Developments in Safeguarding: Interculturality, Global Perspectives and Future Directions

Introduction to the topics presented by international researchers (Poster Sessions, Printed Posters)

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19.06.2026

International Safeguarding Conference

Rome

Outline

- Safeguarding: research and development of concepts
- The role of interculturality in safeguarding
- The bad example: institutional boundary transgressions among adults hinder the functioning of safeguarding concepts for kids
- Current devlopments in safeguarding
- Technology, AI and the future of safeguarding
- Conclusion

Aim of the presentation

- Introduce current international safeguarding research represented in the Printed Posters and Poster Sessions
- Explore:
  - the role interculturality has played so far in safeguarding
  - emerging intercultural challenges
  - future developments in safeguarding theory and practice
  - likely safeguarding priorities in the next 10 years

Key thesis:

- **Safeguarding is moving:**
  - **from compliance → toward relational, contextual, survivor-centered cultures**
  - **from Western export models → toward intercultural and decolonial approaches**
  - **from isolated child protection → toward holistic safeguarding ecosystems**

Safeguarding:
Research and development of concepts

Fundamental challenges in developing safeguarding concepts

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„Our safeguarding concept is in a folder, but I don‘t know where that folder currently is.“

https://link.springer.com/article/10.1007/s12054-015-0085-6

Where Safeguarding Theories Come From:

Dominant Paradigms

Historically:

- legal compliance
- risk management
- institutional protection
- standardized procedures
- "one-size-fits-all" frameworks

Main theoretical roots:

- Western child protection systems
- psychology and trauma theory
- legal accountability structures
- human rights discourse (CRC)

Strenghts:

- universal standards
- Accountability
- Transparency
- **recognition of abuse as a prevalent problem**

Limitations:

- culturally blind assumptions
- insufficient survivor participation
- little reflection on abuse of (male) power and colonial histories
- weak engagement with spirituality and local knowledge systems

Where Safeguarding Theories Came From …. Transition Phase

Safeguarding increasingly understood as:

- Relational
- Participatory
- Intercultural
- Community-based
- Trauma-informed
- Spiritually aware

→

Examples from Poster Sessions and Printed Poster:

- **Melbourne Archdiocese Catholic Schools (MACS)**
- **Dialogic Model of Prevention (DMPRC)**
- **AVSI Foundation Uganda**
- **Safeguarding (with) Brazilian youths**

Central premises in the development of safeguarding concepts

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Safeguarding Concept Development

- … is a process of developing **individual attitudes** and **organizational culture**
- … must be participatory
- … must be understood as an ongoing process
- … must include the establishment of an open culture to learn from errors, mistakes and failure
- … must be tailored to the respective target groups
- … must be adapted to the specific requirements of the setting **(risk and resource analysis)**
- … must take both perspectives into account **(the institution as a place of safety and as a place for developing competence)**

Institutions must be places of protection and competence

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Safeguarding concept

Institution as a place of protection

Institutional structures and processes are designed in such a way that border crossings and violence are recognized, named and measures are taken to stop or prevent them ("not becoming a crime scene")

Institution as a place of competence

Children and young people (and other people) affected by violence can find competent help and support in facilities

Development of professional values and attitudes

- Within the institution, a clear stance must be established that misconduct and transgressions of any kind will not be tolerated
  - **Respect for human dignity**
  - Respect for the rights and needs of each individual
  - Promotion of self-determination and autonomy (Western core concepts vs. collective ideals)

Participatory development and implementation of the safeguarding concept

- Wherever possible, the development of safeguarding concepts and their components should be a participatory process
    - Children and adolescents (as well as adult clients/patients) should also be actively involved
- For elements where participation is not possible or only possible to a limited extent (e.g., procedural protocols and intervention procedures), the developed concept must be communicated to staff members and discussed with them
- The **exclusive** development of safeguarding concepts by the quality management department or by so-called "abuse prevention officers" is problematic

Safeguarding Concept Development as an ongoing process

- The development of a safeguarding concept must be understood as an ongoing process rather than a one-time activity
  - It may therefore be more appropriate to speak of a safeguarding process rather than a safeguarding concept
  - Long-term institutional resources must be provided to support this process
- Safeguarding concepts require regular review, revision, and adaptation
  - “Learning from mistakes” must be an essential principle of safeguarding work

The role of interculturality in safeguarding

Safeguarding requirements in research and support projects: Implementation challenges

- Increasingly, international funding organizations require **formal safeguarding frameworks as a condition for project funding**
- Compliance with these requirements is **often mandatory for obtaining and maintaining financial support**
- As a result, standardized policies are **frequently developed based on global (often Western) models**
- In some cases, these frameworks are **adopted without sufficient local context analysis or risk assessment**
- This raises questions about the **balance between formal compliance and meaningful adapted implementation on-site**
- Safeguarding requirements are intended as quality standards—**but may risk becoming procedural formalities**

➢ **There is a need for stronger dialogue between funders and implementing organizations**
➢ **The goal should be to foster genuine ownership and contextualized understanding, rather than checklist compliance**

Safeguarding requirements in research projects: Implementation challenges – Example

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"Alibi" of Gender Mainstreaming and Women in Science in Europe

Background:

- Gender mainstreaming and the inclusion of women in science have been defined as key priorities by research ministries
- Universities have responded by appointing equality officers and developing formal strategies
- Standardized text modules and policies have been created to demonstrate compliance

However:

- In many cases, underlying issues are not sufficiently reflected or critically addressed
- Implementation may remain superficial rather than transformative
- Risk of turning important objectives into formal obligations

➢ **Safeguarding measures risk to function as a form of symbolic compliance or "alibi" rather than driving real change**

Interculturality in Safeguarding: Cultural Adaptation

A. Interculturality as Adaption

- Typical approach: **implementing universal standards locally -> translating existing safeguarding standards into local settings**

- **Examples from Poster Sessions and Printed Poster:**
  - **Albania adapting policies into Catholic education**
  - **Catholic Safeguarding Standards Agency (CSSA) using one audit model across cultures**
  - **Safeguarding compliance in Uganda humanitarian programming**

Role of Interculturality in Safeguarding: Mutual Learning

B. Emerging Shift: Interculturality as Mutual Learning

- **New questions:**
  - Whose understanding of childhood?
  - Whose model of family?
  - Whose concept of vulnerabilty?
  - Whose understanding of authority and dignity?

- **Examples from Poster Sessions and Printed Poster:**

  - **Critique of "white normative child voice"**
  - **Safeguarding as "translation, not transplantation"**
  - **Mistrust of safeguarding as external control**

- **Major insights:**
  Interculturality is no longer only adaption, it becomes:
  - Epistemological reflection
  - Shared learning
  - Decentralization against Western dominance

The Role of Interculturality in Safeguarding so far

C. Intercultural Challenges Identified

- **Tensions appearing globally:**
  - Universal rights vs. Local traditions
  - Safeguarding vs. authority
  - Reporting obligations vs. Sacramental secrecy
  - Gender justice vs. Patriarchical systems
  - Child agency vs. Community hierarchies
  - Secular frameworks vs. Spiritual world views

- **Examples from Poster Sessions and Printed Poster:**

  - **India: "Seal of confession" vs. POCSO act**
  - **Côte d'Ivoire: patriarchal violence norms**
  - **Gypsy/Roma communities: importance of spirituality**
  - **African women religious: obedience and silence cultures**

The bad example: institutional boundary transgressions among adults hinder the functioning of safeguarding concepts for kids

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Research Letter | Physician Work Environment and Well-Being

FREE

January 2019

Prevalence of Sexual Harassment in Academic Medicine

Sabine Jenner, BA, MA[1]; Pia Djermester, BA[1]; Judith Prügl,

» Author Affiliations | Article Information

JAMA Intern Med. 2019;179(1):108-111. doi:10.1001/jamain

All forms of violence in an instution must be taken into consideration (example academic medicine):

Table 1. Experiences of Sexual Harassment Among Participating Physicians

Career Harassment and Misconduct Experiences[a]	Participants, No. (%) Total (n = 737)	Women (n = 448)	Men (n = 289)	*P* Value
Any form	519 (70.04)	341 (76.12)	178 (61.59)	<.001
Degrading speech/obscene language[b]	456 (61.87)	297 (66.29)	159 (55.02)	.002
Letter, email, text message, jokes, pictures[b]	44 (5.97)	21 (4.69)	23 (7.96)	.07
Sexualized speech, sexual innuendo[b]	185 (25.1)	145 (32.37)	40 (13.84)	<.001
Whistling, staring[b]	96 (13.03)	89 (19.87)	7 (2.42)	<.001
Obscene gestures[b]	39 (5.29)	24 (5.36)	15 (5.19)	.92
Stories with sexual content[b]	109 (14.79)	79 (17.62)	30 (10.38)	.01
Sexual offers, unwanted invitations[b]	53 (7.19)	40 (8.93)	13 (4.5)	.02
Unwanted physical contact[c]	127 (17.23)	100 (22.32)	27 (9.34)	<.001
Groping, attempted kissing[c]	16 (2.17)	13 (2.9)	3 (1.04)	.09
Advantages for sexual favors	11 (1.49)	9 (2.01)	2 (0.69)	.15
Sexual attack[c]	4 (0.54)	2 (0.45)	2 (0.69)	.66
Other situations	15 (2.04)	11 (2.46)	4 (1.38)	.32
None of the above	218 (29.58)	107 (23.88)	111 (38.41)	<.001
Perceived the nonphysical misconduct as harassing (n = 492)	373 (75.8)	270 (83.3)	103 (61.3)	<.001
Perceived the nonphysical misconduct as threatening (n = 491)	59 (12)	49 (15.2)	10 (6)	.003
Perceived the physical misconduct as harassing (n = 132)	117 (88.6)	95 (93.1)	22 (73.3)	.003
Perceived the physical misconduct as threatening (n = 131)	36 (27.5)	31 (30.7)	5 (16.7)	.13

JAMA Network Open

Research Letter | Equity, Diversity, and Inclusion

Sexual Harassment in Academic Medicine in Germany

Vera Clemens, MD, MPH, PhD; Marco Kuchenbaur, MSc, MA; Claire Richter, MD; Sabine Oertelt-Prigione, MD, MScPH, PhD; Svenja Taubner, PhD; Jörg M. Fegert, MD, PhD

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Introduction

Working in the health sector has an enhanced risk of experiencing sexual harassment.[1] Although evidence suggests a high prevalence of sexual harassment in health care in Germany,[2] multicenter studies including nurses are lacking. Consequences of sexual harassment encompass physical, psychological, and work-related problems.[3] This cross-sectional, large-scale, multicenter study is the first to assess the prevalence of sexual harassment among physicians and nurses in academic medicine in Germany.

