



National Centre for Action
on Child Sexual Abuse

Research Plan

2023

Acknowledgements

The National Centre respectfully acknowledges and celebrates the many Traditional Owners of the lands throughout Australia and pay our respects to ancestors of this country and Elders past and present. We recognise that Aboriginal and Torres Strait Islander communities, culture and lore have existed within Australia continuously for 65,000 years.

We acknowledge the ongoing leadership of Aboriginal and Torres Strait Islander communities across Australia and those who have and continue to work tirelessly to address inequalities and improve Aboriginal and Torres Strait Islander justice outcomes for children and young people. The National Centre is committed to ensuring that the voices of those whose lives are affected by the decisions governments make should fundamentally inform those decisions. First Nations voices must be heard, raised and amplified through a Voice to Parliament. It is time for genuine and significant reform to progress healing through the Uluru Statement from the Heart.

We honour the lived and living expertise of all victims and survivors of child sexual abuse, harnessing all ages, cultures, abilities and backgrounds and commit to substantially addressing the harm of child sexual abuse, now and into the future. We recognise that there are children and young people today who are experiencing sexual abuse and dedicate ourselves to doing all we can to facilitate their effective protection and care.

Contents

<i>Acknowledgements</i>	1
<i>Executive summary</i>	3
<i>Introduction</i>	4
Background	4
Research Plan.....	6
<i>Research strategic objectives</i>	7
Objective 1: Keep up to date with the evidence.....	7
Objective 2: Undertake and commission high quality research and evaluations	8
Objective 3: Support the adoption of continuous quality improvement practices	10
Objective 4: Support effective dissemination and translation.....	12
<i>Research Principles</i>	13
Principle 1: Participatory and collaborative	13
Principle 2: Development-, trauma- and healing-informed	15
Principle 3: Inclusive and culturally safe	15
Principle 4: Rigorous, ethical and transparent.....	16
Principle 5: Relevant and translational	18
<i>Ethics</i>	18
Risks and benefits	19
Informed consent.....	19
<i>Governance and oversight</i>	21
<i>References</i>	22

Executive summary

The vision of the National Centre for Action on Child Sexual Abuse (the National Centre) is a future in which children are safe and victims and survivors are supported to heal and recover from the trauma of child sexual abuse. Evidence-based knowledge that is ready for implementation in practice plays a key role in achieving this. This Research Plan sets out the importance of evidence and research to the National Centre's strategic goals and how we deliver our strategic objectives to a high standard. The terms evidence and research are defined inclusively to include all systematic investigations undertaken to gain knowledge and understanding, including practice knowledge, cultural knowledge and knowledge derived through lived and living experience.

Our aim in research is to build and translate an accessible and robust evidence base that contributes to addressing the critical challenges that we believe must be addressed to achieve change. The National Centre's Five-Year Strategy described seven key challenges that must be addressed in order to achieve the future we want to see. To achieve our aims in research we are working on **four interrelated objectives**:

1. Keep up to date with the evidence.
2. Undertake and commission high quality research and evaluations.
3. Support the adoption of continuous quality improvement practices.
4. Support effective dissemination and translation.

In achieving our objectives, all research undertaken or commissioned by the National Centre is done in consultation with victims and survivors and guided by **five key research principles**:

1. Participatory and collaborative.
2. Development-, trauma- and healing-informed.
3. Inclusive and culturally safe.
4. Rigorous, ethical and transparent.
5. Relevant and translational.

