionals in ranging fields and geographical spread, along with the heavy workloads and competing demands, these findings suggest workshops and webinars are one valuable way to upskill the frontline workforce. However, a number of limitations are acknowledged, primarily the sample and scope. Further research would likely enhance these findings and contribute to continued program improvement. Regardless, the findings from this research suggest such platforms appear to be a valuable and accessible resource that assist in addressing workforce training needs. The Daniel Morcombe Foundation is currently using the findings from the 'Changing Futures' program to assist in informing their next program 'Bright Futures' which is a national training and education project to address the issues related to harmful and problematic sexual behaviours.

Funding

The Sexual Violence Research and Prevention Unit was awarded a grant from the Daniel Morcombe Foundation to evaluate their Changing Futures program.

CRediT authorship contribution statement

L.S. Christensen: Conceptualization, Data curation, Funding acquisition, Investigation, Methodology, Project administration, Resources, Supervision, Validation, Writing – original draft, Writing – review & editing. **S. Rayment-McHugh:** Conceptualization, Funding acquisition, Investigation, Methodology, Supervision, Writing – original draft, Writing – review & editing. **N. McKillop:** Conceptualization, Funding acquisition, Investigation, Methodology, Supervision, Writing – original draft, Writing – review & editing. **I. Hull:** Data curation, Formal analysis, Resources, Software, Writing – original draft, Writing – review & editing. **S. Price:** Writing – original draft, Writing – review & editing.

Declaration of competing interest

The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

Larissa Christensen reports financial support was provided by Daniel Morcombe Foundation. Larissa Christensen reports a relationship with Daniel Morcombe Foundation that includes: board membership.