Table 1. Prevalence of Sexual Harassment[a]

Lifetime prevalence	Physicians, No./total No. (%)			Nurses, No./total No. (%)		
	Female	Male	*P* value	Female	Male	*P* value
Sexual harassment						
Any form	585/788 (74.2)	315/615 (51.2)	<.001	1477/1916 (77.1)	306/449 (68.2)	<.001
Sexualized remarks, sexual innuendo	422/788 (53.6)	165/615 (26.9)	<.001	1014/1916 (52.9)	157/449 (35.0)	<.001
Stories with sexual content	281/788 (35.7)	158/615 (25.7)	<.001	842/1916 (43.9)	190/449 (42.3)	.53
Sexual offers, unwanted invitations	149/788 (18.9)	75/615 (12.2)	<.001	504/1916 (26.3)	79/449 (17.6)	<.001
Devaluation, obscenity via telephone, letters, emails, text messages	96/788 (12.2)	113/615 (18.4)	.001	233/1916 (12.2)	78/449 (17.4)	.003
Whistling, staring, undressed with looks	253/788 (32.1)	57/615 (9.3)	<.001	876/1916 (45.7)	71/449 (15.8)	<.001
Obscene gestures and signs	127/788 (16.1)	84/615 (13.7)	.21	573/1916 (29.9)	123/449 (27.4)	.29
Advantages for sexual favors	17/788 (2.2)	9/615 (1.5)	.34	58/1916 (3.0)	8/449 (1.8)	.15
Unwanted physical contact	356/788 (45.2)	141/615 (22.9)	<.001	1052/1916 (54.9)	174/449 (38.8)	<.001
Groping, attempted kissing	86/788 (10.9)	29/615 (4.7)	<.001	390/1916 (20.4)	63/449 (14.0)	.002
Sexual assault	11/788 (1.4)	5/615 (0.8)	.31	81/1916 (4.2)	5/449 (1.1)	.002
Other situations	82/788 (10.4)	33/615 (5.4)	<.001	251/1916 (13.1)	44/449 (9.8)	.06
Perceived the misconduct as harassing[b]	461/557 (82.8)	182/296 (61.5)	<.001	1151/1355 (84.9)	169/265 (63.8)	<.001
Perceived the misconduct as threatening	202/557 (36.3)	51/296 (17.2)	<.001	631/1355 (46.6)	47/265 (17.7)	<.001
12-mo Prevalence of sexual harassment	279/788 (35.4)	166/615 (27.0)	.001	711/1916 (37.1)	160/449 (35.6)	.59
Perpetrators' gender[b]						
Only or primarily women	1/542 (0.2)	74/282 (26.2)	<.001	13/1305 (1.0)	66/242 (27.3)	<.001
Only or primarily men	507/542 (93.5)	99/282 (35.1)	<.001	1106/1305 (84.8)	51/242 (21.1)	<.001
All genders	34/542 (6.3)	109/282 (38.7)	<.001	186/1305 (14.3)	125/242 (51.7)	<.001
Perpetrators' occupational group[b,c]						
Patients	303/544 (55.7)	116/289 (40.1)	<.001	967/1315 (73.5)	171/255 (67.1)	.03
Colleagues	359/544 (66.0)	247/289 (85.5)	<.001	771/1315 (58.6)	177/255 (69.4)	.001
Patients' relatives	83/544 (15.3)	37/289 (12.8)	.34	285/1315 (21.7)	51/255 (20.0)	.55
Supervisors	238/544 (43.8)	59/289 (20.4)	<.001	181/1315 (13.8)	19/255 (7.5)	.006
Others	37/544 (6.8)	21/289 (7.3)	.79	124/1315 (9.4)	16/255 (6.3)	.11

[a] All data refer to the lifetime prevalence, unless otherwise stated.

[b] Only persons who have experienced at least 1 form of sexual harassment were included.

[c] Multiple answers were accepted.

Staff survey in university hospitals in Baden-Württemberg, Germany

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Survey at the university hospitals of Ulm, Freiburg, Tübingen and Heidelberg (2022)

First multicenter study in Germany including both physicians and nursing staff— N = 1.403 physicians + 2.365 nurses

Lifetime prevalence (sexual assaults and transgressions experienced at least once in a professional context):

- Female physicians: 74.2 % · Male physicians: 51.2 % · Female nurses: 77,1 % · Male nurses: 68,2 %

12-month prevalence:

- Approximately one third of participants — about 35.7 % of female physicians, about 27% of male physicians
- Strongest risk factors: Female gender, **steep hierarchies**, surgical departments, younger age
- Perpetrators: Colleagues (66–85 %), Patients (up to 40-55 %), Supervisors (up to 20-43 %),

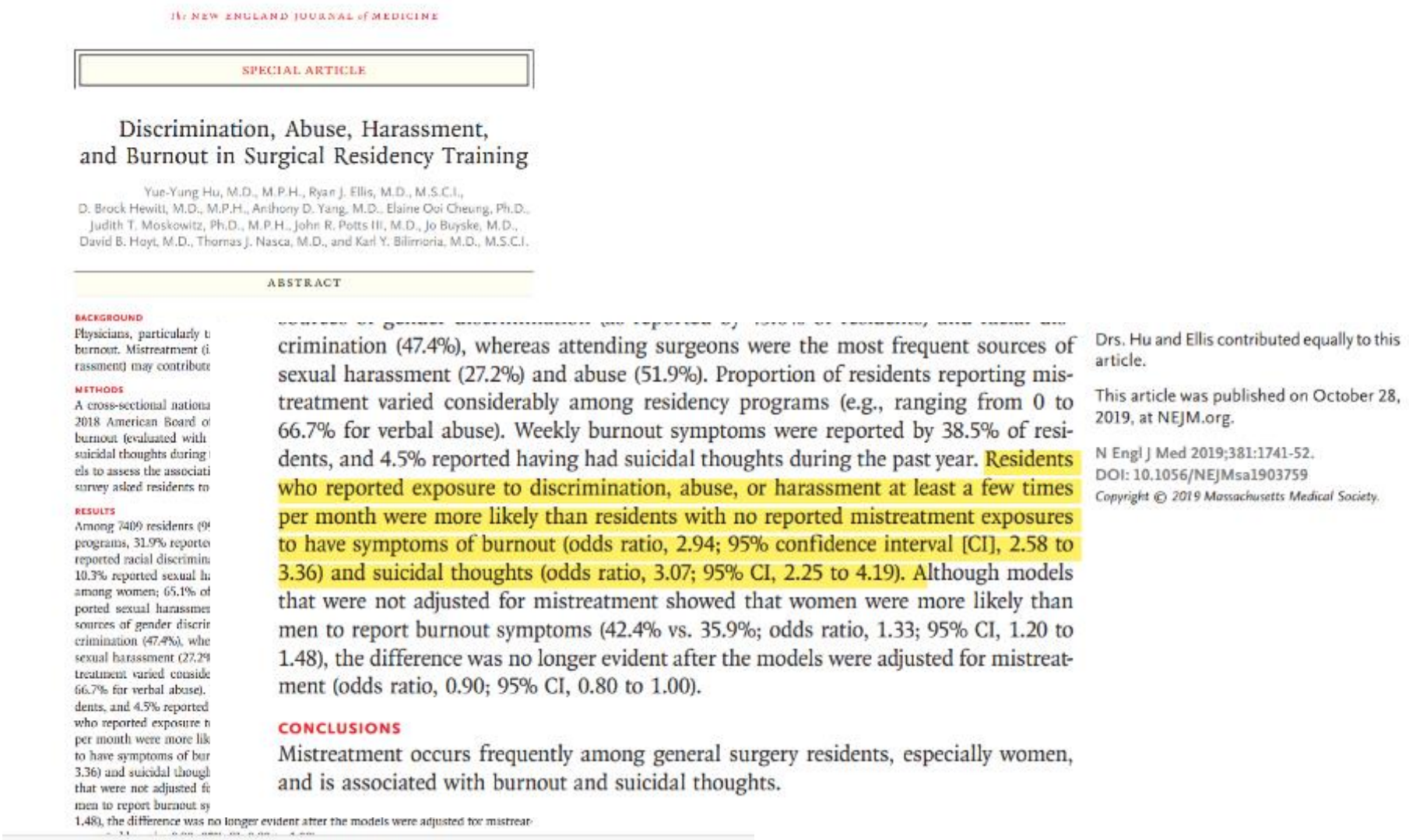
Survey at Charité Berlin, 2015

N = 737 physicians· Lifetime prevalence:

- Female physicians: 76 % · Male physicians: 61 % · Total: 70.4 % — most common form: verbal harassment (62 %)
- Perpetrators: Colleagues (71–80 %), Supervisors (bis 18-37%), Patients (25-38 %)

Literature: Clemens V et al. JAMA Netw Open. 2025;8(6):e2518237. | Jenner S et al. JAMA Intern Med. 2019;179(1):108. | Richter-Kuhlmann E. Dtsch Arztebl. 2025;122(4).

INTERNATIONAL



THE NEW ENGLAND JOURNAL of MEDICINE

SPECIAL ARTICLE

Discrimination, Abuse, Harassment, and Burnout in Surgical Residency Training

Yue-Yung Hu, M.D., M.P.H., Ryan J. Ellis, M.D., M.S.C.I., D. Brock Hewitt, M.D., M.P.H., Anthony D. Yang, M.D., Elaine Ooi Cheung, Ph.D., Judith T. Moskowitz, Ph.D., M.P.H., John R. Potts III, M.D., Jo Buyske, M.D., David B. Hoyt, M.D., Thomas J. Nasca, M.D., and Karl Y. Bilimoria, M.D., M.S.C.I.