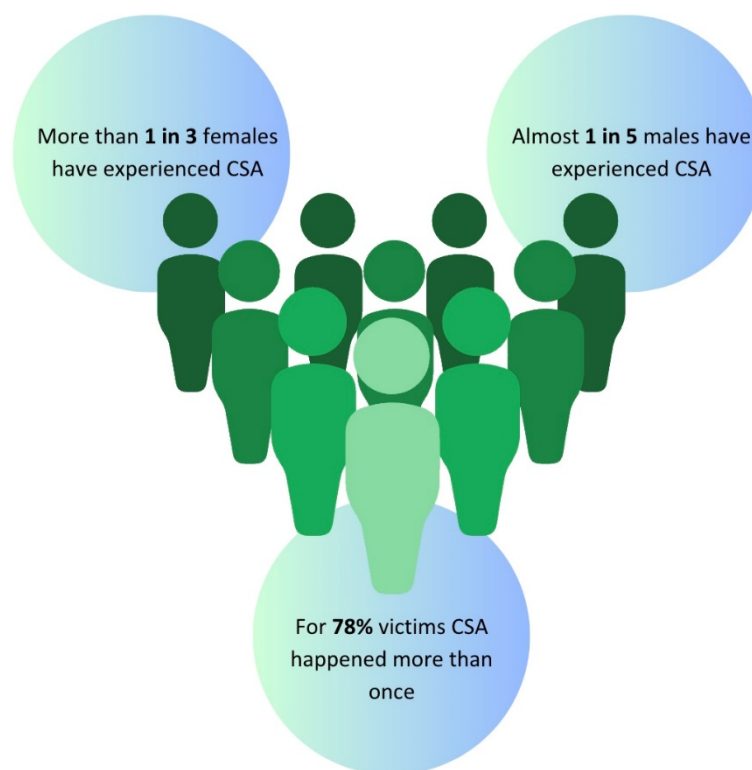
This Research Plan sets out our research objectives and principles and describes our approach to commissioning and conducting research.

Introduction

Background

The National Centre for Action on Child Sexual Abuse (the National Centre) is a charity established to increase understanding of child sexual abuse, promote effective ways for protecting children, guide best practice responses and pathways to healing for victims and survivors and reduce the harm that child sexual abuse causes. Child sexual abuse is a crime. It is common and it can cause significant harm to victims and survivors and their families.

Prevalence Snapshot: Child Sexual Abuse in Australia¹



Without the right responses, traumatic impacts can continue across a victim and survivor's life course. These include mental and physical health impacts, self-esteem and relationship issues and impacts on a person's education, employment and economic security. Additionally, victims and survivors of child sexual abuse are three times more likely to experience intimate partner violence as an adult.