References

- Akoto, E. O., Akoto, E. V., Hough, C., Campbell, N., & Aggarwal, A. (2017). Predicting students' academic performance: The joint effect of satisfaction and motivation in two public colleges in southwest USA. *Journal of Higher Education Theory and Practice*, 17(8), 58–72.
- Australian Bureau of Statistics. (2021). *Recovered crime – offenders, 2019-2020 financial year*. Australian Bureau of Statistics. <https://www.abs.gov.au/statistics/people/crime-and-justice/recorded-crime-offenders>.
- Commonwealth of Australia. (2021). National strategy to prevent and respond to child sexual abuse 2021-2030. *Commonwealth of Australia: National Office for Child Safety*. Daniel Morcombe Foundation. (2023). *Daniel Morcombe*. Foundation Inc. <https://danielmorcombe.com.au/>.
- Ebner, C., & Gegenfurtner, A. (2019). Learning and satisfaction in webinar, online, and face-to-face instruction: A meta-analysis. *Lausanne Frontiers in Education*, (4), 1–11. <https://doi.org/10.3389/educ.2019.00092>.
- Finkelhor, D., Ormrod, R., & Chaffin, M. (2009). *Juveniles who commit sex offenses against minors*. US Department of Justice.
- Gegenfurtner, A., Zitt, A., & Ebner, C. (2020). Evaluating webinar-based training: A mixed methods study of trainee reactions toward digital web conferencing. *International Journal of Training and Development*, 24(1), 5–21. <https://doi.org/10.1111/ijtd.12167>
- Hackett, S. (2010). Children, young people and sexual violence. In C. Barter, & D. Berridge (Eds.), *Children behaving badly? Exploring peer violence between children and young people*. Blackwell Wiley.
- Hackett, S., Branigan, P., & Holmes, D. (2019). *Operational framework for children and young people displaying harmful sexual behaviours* (2nd ed.). NSPCC.
- Hackett, S., Darling, A. J., Balfe, M., Masson, H., & Phillips, J. (2022). Life course outcomes and developmental pathways for children and young people with harmful sexual behaviour. *Journal of Sexual Aggression*, 1–21. <https://doi.org/10.1080/13552600.2022.2124323>
- Hackett, S., Holmes, D., & Branigan, P. (2016). *Harmful sexual behaviour framework: An evidence informed operational framework for children and young people displaying harmful sexual behaviours*. NSPCC.
- Healy, K., Meagher, G., & Cullin, J. (2009). Retaining novices to become expert child protection practitioners: Creating career pathways in direct practice. *British Journal of Social Work*, 39(2), 299–317. <https://doi.org/10.1093/bjsw/bcm125>
- Hudson, C., Goel, K., & Cowie, J. (2021). Making continuing professional development relevant and accessible in regional social work. *Australian Social Work*, 74(1), 29–41. <https://doi.org/10.1080/0312407X.2020.1817960>
- Johnsson, G., Lincoln, M., Bundy, A. C., Costley, D., & Bulkeley, K. (2022). Evaluation of a group webinar and individual video-conferencing support program designed to upskill staff working with children with autism in regional and remote areas. *Health Education*, 122(2), 150–163. <https://doi.org/10.1108/HE-08-2020-0077>
- Joshi, P., Thukral, A., Joshi, M., Deorari, A. K., & Vatsa, M. (2013). Comparing the effectiveness of webinars and participatory learning on essential newborn care (ENBC) in the class room in terms of acquisition of knowledge and skills of student nurses: A randomized controlled trial. *Indian Journal of Pediatrics*, 80(2), 168–170. <https://doi.org/10.1007/s12098-012-0742-8>
- Kor, K., Simpson, H., & Fabrianes, B. (2022). Strengthening schools' responses to students' harmful sexual behaviors: A scoping review. *Trauma, Violence, & Abuse*, 0(0), 1–17. <https://doi.org/10.1177/15248380221111483>
- Kraska, P. B., & Neuman, W. L. (2012). *Criminal justice and criminology research methods* (2nd ed.). Pearson.
- Lune, H., & Berg, B. L. (2017). *Qualitative research methods for the social sciences* (9th ed.). Pearson.
- McKibbin, G., Green, J., Humphreys, C., & Tyler, M. (2023). Pathways to onset of harmful sexual behavior. *Victims and Offenders*, 0(0), 1–39. <https://doi.org/10.1080/15564886.2023.2208579>
- McKibbin, G., & Humphreys, C. (2023). Frontline workers' response to harmful sexual behavior: Building blocks for promising practice. *Trauma, Violence, & Abuse*, 24(2), 597–612. <https://doi.org/10.1177/15248380211036077>
- McMahon-Howard, J., & Reimers, B. (2013). An evaluation of a child welfare training program on the commercial sexual exploitation of children (CSEC). *Evaluation and Program Planning*, 40, 1–9. <https://doi.org/10.1016/j.evalprogplan.2013.04.002>
- Ministry of Social Development. (n.d.). Harmful Sexual Behaviour Services. Te Manatī Whakahiato Ora. <https://www.msd.govt.nz/about-msd-and-our-work/work-programmes/initiatives/family-and-sexual-violence/specialist-services/harmful.html>.
- Mulvey, R. (2013). How to be a good professional: Existentialist continuing professional development (CPD). *British Journal of Guidance and Counselling*, 41(3), 267–276. <https://doi.org/10.1080/03069885.2013.773961>
- O'Brien, W. (2010). *Australia's response to sexualised or sexually abusive behaviours in children and young people*. Australian Crime Commission. https://www.researchgate.net/profile/Wendy-Obrien-2/publication/242729548_Australia%27s_Response_to_Sexualised_or_Sexually_Abusive_Behaviours_in_Children_and_Young_People/links/58bb521545851591c5e0dbed/Australias-Response-to-Sexualised-or-Sexually-Abusive-Behaviours-in-Children-and-Young-People.pdf.
- Pawson, R., & Tilley, N. (1997). *Realistic evaluation*. SAGE.
- Pawson, R., & Tilley, N. (2004). *Realist evaluation*. http://www.communitymatters.co.uk/RE_chapter.pdf.
- Print, B. (2013). *The good lives model for adolescents who sexually harm*. Safer Society Press.
- Radoslaw, C. (2022). Webinar satisfaction factors in the stories of participants. *International Journal of Training and Development*, 26(3), 531–555. <https://doi.org/10.1111/ijtd.12275>
- Salazar, A. M., Day, A., Feltner, A., Lopez, J. M., Garcia-Rosales, K. V., Vanderwill, L. A., Boo, M., Ornelas, L. A., Wright, L. B., & Haggerty, K. P. (2020). Assessing caregiver usability of the National Training and Development Curriculum for foster and adoptive parents. *Children and Youth Services Review*, 114(July), 105031–105042. <https://doi.org/10.1016/j.childyouth.2020.105031>
- True relationships and reproductive health. (2019). *Sexual behaviours in children and young people*.
- Royal Commission into Institutional Responses to Child Sexual Abuse. (2017). *Final Report: Children with Harmful Sexual Behaviours* (Volume 10). https://www.childabuseroyalcommission.gov.au/sites/default/files/final_report_-_volume_10_childre_n_with_harmful_sexual_behaviours.pdf.
- National Society for the Prevention of Cruelty to Children. (2021). *Statistics briefing: harmful sexual behaviour*. <https://learning.nspcc.org.uk/media/1661/statistics-briefing-harmful-sexual-behaviour.pdf>.