ABSTRACT

BACKGROUND

Physicians, particularly t
burnout. Mistreatment (i
rassment) may contribute

METHODS

A cross-sectional nationa
2018 American Board o
burnout (evaluated with
suicidal thoughts during
els to assess the associati
survey asked residents ro

RESULTS

Among 7409 residents (9
programs, 31.9% reporte
reported racial discrimin
10.3% reported sexual h
among women; 65.1% of
ported sexual harassmen
sources of gender discrir
crimination (47.4%), whe
sexual harassment (27.2%
treatment varied conside
66.7% for verbal abuse).
dents, and 4.5% reported
who reported exposure t
per month were more lik
to have symptoms of bur
3.36) and suicidal though
that were not adjusted fo
men to report burnout sy
1.48), the difference was no longer evident after the models were adjusted for mistreat-

crimination (47.4%), whereas attending surgeons were the most frequent sources of sexual harassment (27.2%) and abuse (51.9%). Proportion of residents reporting mistreatment varied considerably among residency programs (e.g., ranging from 0 to 66.7% for verbal abuse). Weekly burnout symptoms were reported by 38.5% of residents, and 4.5% reported having had suicidal thoughts during the past year. Residents who reported exposure to discrimination, abuse, or harassment at least a few times per month were more likely than residents with no reported mistreatment exposures to have symptoms of burnout (odds ratio, 2.94; 95% confidence interval [CI], 2.58 to 3.36) and suicidal thoughts (odds ratio, 3.07; 95% CI, 2.25 to 4.19). Although models that were not adjusted for mistreatment showed that women were more likely than men to report burnout symptoms (42.4% vs. 35.9%; odds ratio, 1.33; 95% CI, 1.20 to 1.48), the difference was no longer evident after the models were adjusted for mistreatment (odds ratio, 0.90; 95% CI, 0.80 to 1.00).

CONCLUSIONS

Mistreatment occurs frequently among general surgery residents, especially women, and is associated with burnout and suicidal thoughts.

Drs. Hu and Ellis contributed equally to this article.

This article was published on October 28, 2019, at NEJM.org.

N Engl J Med 2019;381:1741-52.
DOI: 10.1056/NEJMsa1903759
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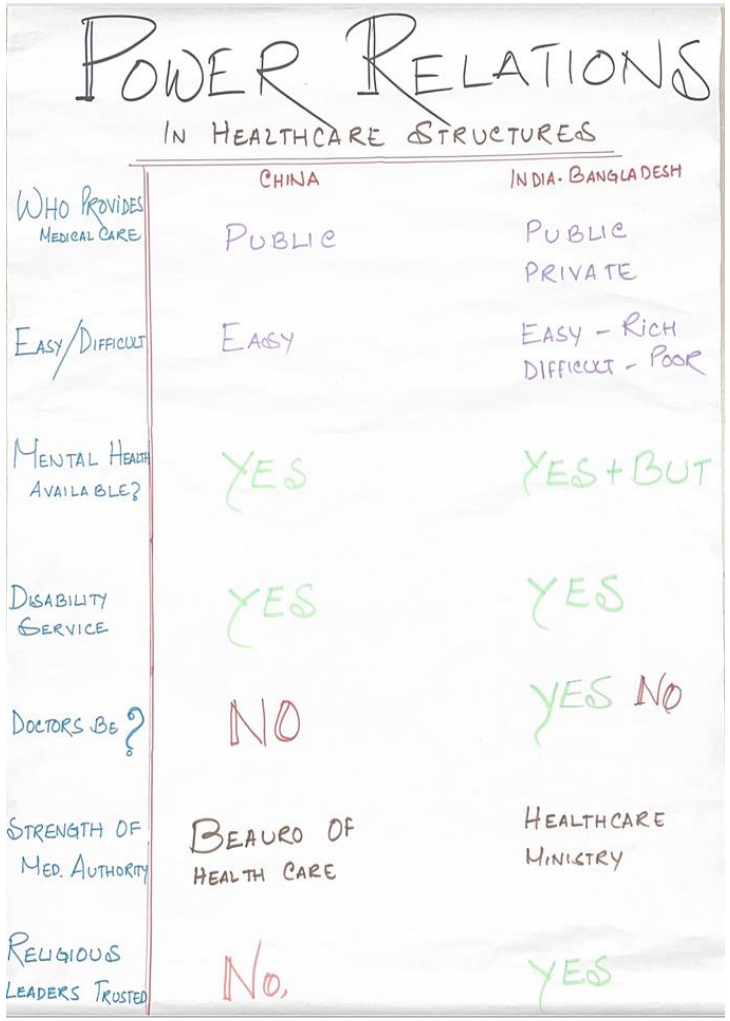
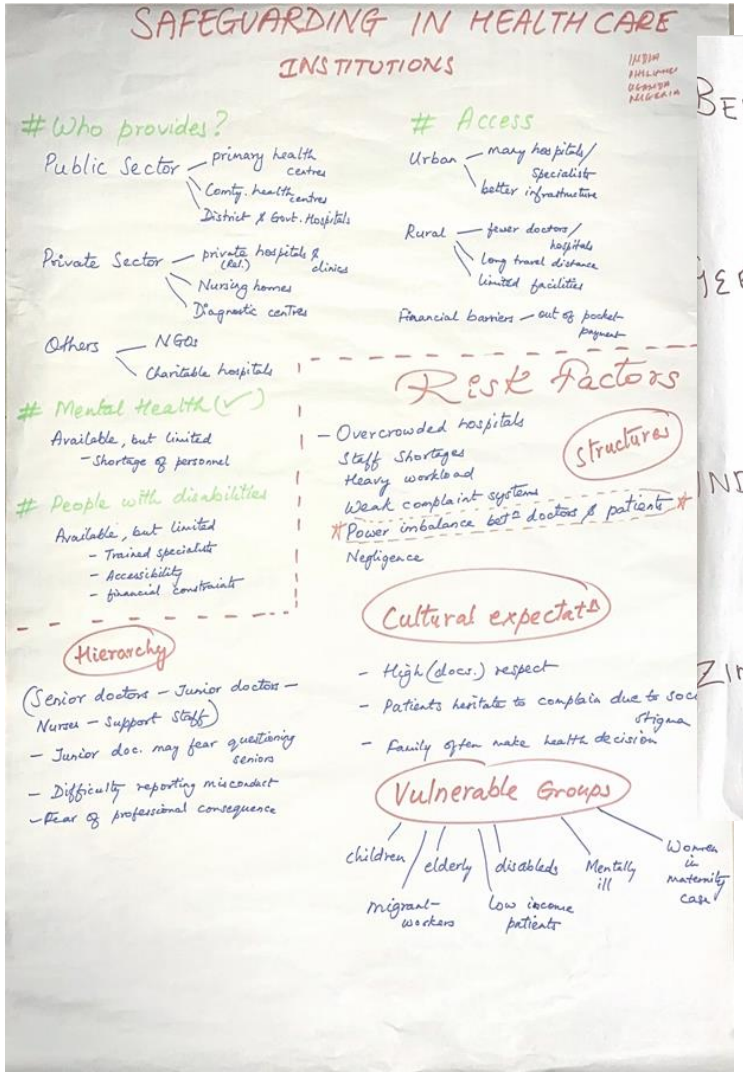
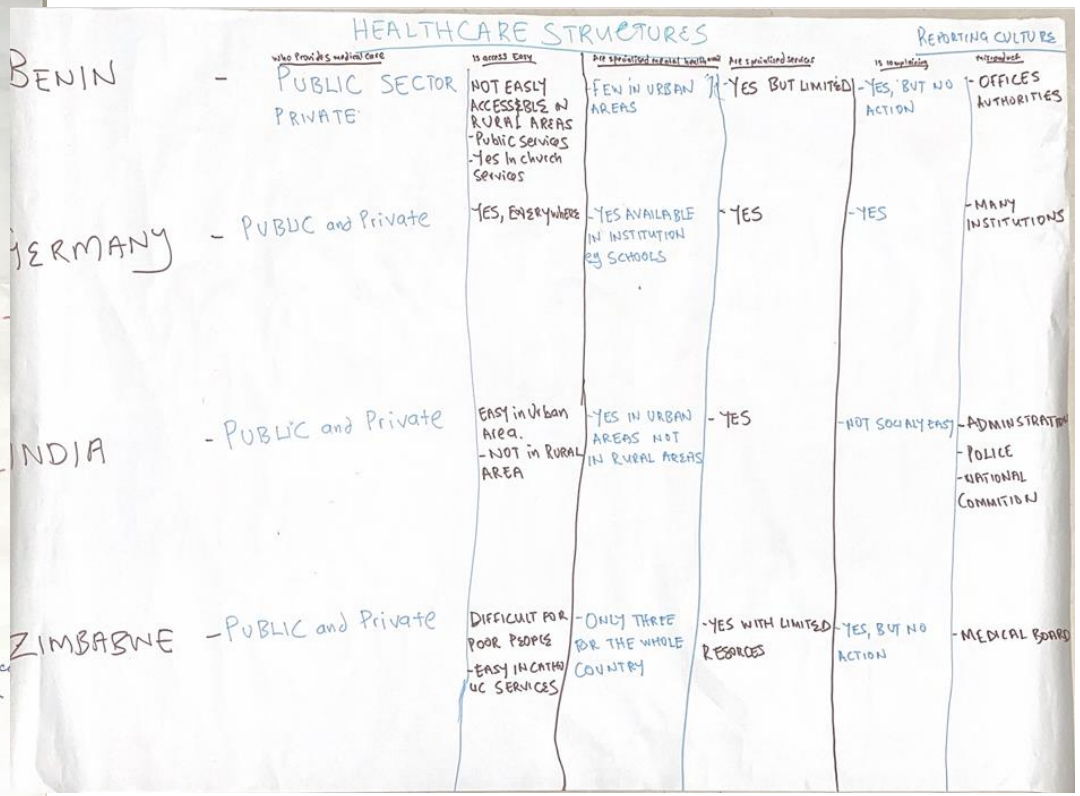
Intercultural challenges in hierarchies in healthcare – possibilities of critique?