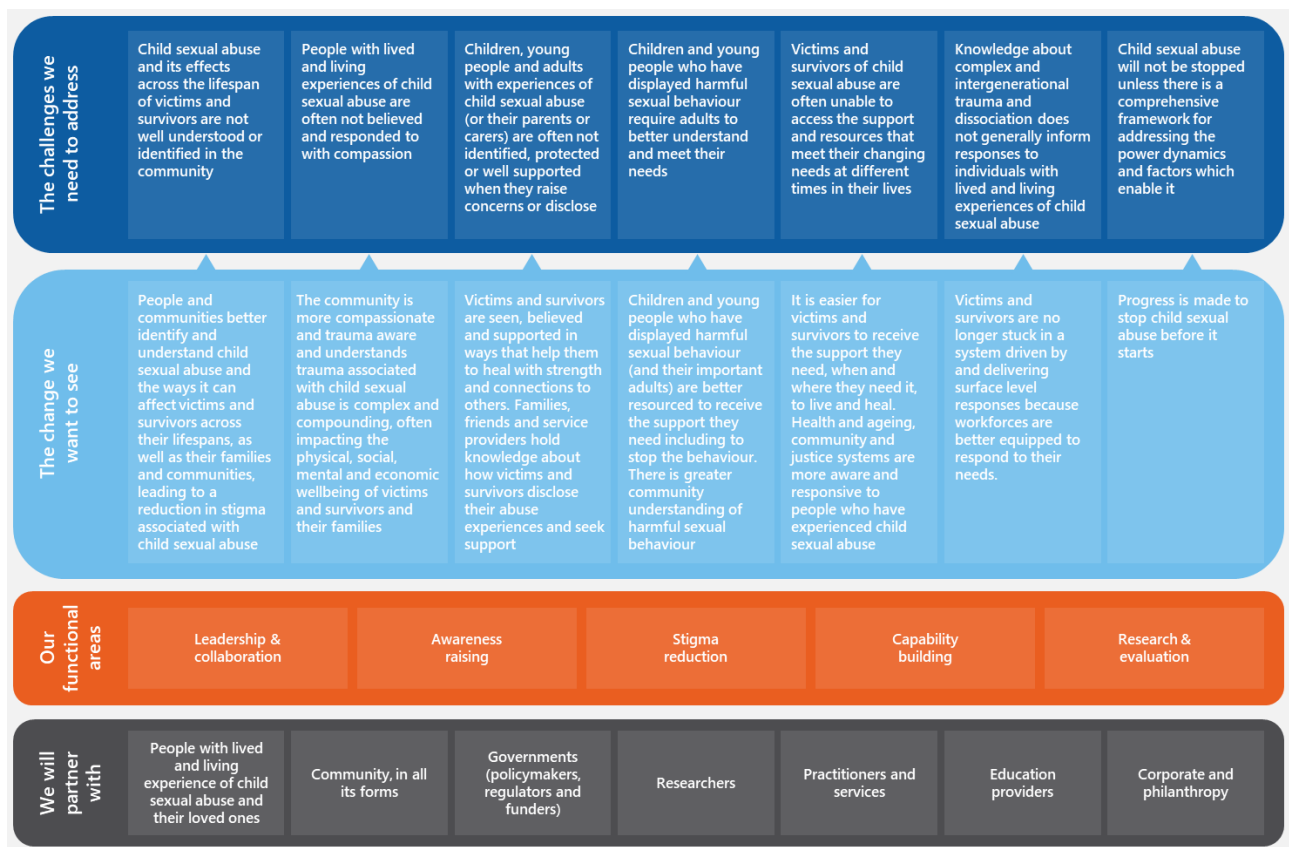
The National Centre has a vision for a future where children are safe and victims and survivors are supported to recover. The National Centre was established as a key recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) to address three key areas of priority:

- raising community awareness and promoting destigmatising messages about the impacts of child sexual abuse ([Royal Commission recommendation 9.9a](#))
- increasing practitioners' knowledge and competence in responding to child sexual abuse ([Royal Commission recommendation 9.9b](#))

- supporting the development of better service models and interventions ([Royal Commission recommendation 9.9c](#)).

To respond to these priority areas, the National Centre has identified seven key challenges and corresponding organisational goals ('the change we want to see'). These challenges have been informed by the National Centre's initial Scoping Study, the expertise of the founding partner organisations, Blue Knot Foundation, Australian Childhood Foundation and the Healing Foundation, and consultations with a range of stakeholders, including through its lived and living experience Colleges.

Seven Key Challenges for Action on Child Sexual Abuse



Research Plan

This Research Plan sets out the National Centre’s strategic research objectives and describes the ways in which we deliver these to a high standard. The Research Plan is informed by consultations with key stakeholders including the National Office for Child Safety (NOCS) and the Department of Social Services (DSS) around the National Centre’s Five-Year Strategy. This Research Plan has also been developed through consultations with other key stakeholders, including the members of the National Centre’s Expert Research Advisory Committee (ERAC). The ERAC is a standing subcommittee of the National Centre Board (Board) established to oversee the development and implementation of an ethical, culturally appropriate and trauma informed framework for all the research activities of the National Centre.

This Research Plan is continuously refined through an iterative process as organisational and research priorities evolve over time through broad-based consultation, engagement and discovery processes. This will ensure alignment between the National Centre’s organisational and research priorities and that research best practice is maintained. The implementation of this Plan is monitored annually to:

- assess progress against the research objectives
- identify any adjustments needed to ensure that the National Centre’s research agenda stays on track
- inform the changes the National Centre seeks to drive over the short, medium and long term.

A note on definitions

While there is generally no agreed definition of research, it is widely understood to refer to systematic investigations undertaken to gain knowledge and understanding.^{2,3} The term ‘research’ also encompasses evaluation and quality improvement or assurance activities. Evaluation refers to the systematic collection and analysis of qualitative and quantitative information to assess the effectiveness, efficiency and/or appropriateness of an activity.⁴ Quality assurance is an activity that seeks to monitor or improve the quality of a service.⁴

The [AIATSIS Code of Ethics](#) defines First Nations peoples’ research as “all research that impacts on or is of particular significance to Aboriginal and Torres Strait Islander peoples, including the planning, collection, analysis and dissemination of information or knowledge, in any format or medium, which is about, or may affect, Indigenous peoples, either collectively or individually”.³

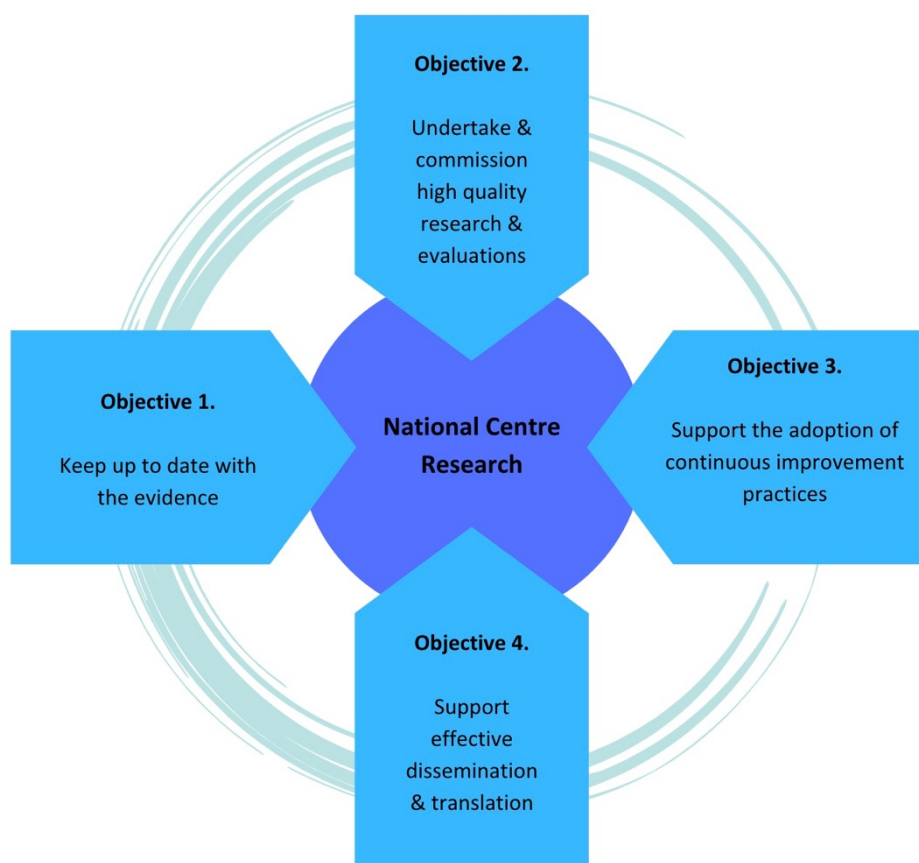
The terms evidence and research are defined inclusively to include all systematic investigations undertaken to gain knowledge and understanding, including practice knowledge, cultural knowledge and knowledge derived through lived and living experience.