The Role of Interculturality in Safeguarding

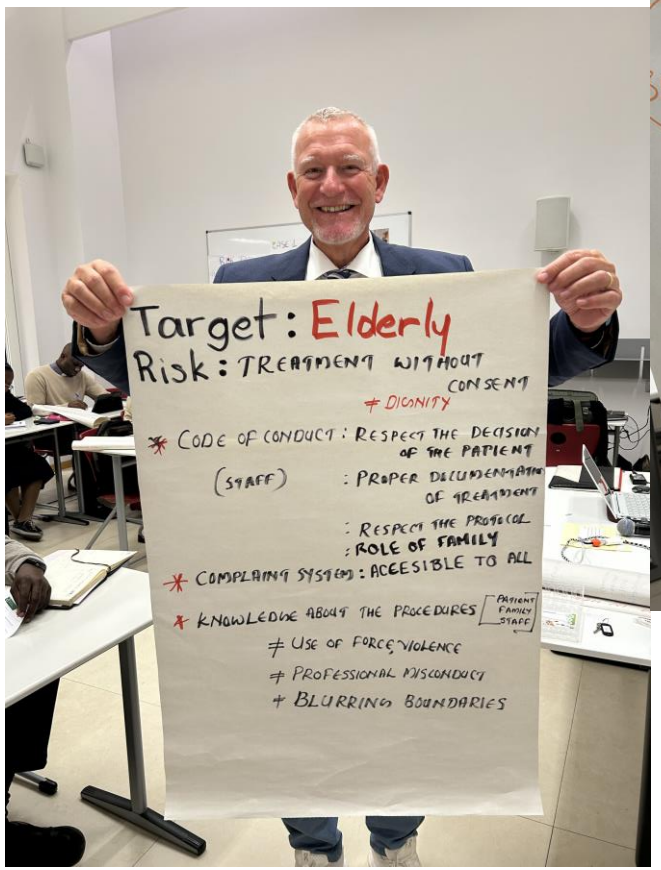
C. Intercultural Challenges Identified – Examples from our workshop

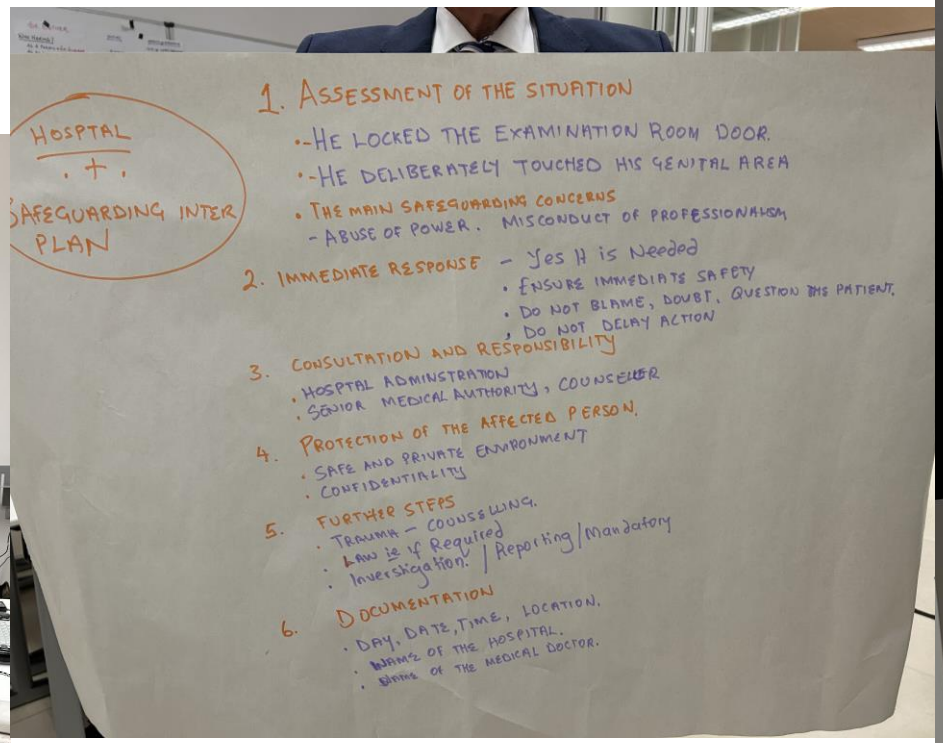
Hierarchy and the possibility of critique despite it

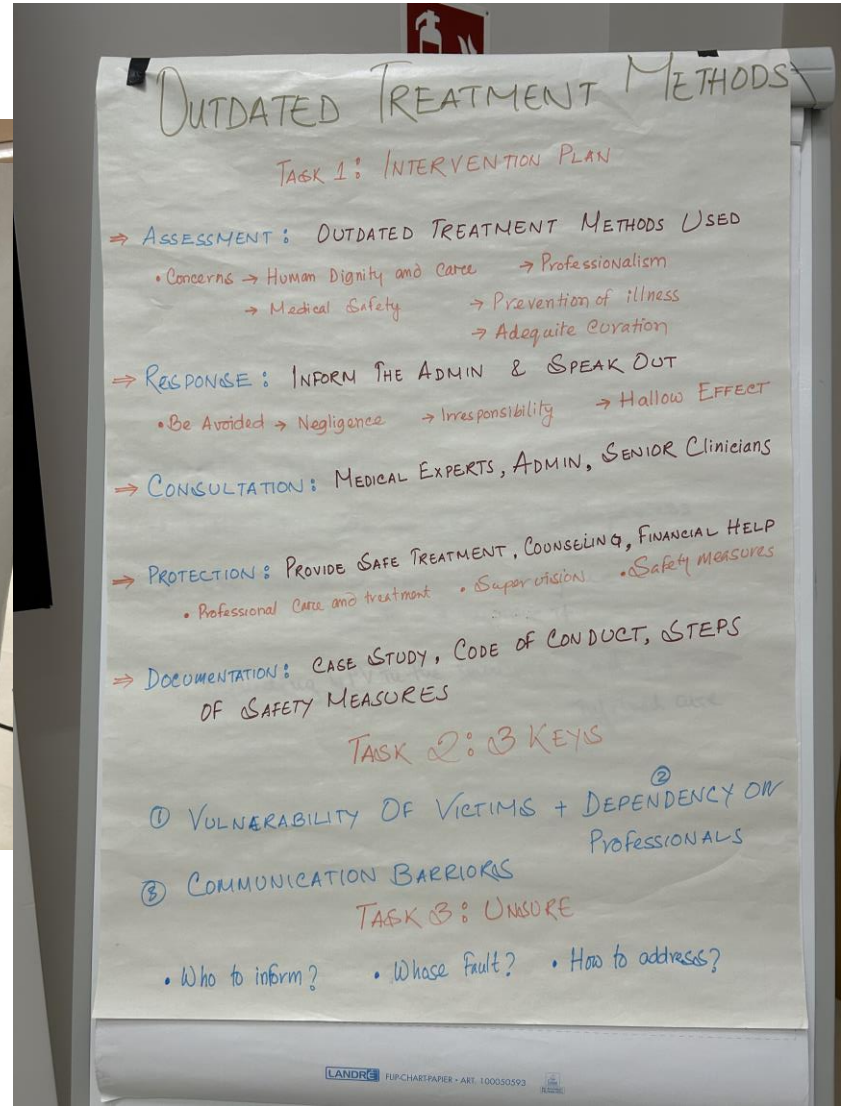
"In my culture, it would, for example, be impossible for a nurse to point out a problem or mistake to a doctor because of the hierarchy, and as a result, both patients and subordinate staff are often not protected from the arbitrariness of those higher up in the hierarchy."

"It's not possible to question a doctor."

Intercultural challenges in hierarchies in healthcare – possibilities of critique?







Current developments in safeguarding

Methodological challenges in research of interculturality in the context of (child) psychiatry

global mental health

POLICY AND SYSTEMS

REVIEW

Cross-cultural child and adolescent psychiatry research in developing countries

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Global Mental Health (2015), **2**, e5, page 1 of 12. doi:10.1017/gmh.2015.8

Mental disorders are currently a major source of morbidity among children and youth globally. The bulk of the epidemiological data about childhood mental health morbidity currently comes from the industrialized countries which paradoxically host a small (about 20%) proportion of global children and youth population. As the world seek to generate more data on the mental health of the teeming children and youth population in low- and middle-income countries (LMICs), cross-cultural issues need be considered. This consideration is imperative for reasons which include the high level of ethno-diversity in LMICs; the contextual issues in the conceptualization of normal (and abnormal) childhood across cultures, the cross-cultural nuances in risk and protective factors, and the plurality of nature and expression of childhood psychopathology. As much as it is imperative to do so, advancing cross-cultural child and adolescent research in LMICs will need to overcome challenges such as inclusive sampling and cultural validation of instruments developed in the industrialized countries of the West. Funding, technical resources, and publication bias are other potential challenges. These issues are appraised in this narrative review and some ways forward are proffered.

Received 29 January 2015; Revised 8 April 2015; Accepted 15 April 2015

Key words: Culture and mental health.

- Lack of funding in low- and middle-income countries (LMICs)
- Tools often developed in Western contexts -> **invalid assessment of child psychopathology or adverse childhood experiences across cultures**
- Standard instruments often not culturally validated
  - Challenges: translation issues, conceptual mismatch (e.g., underdiagnosis oder misdiagnosis)
- Global imbalance in knowledge production: **publication bias**

ISPCAN I-Cast Data Tools: Research instrument to measure child maltreatment in different languages

https://ispcan.org/ispcan-resources/library/icast/

Free I-Cast© Data tools to gather information in 3 areas:

I-Cast P Tool	I-Cast C Tool	I-Cast R Tool

Parent interview that will ask about the child's exposure to violence in the home

English	Arabic
Russian	Spanish
French	Greek
Hindi	Turkish
Korean	Hungarian
Albanian	Bulgarian
Croatian	Thai
Marathi	

Digital environments: cultural and identity discovery vs. cultural and identity-based questioning

- Digital environments enable **cultural exploration and identity discovery** among young people
- At the same time, they foster **questioning of cultural norms and identities**

La Sala, L., Bailey, E., Branjerdporn, N., Rohde, L., Lindenberg, K., Tourous, J., & Robinson, J. (2026). Digital Environments and Youth Mental Health: A Global Research Agenda. Orygen: Melbourne, VIC.