Research as a component of knowledge mobilisation

We conceptualise research as critical to knowledge mobilisation. While definitions vary, knowledge mobilisation is an umbrella term that encompasses the wide range of activities that contribute to moving evidence into practice, including evaluation and research.^{5, 6} A linear conceptualisation of evidence translation, as generated in isolation and then passed on to those who will use it, has become challenged and it is now accepted that to be useful, evidence needs to be actively translated.⁷⁻¹¹ The ways in which research is undertaken can support, or hinder, evidence adoption and the National Centre is committed to an approach to research that supports the mobilisation of evidence into practice. The National Centre’s Knowledge to Impact Framework sets out our approach to knowledge mobilisation in more detail.

Research strategic objectives

The aim of the National Centre's Research Plan is to build an accessible and robust evidence base that contributes to addressing our seven key challenges and supports the change we want to see. To achieve this, we work towards four interrelated objectives:



Objective 1: Keep up to date with the evidence

The National Centre will keep to date with the relevant evidence.

How this will be achieved:

- Forging strong relationships and partnerships with other researchers (more information provided under [‘Approach to research partnerships’](#))
- Contributing to the development of a nationally coordinated strategic research agenda. The National Centre and the National Office for Child Safety will work closely to ensure comprehensive and non-duplicative research-related work programs. This will include aligning the National Centre's research strategy with the forthcoming National Child Safety Research Agenda ([National Strategy to Prevent and Respond to Child Sexual Abuse 2021-2030 First National Action Plan Measure 23](#))

- Conducting systematic reviews and evidence gap analyses to inform areas of focus for our own research agenda and that of the broader field
- Develop, or partner in developing, a public facing register of active research on our website.

Objective 2: Undertake and commission high quality research and evaluations

The National Centre undertakes and commissions research to address our research priorities and seven key challenges and facilitate the change we want to see.

How this will be achieved:

- commissioning research
 - competitive research grants rounds ([Category 1](#))
 - direct tendering
- undertaking research in-house
- research partnerships.

All of the National Centre’s research, whether in-house, commissioned or conducted in partnership:

- adhere to the Centre’s [research principles](#)
- address the National Centre’s research priorities
- be peer assessed/reviewed
- be ethical.

Approach to competitive research grants rounds

These rounds are conducted as [Category 1](#) Funding opportunities, ensuring that they:

- publicly communicate invitations for applications to reach a wide audience
- invite any organisation incorporated or established in Australia with the capacity to undertake research to apply
- engage a competitive process for assessing applications against specific selection criteria, including by merit-based selection and the use of independent, multi-disciplinary peer assessment panels. The peer assessment process is described in the [‘Peer Assessment of Grant Applications Guide’](#).

The National Centre will support projects that are:

- considered to be research, evaluation or quality improvement projects
- aligned with the National Centre’s priorities and being conducted across short or long term timeframes
- adhere to the National Centre’s [research principles](#)
- able to demonstrate feasibility and value for money and include collaborative funding or in-kind contributions.

The National Centre will implement the following eligibility criteria:

- applicants may only apply for one project per grant round as a Principal Chief Investigator but may apply for multiple projects as a Chief Investigator
- National Centre staff, Board members and their immediate families cannot apply but may be included on Project Advisory Committees
- members of the National Centre's Colleges and Advisory Committees are eligible to apply but must declare any conflicts of interest
- applicants must declare any conflicts of interest that exist or may arise in relation to any aspect of the proposed project.

Successful projects:

- successful applicants must enter into a Research Agreement with the National Centre, which outlines a schedule of milestones, progress meetings and payments. The agreement is between the National Centre and the applicants' organisation (not the individual).
- intellectual property arising from commissioned projects, including research reports and knowledge translation products created within the agreement, is owned by the National Centre. Researchers are granted a license to access and use the intellectual property.
- projects conducted by First Nations organisations (i.e., community-controlled organisations) retain ownership of intellectual property, granting the National Centre license to access and use the intellectual property.

Approach to direct tendering

The direct tendering of research may take place, where appropriate. Such situations may include the identification of emerging priorities that the National Centre does not have the capacity to address with in-house research, or in response to research findings from commissioned research which require further investigation.