Emerging tension:

- Increasing global circulation of cultural content online⟶ contributes to a more **uniform and globalized youth culture**
- This digital youth culture may diverge significantly from **local or inherited cultural contexts**
- Young people navigate **competing cultural reference systems**
- Potential tensions between **online identities and offline cultural expectations**

"Digital environments have become woven into our daily routines so seamlessly that engaging with them feels as habitual as brushing our teeth. Whether we actively choose to or not, we are constantly exposed to online spaces that shape how we connect, learn, and understand ourselves and our surroundings. For me, these environments have been powerful places of cultural and identity discovery, but they have also been sites of comparison, pressure, and identity-based questioning.

Digital ecosystems influence youth mental health in ways that are complex, intersectional, and still poorly understood. Few global initiatives have attempted to explore this landscape meaningfully, and even fewer have centred young peoples lived realities while doing so.

My hope is that this work will contribute to better understanding the opportunities digital spaces offer and the vulnerabilities they can create. By integrating youth perspectives, I envision that future research, interventions, and protections are grounded in the realities of the digital generation."

Neerja, 1

Methodological Priorities: Research Design and Implementation

La Sala, L., Bailey, E., Branjerdporn, N., Rohde, L., Lindenberg, K., Tourous, J., & Robinson, J. (2026). Digital Environments and Youth Mental Health: A Global Research Agenda. Orygen: Melbourne, VIC.

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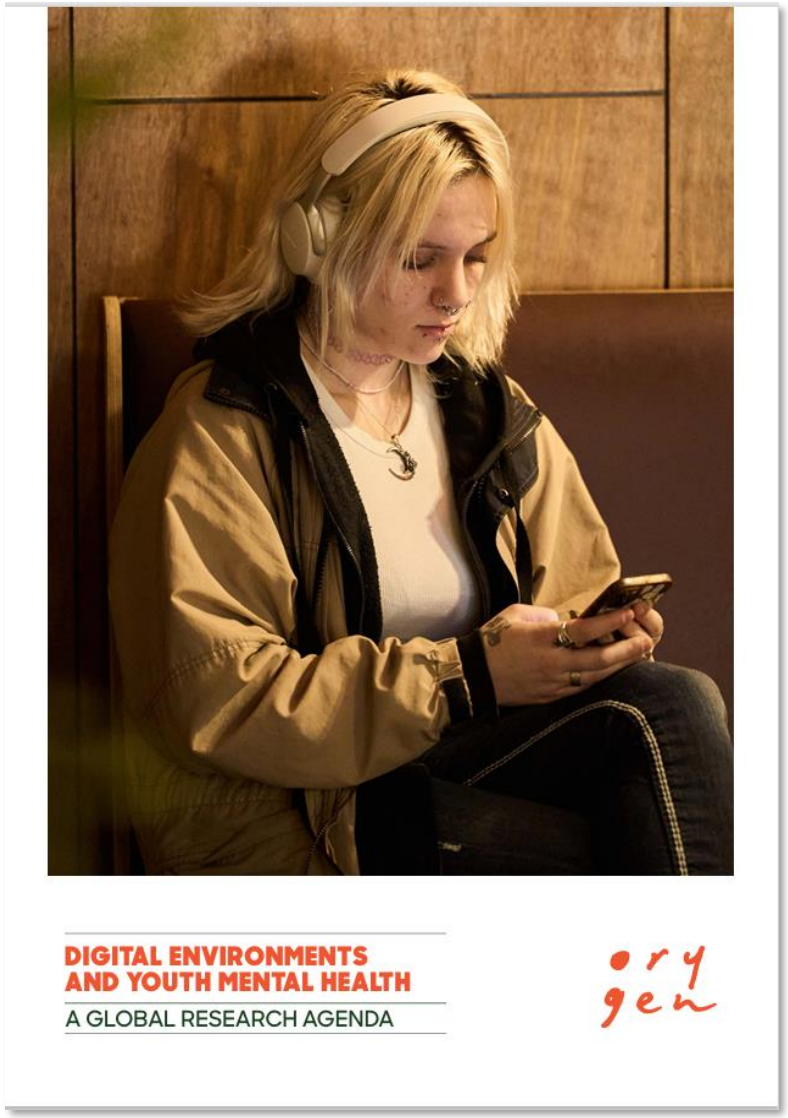
Reporting Standards

- **Precise specification** of the digital environments under study
- Transparent reporting of the sociodemographic composition **(in particular ethnic and cultural characteristics)**

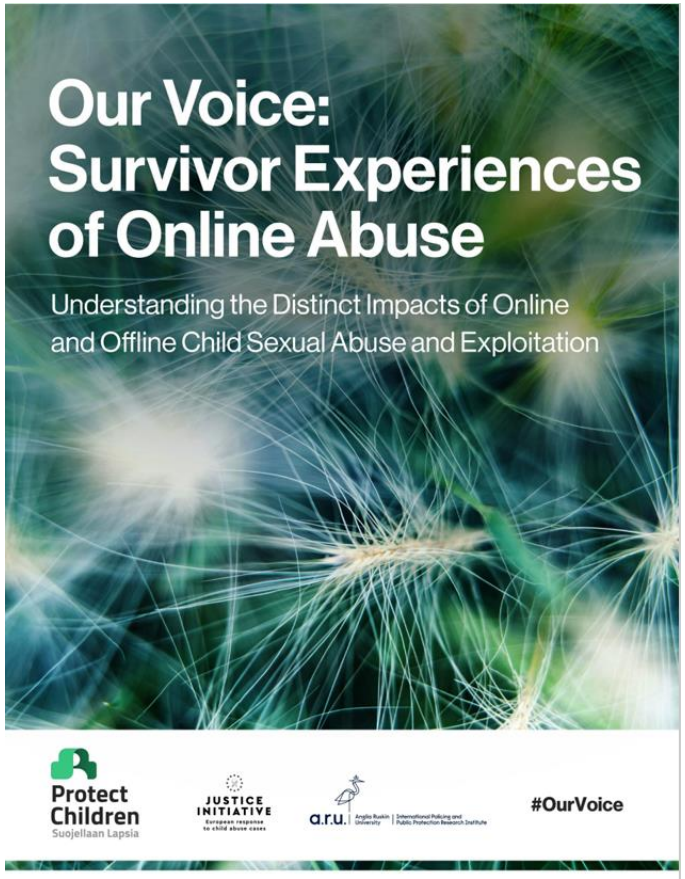
Population Diversity

- Consideration of **age differences**, particularly in children
- Research across **different mental health conditions**
- Inclusion of **geographically and culturally diverse populations (including non-Western and lower-income countries)**



Protect Children. (2026). Our Voice: Survivor Experiences of Online Abuse. Understanding the Distinct Impacts of Online and Offline Child Sexual Abuse and Exploitation. https://www.suojellaanlapsia.fi/en/post/our-voice-report-online-child-sexual-abuse-survivors

- Based on a global survey (~25,000 participants)
- It doesn't analyze direct differences between countries and cultures
- **Indirect cultural insights** through quotes from survivors suggest **common themes** of online abuse across cultures, e.g.:
  - Shame
  - Guilt
  - Fear of not being loved
  - Social isolation
  - Not being taken seriously
  - Negative consequences



> I was blamed for it by the people around me, including family.
> Survivor of online abuse (English -speaking)

> I wasn't affected physically, but I held a lot of shame for this one phone call that was not my fault and completely out of my control.
> Survivor of online abuse (English -speaking)

> I felt it was my fault that it happened.
> Survivor of online abuse (Norwegian-speaking)

Shame was the most reported barrier to disclosure among all survivors, indicating that increased shame among online abuse survivors may contribute to the lower disclosure rates, limiting the ability to access support and justice.

> I blamed myself for years for not defending myself or speaking up. I also felt it was my fault.
> Survivor of mixed abuse (Spanish-speaking)

Current Developments in Safeguarding

A. From Child Protection to Holistic Safeguarding

- **Increasing inclusion of :**
  - Emotional well-being
  - Spiritual harm
  - Coercive control
  - Institutional betrayal
  - Online harm
  - Community safety
  - Gender justice

- **Emerging concept: „Safeguarding ecosystems“**

- **Examples from Poster Sessions and Printed Poster:**

  - Affluent neglect
  - Adult clergy abuse
  - Dignity restoration approaches
  - Trauma-informed spiritual accompaniment

Current Developments in Safeguarding

B. From Expert-Led to Participatory Models

- **Strong trend:** Survivors and young people as co-creators

- Examples from Poster Sessions and Printed Poster:

    - Brazilian Youth Participatory Action Research (YPAR)
    - Dialogic Scientific Gatherings
    - Survivor-led safeguarding spaces
    - Listening commissions

- **Key concepts:**
    - Agency
    - Dialogue
    - Co-production
    - Lived experience expertise

Safeguarding requirements in research projects: Implementation challenges – Example

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Participation of (child) sexual survivors in research projects without a funding framework in Europe

Background:

- Participation of affected individuals is increasingly required in projects addressing (child) sexual abuse
- Involvement of survivors is framed as a key quality criterion

However:

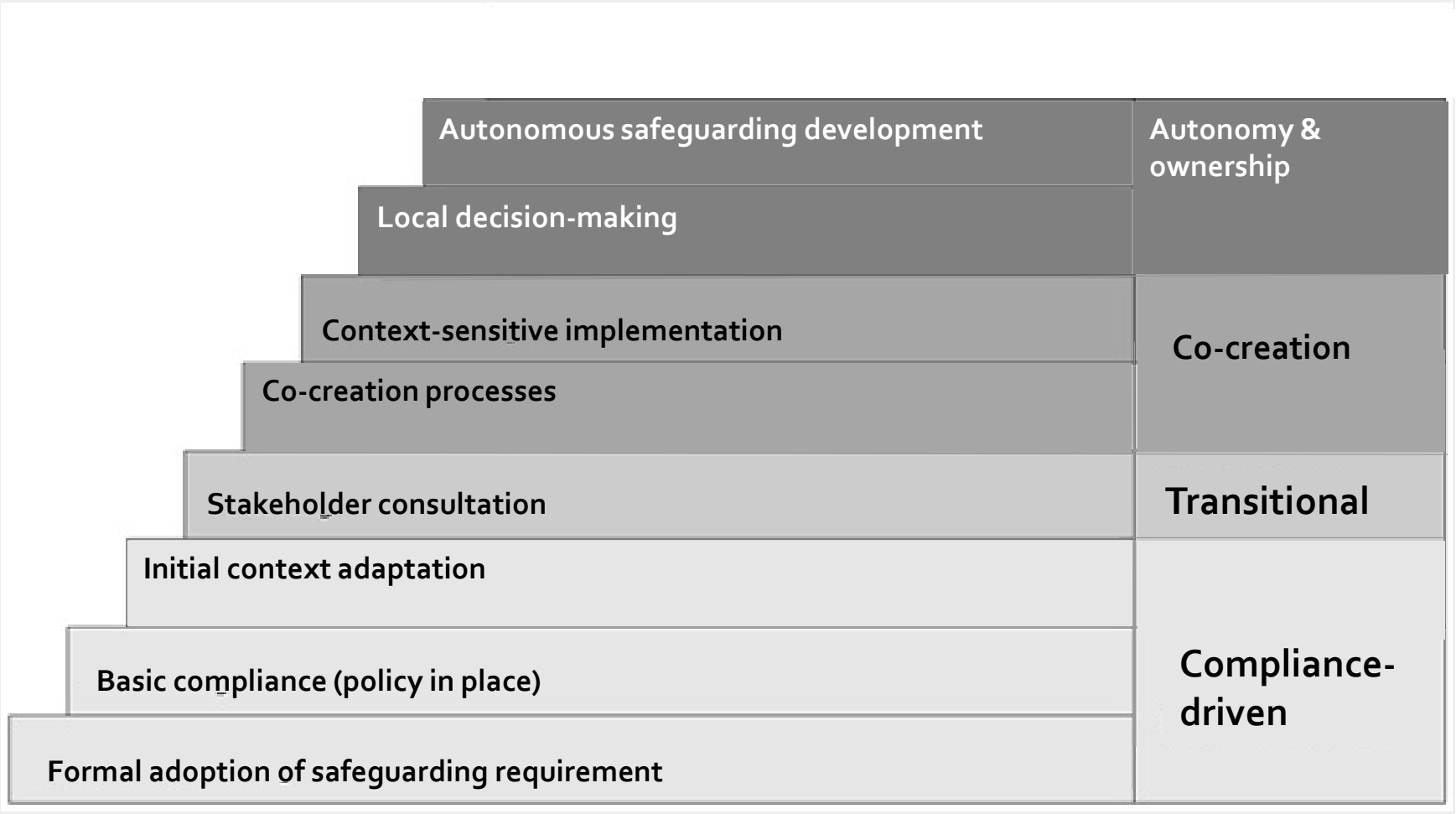
- Lack of sustainable infrastructure to support meaningful participation
- No dedicated funding models to enable long-term involvement

➢ **Risk of participation remaining symbolic rather than substantive**
➢ **Gap between normative expectations and practical implementation**

Ladder of participation

„Ladder of Participation" (Wright, Block & von Unger, 2010; own translation)

Ladder of safeguarding (in funded research projects)



Own illustration

Current Developments in Safeguarding

C. From Procedural Compliance to Dignity Restoration

- **Critical theme across multiple posters:** safeguarding systems can become bureaucratic and retraumatizing

- **New focus:**
  - Healing
  - Trust
  - Relational accountability
  - Moral repair

- **Examples from Poster Sessions and Printed Poster:**

  - "Safeguarding Beyond Compliance"
  - "Working With Survivors"
  - Spirituality-informed safeguarding
  - Communal holding spaces

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Technology, AI and the Future of Safeguarding

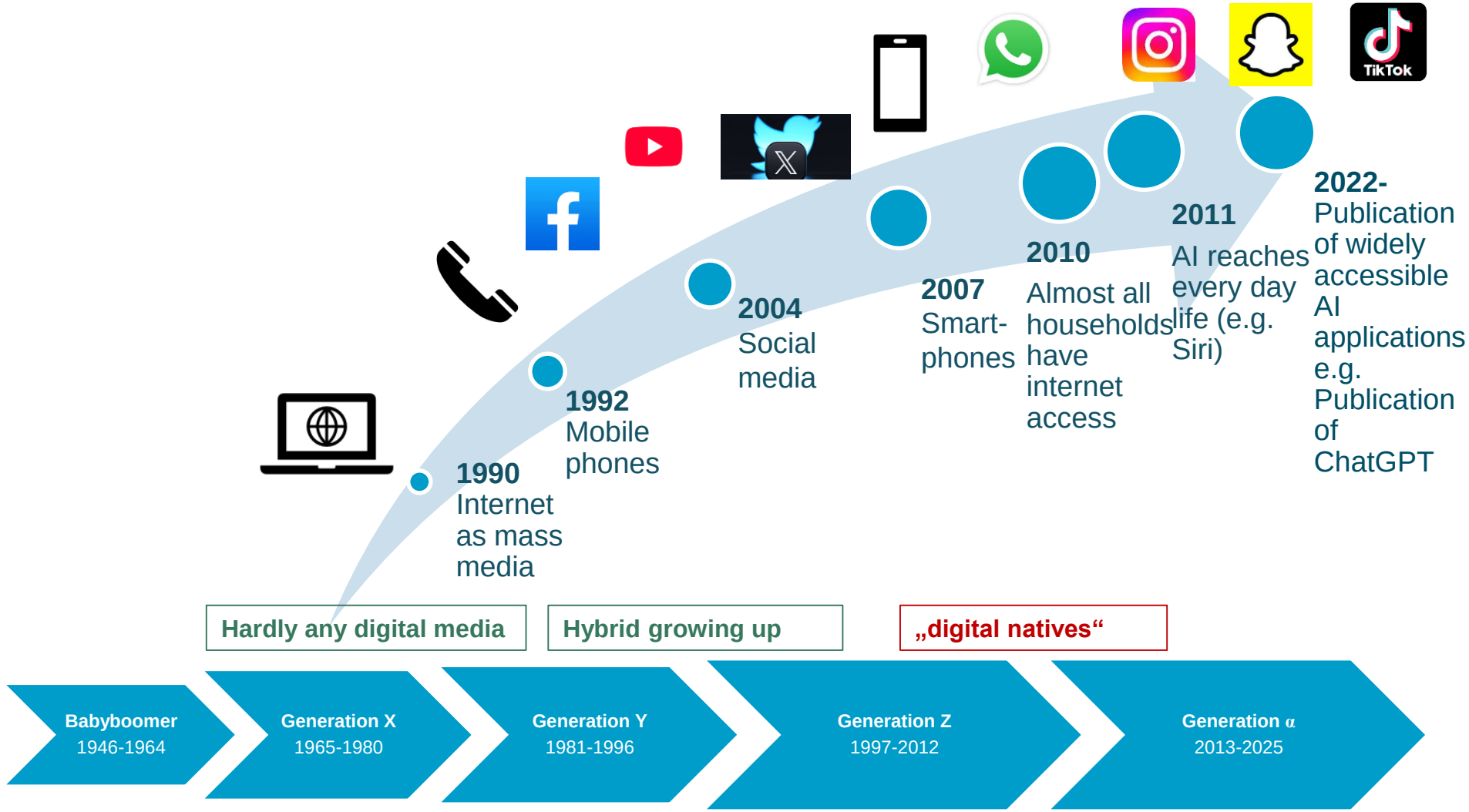
Special Panel on child safety online and potential age limits for social media platforms in Europe

Report submission:

13th July 2026

[Special panel on child safety online | Shaping Europe's digital future]

Megatrend Digitalisation: Opportunities, digital challenges



eigene Darstellung;
vgl. Wirtz, 2023; Wingens, 2020)

Online Child Sexual Solicitation and Abuse

Child Abuse & Neglect 164 (2025) 107452

Contents lists available at ScienceDirect

Child Abuse & Neglect

journal homepage: www.elsevier.com/locate/chiabuneg

The increase in online child sexual solicitation and abuse: Indicator 16.2.3 of the UN Sustainable Development Goals (SDG) documents a hidden and growing pandemic. Population-based surveys fail to capture the full picture

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Online sexual solicitation
Prevalence
SDG 16.2.3
Representative sample
Generational differences

ABSTRACT

Background: The United Nations' Sustainable Development Goals (SDGs) call for systematic monitoring of the prevalence of sexual violence against children and young people. The rise of the internet has facilitated the risk of online child sexual solicitation and abuse (OCSSA), a critical issue that warrants particular attention and must not be overlooked.
Objective: This study examines the prevalence of OCSSA, distinguishing between online child sexual abuse (OCSA) and online sexual solicitation (OSS) in Germany, and explores generational differences.
Participants and setting: A representative German sample of 3098 participants aged 18–96 was assessed. The 18–29 age group was oversampled, and the results were weighted accordingly.
Method: Participants completed screening questions on OCSSA experiences. Descriptive statistics, Chi^2-tests, and logistic regression were used to analyze age-related differences, controlling for socio-demographic and -economic factors.
Results: In the general population, 10.3 % reported experiencing at least one form of OCSSA, with 2.8 % reporting OCSA, and 9.3 % OSS. Among younger participants aged 18–29, prevalence was significantly higher at 31.6 % for OCSSA, 3.5 % for OCSA, and 29.6 % for OSS. The most common experiences among younger participants were exposure to pornographic material (21.1 %) and sexualized conversation (15.0 %). Age was the main predictor of OCSSA.
Conclusion: OCSSA is significantly more prevalent among younger generations in Germany, likely due to increased exposure to digital environments during childhood coupled with the proliferation of the internet and social media in recent decades. These findings highlight the urgent need for targeted prevention efforts addressing online risks.

Definition

Online child sexual solicitation and abuse (OCSSA)

specifically refers to behaviours and offences that take place exclusively online. (Chauviré-Geib et al., 2025)

Online child sexual abuse (OCSA)

→ Perpetrator is exclusively online

→ Situation is clearly abusive.