In such circumstances, direct tendering may be considered, providing:

- there are documented reasons for limited tender
- there is sufficient evidence that the supplier is the most suitable to deliver the work
- direct tendering undergoes the same assessment conditions as other National Centre research.

Approach to in-house research

Our approach to in-house research is consistent with our approach to research more broadly. Any research we conduct in-house:

- aligns with the National centre's research priorities and principles
- is feasible and cost effective
- is translated and disseminated broadly.

Approach to research partnerships	
<p>The National Centre fosters partnerships with researchers (including clinician researchers), academics and research students. Our approach to research partnership includes:</p> <ul style="list-style-type: none"> • partnering on grant applications, led by National Centre research staff • partnering on grants applications led by academics or researchers, including clinician researchers • facilitating partnerships between service providers and research students, including undergraduate (e.g., 4th year and honours) and postgraduate (e.g., Masters, RHD and PhD) students who wish to conduct a quality improvement or evaluation project as their student research project. <p>Any research conducted in partnership with the National Centre meets the same criteria as the research we fund or conduct in-house.</p>	
Partnership	Details
Partnering on grant applications led by the National Centre	Access to a range of funding schemes, including competitive grant round and limited tenders open to the National Centre
Partnering on grants applications led by academics or researchers , including clinician researchers	<p>The National Centre may provide in-kind or cash contributions to grants applications (e.g. NHMRC, ARC Linkage, etc.).</p> <ul style="list-style-type: none"> • Where cash contribution is provided, where possible, this contribution should be allocated to research staffing employed by the National Centre. • Where appropriate, National Centre staff should be included as investigators.
Facilitating partnerships between service providers and research students	<p>To facilitate partnerships between research students and service providers, the National Centre may provide:</p> <ul style="list-style-type: none"> • Bursary payments: financial support for the student to conduct shorter term projects (e.g., <12 months) • Research stipends: financial support for the student to conduct longer term projects (e.g., >12 months) • Co-supervision/Student mentoring: formal co-supervision or student support and mentoring by research staff from the National Centre, in addition to the primary academic supervisor/s.

Objective 3: Support the adoption of continuous quality improvement practices

Our approach to research goes beyond knowledge generation to encompass supporting change through evidence implementation. Continuous quality improvement practices and evaluations are recognised mechanisms to support the uptake of evidence. In particular, the context sensitive, phased and iterative nature of continuous quality improvement cycles is associated with evidence implementation.⁴

In order to promote the implementation of evidence-informed responses, the National Centre supports the implementation of continuous quality improvement and assurance activities and practices.

How this will be achieved:

- A commissioned research stream for quality improvement projects
- Evaluation and continuous quality improvement support for services
- Partnerships brokerage between researchers and services.

A commissioned research stream for continuous quality improvement projects

The National Centre is committed to going beyond the creation of new knowledge, to include the implementation of practice improvement and capability building activities and the development of partnerships that can drive change. As such, the National Centre's [competitive grants rounds](#) consists of two streams: research and quality improvement.

The National Centre's definition of research recognises evaluation and quality improvement activities as a form of research, conceptualised as a continuum. The purpose of the delineation between 'research' and 'quality improvement' projects is not to imply these are distinct categories; rather, to allow for projects to be assessed against other projects in the same stream. Having two project streams also reflects the National Centre's commitment to funding projects that go beyond the creation of new knowledge to include the implementation of practice improvement, capability building and the development of partnerships that can drive change.

Evaluation and continuous quality improvement support for services

Practitioners and service designers may lack the research skills and resources required to evaluate initiatives and the effectiveness of interventions and, as such, the extent to which they have been implemented is often left undetermined.^{8, 12} Furthermore, the outcomes of evidence implementation initiatives are rarely published, limiting the scale up and potential adoption of innovations elsewhere.