(Chauviré-Geib et al., 2025)

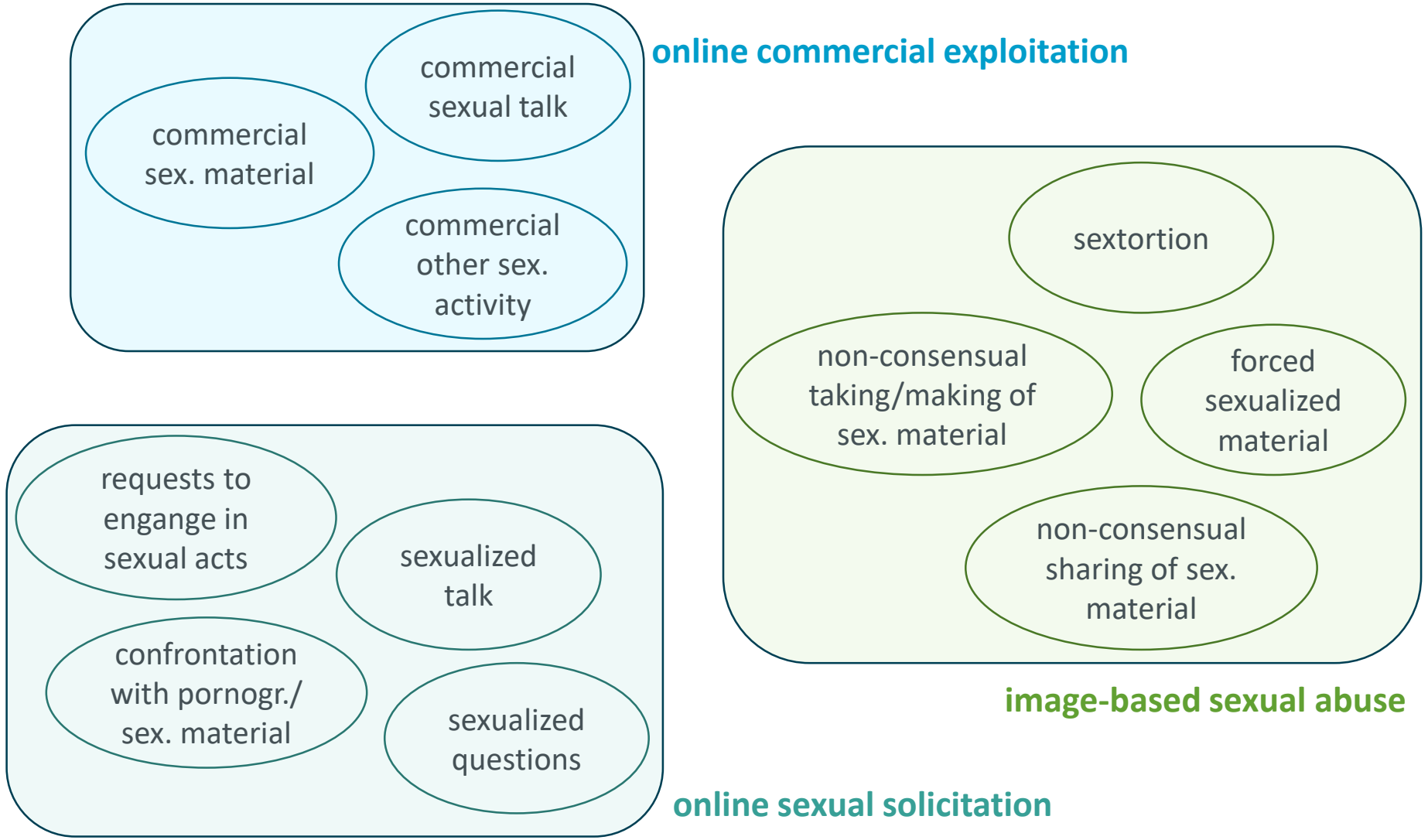
Online sexual solicitation (OSS)

→ Exclusively online

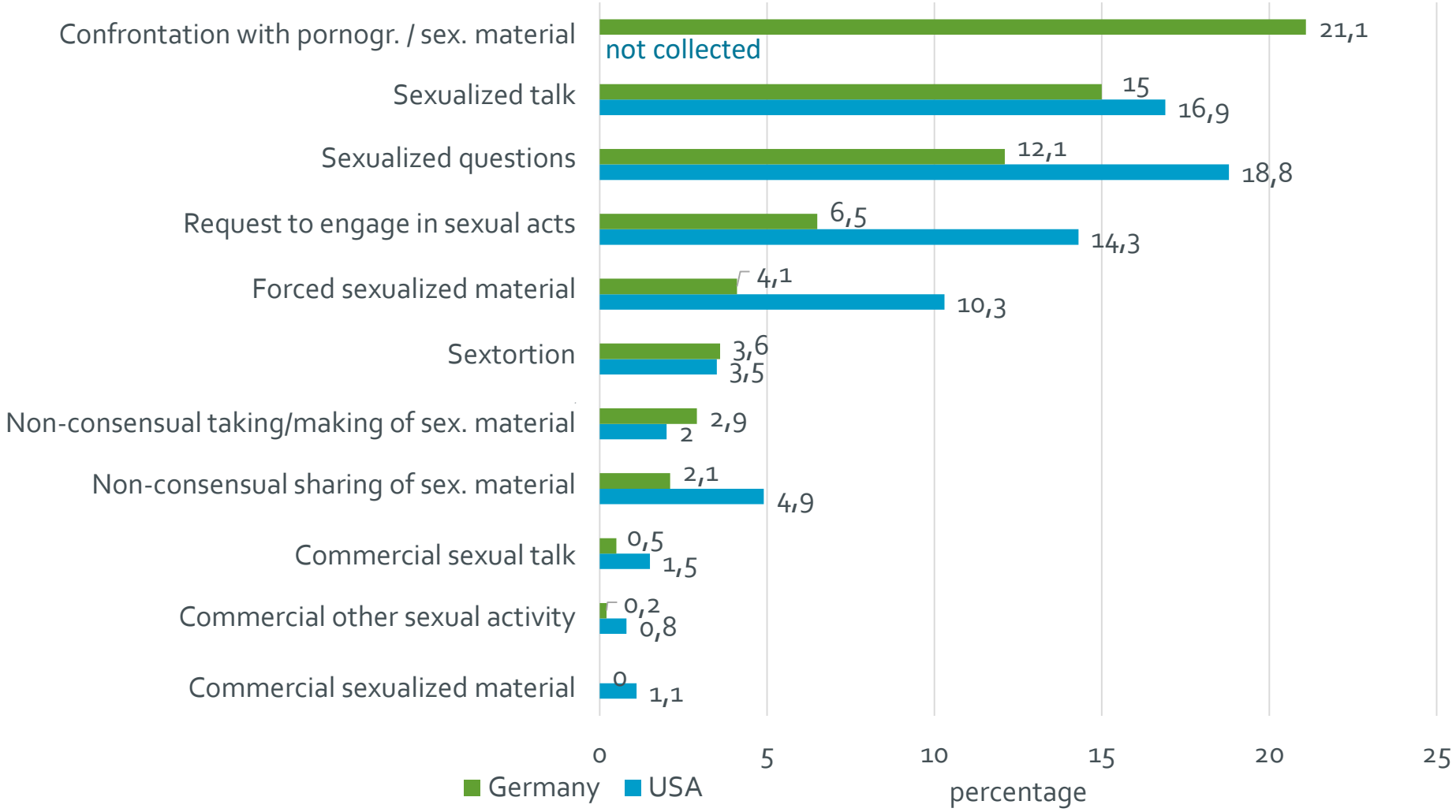
→ Potentially abusive behaviour

(Chauviré-Geib et al., 2025)

Forms of OCSSA



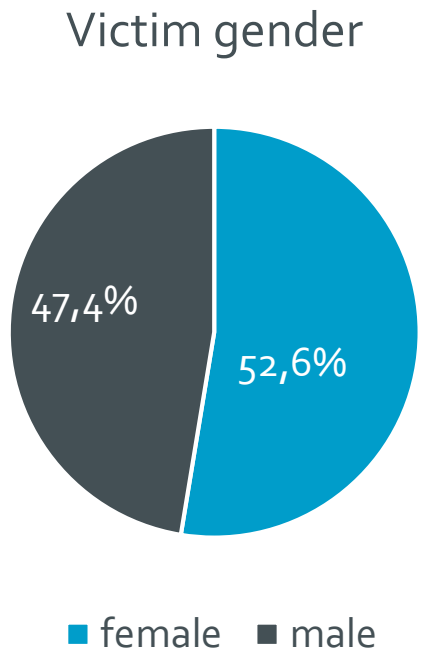
Prevalence of OCSSA



Prevalence of OCSSA

- 31,6% of 18–29-year-olds in Germany have experienced at least one form of OCSSA
  → That is around **3.625 million** people in the **German population aged between 18 and 29**

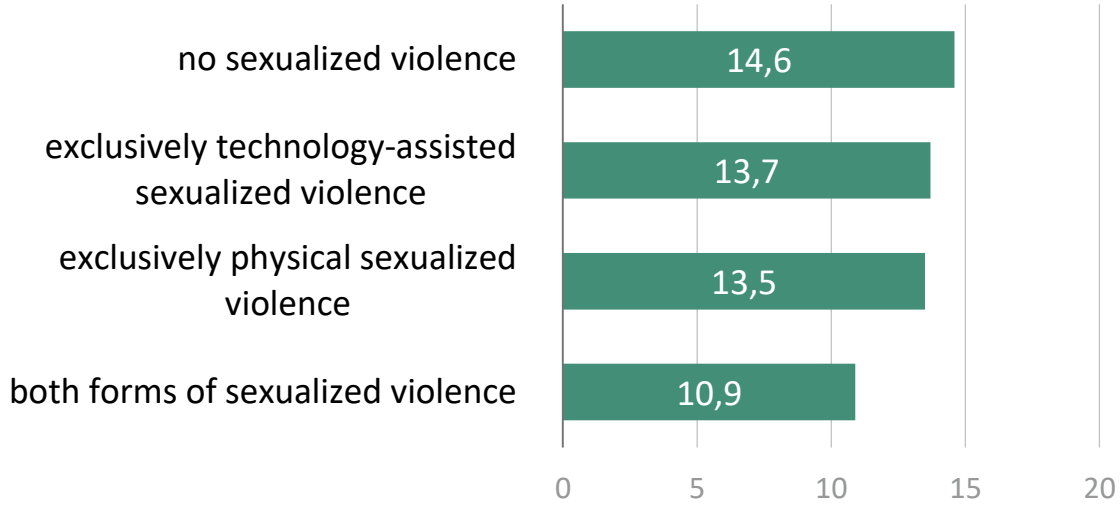
- On average, victims experienced 2.27 (SD = 1.448, Range: 1-8) forms of OCSA
  → Females experienced on average slightly more forms of OCSA than males (M = 2,72 vs. M = 1,77)



Chauviré-Geib et al., 2025

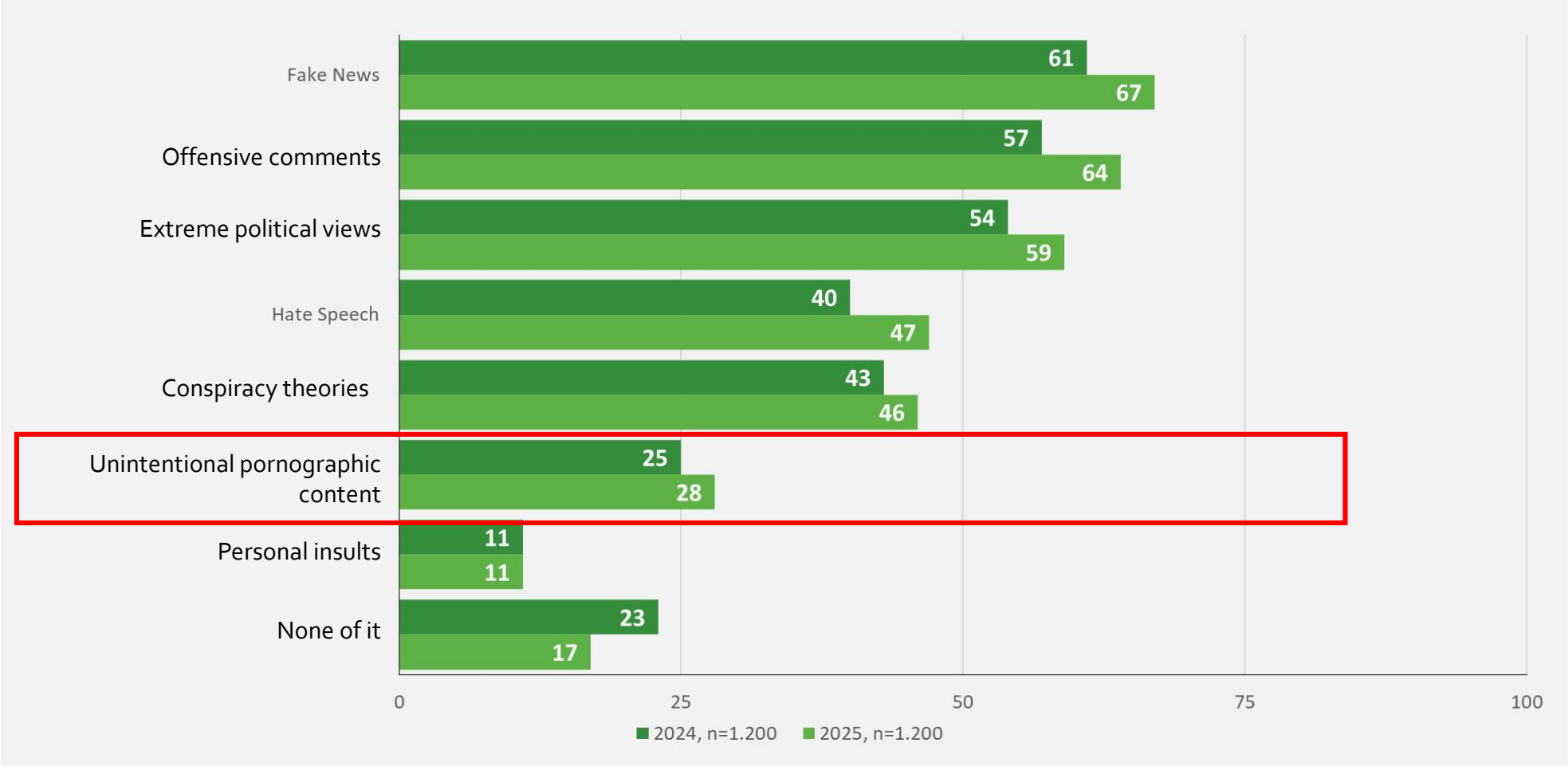
Technology-assisted child sexual abuse in Germany (TACSA): Dreßing et al., 2025: Comparison with non-affected individuals

Well-being
(mean values of the WHO-5-sum score)



Trauma in childhood
(mean values of the CTS-sum score)

JIM-Study 2025: Last month, I came across the following on the internet... - 2024 to 2025



Reference: JIM 2025, data in percent, basis: all respondents, n = 1,200

TikTalk Teens Study

Objective: To investigate TikTok behaviors of adolescents with and without exposure to CM & investigate impacts on development and well-being

Why TikTok? Access to large user base consisting mainly of young people. At the same time: Algorithmic selection of content

Design:

- Adolescents between 13-18 years (outpatient and community sample)
- Online longitudinal study (follow-up after six months)
- Questionnaires on demographic data, CM exposure, TikTok use, well-being, mental health, substance use
- Collection of objective TikTok usage data (e.g., times, posts, likes, followers, search terms, browsing history)

➔ Many possible analyses:

Screening for risky TikTok behaviors

Analysis of profile pictures

Text, image and video analysis using AI

Training classification models using machine learning

Summary

group comparisons indicate that adolescents after CM …

- watch more TikTok videos
- spend more time on TikTok
- participate in trends and challenges more often
- receive more requests of sexual nature
- are more prone to social media addiction
- tend to report more addictive smartphone behaviors
- consume more pornography online

And tend to….

- post more (objectively-assessed)
- be more likely to meet someone offline that they met on TikTok

AI-Related Risks in Child Exploitation and Online Abuse

AI-Generated Content and Manipulation

AI-Driven Social Interactions and Chatbots

Privacy and Data Exploitation

AI's Role in Perception and Cognitive Development

Technology, AI and the Future of Safeguarding

A. Digital Transformation

- **Abuse increasingly occurs online therefore online safeguarding and international standards are increasingly importat**

- **Key issues:**
  - Online grooming
  - Trafficking
  - AI-generated abuse images
  - Deep fakes
  - Digital coercion
  - Algorithmic manipulation

- **Important insight: Technology dissolves traditional boarders.**

Technology, AI and the Future of Safeguarding

B. Emerging Future Models

„Algorithmic Safeguarding“
- Ethics in AI use
- Bias prevention
- Safeguarding in digital communication spaces

„Safety by Design“
- Embedding protection in platforms themselves

New Safeguarding fields:
- Digital spirituality
- Online pastoral authority
- Influencer ethics
- AI governance in safeguarding systems

- **Examples from Poster Sessions and Printed Poster:**
  - Generation Z and Catholic influencers
  - GenAI safeguarding toolkit
  - Technology-Facilitated Child Sexual Exploitation and Abuse global synthesis

Conclusion

Conclusion

Safeguarding is no longer:

- Merely procedural
- Merely legal
- Merely institutional

It is increasingly:

- Intercultural
- Dialogical
- Survivor-informed
- Digitally aware
- Ethically reflective
- Globally interconnected

„One commitment, many contexts" means:

- Safeguarding priciples may be universal,
- But trust, dignity, healing, authority, and protection are always culturally embodied.

Conclusion: 10 Intercultural Commandments

We don’t know exactly what the world will look like in 10 years or which issues will shape safeguarding. But we can agree to make safeguarding systems globally accountable and locally trustworthy at the same time by adhering to the following intercultural principles:

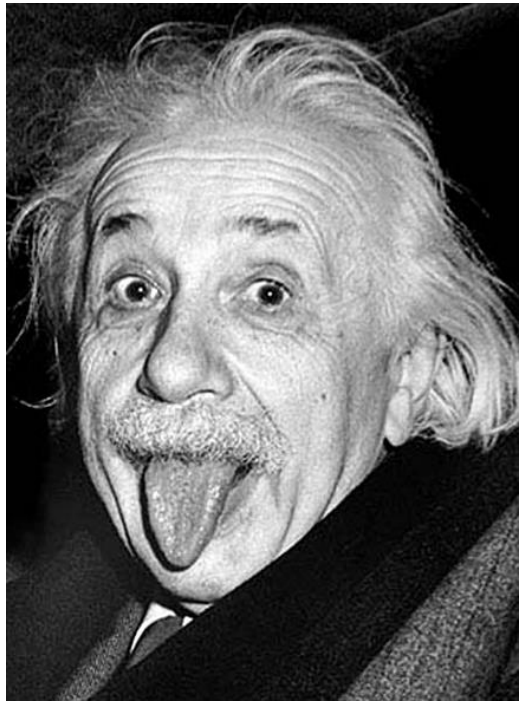
International Safeguarding Conference 2026

	The 10 Principles (Commandments)	Elaboration
A	Interact positively	Assume that the other person means well and has good intentions.
B	Listen	Perceiving differences and similarities without bias. Listening with ears and heart.
C	Ask for clarification	Clarify ambiguities and inaccuracies as far as possible.
D	Try to understand	Put reasons, motives, emotions, facts and behaviours into a meaningful context.
E	Identify one’s own uncertainties and feelings of unease	Identifying and expressing ongoing difficulties in adopting and accepting the perspectives of others.
F	Explain oneself	Explain one’s own difficulties with hearing and coping with, the arguments of others.
G	Learning from one another, being inspired and open to change	Despite existing differences and problems, try to clarify how one can gain inspiration for one’s own work from the person one is responding to. Allow oneself to be productively unsettled (with a sense of curiosity), by others.
H	Identify red flags together	Try to find together the lowest common denominator for red flags that, despite all the differences, you absolutely do not want to overlook or choose to dismiss.
I	Take your time, experiment and allow yourself to be challenged	Allow sufficient time for communication processes and avoid making final judgements as far as possible. Think and act in a process-oriented way.
J	Seek expert advice from multiple perspectives	Regularly have your own position scrutinised in a practical, collegial and academic manner, and identify the potential for further development.

Thank you for your attention!

There are no great discoveries and progress as long as there is still an unhappy child on earth.

Albert Einstein (*1879 in Ulm)



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