The National Centre supports clinician researchers, service managers and practitioners to undertake quality improvement and evaluation research using a number of strategies, including:

- evaluation and continuous improvement support provided by National Centre research staff,
- advice on the ethical conduct of evaluation research and quality improvement and assistance in determining the level of ethics review required
- advice on the inclusion of lived experience experts.

Partnerships brokerage between researchers and services

The National Centre facilitates relationships between researchers, services and people with lived and living experience of child sexual abuse. This is achieved through a number of strategies, including:

- the expectation that National Centre-funded research includes, where possible, researchers, practitioners/service designers and people with lived and living experience of child sexual abuse as part of the research team
- alignment of the research agenda of researchers with existing quality improvement processes

- the implementation of the Research-Practice Student Partnership model. This model facilitates partnership between research institutes (universities), specifically research students (e.g., 4th year undergraduate, Honours, Postgraduate and Higher Research Degree students) and service providers (i.e., those that seek to respond to child sexual abuse and its impacts). This model will provide students with the opportunity to conduct a quality improvement or evaluation project, in partnership with a service, as part of their tertiary study requirements.

While there are some differences, implementation research and quality improvement efforts are largely compatible. Both share the ultimate goal of improving the quality of care and the methods used in both often overlap.^{13, 14} The National Centre supports researchers to partner with services by aligning their research framework to existing quality improvement frameworks. It is expected that this will shift the research power imbalance — traditionally in favour of researchers — to a more equal partnership and provide a better foundation from which to co-create knowledge that can drive change.

Objective 4: Support effective dissemination and translation

The National Centre is committed to disseminating and translating research and evidence so that it can be reached by those who will likely benefit from it: victims and survivors, practitioners and service designers, policy makers, researchers and the general public. To effect change, the National Centre identifies how our various audiences use knowledge in order to create fit for purpose knowledge translation products.

In addition to disseminating and translating our own research, the National Centre supports the translation of relevant research and evidence more broadly. The approach to translation and dissemination is outlined in the National Centre’s Knowledge Translation Product Guide.

How this will be achieved:

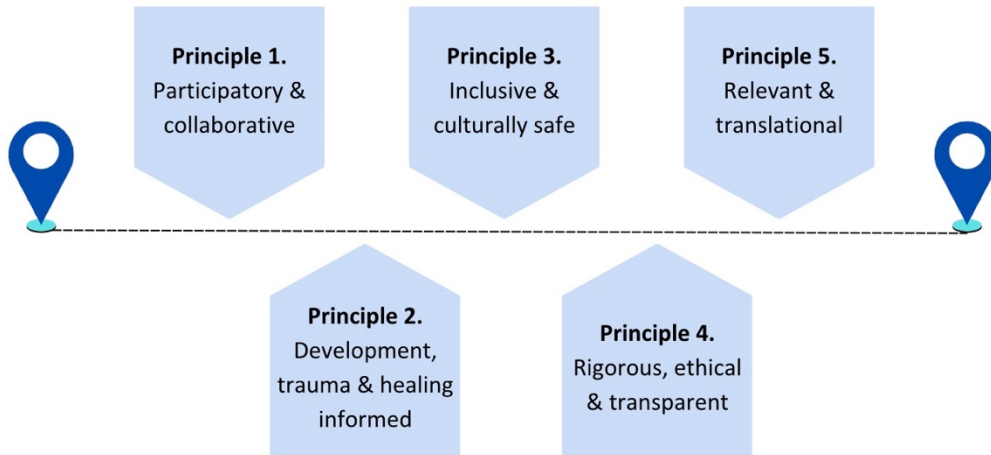
- Wide dissemination of evidence to relevant stakeholders, including victims and survivors, using appropriate channels and formats
- The development of knowledge translation products as key deliverables for identified commissioned research. All commissioned research includes the delivery of a collaboratively designed translation plan.

While the National Centre is committed to sharing research findings and evidence broadly, the consequences and potential impact of the research are considered prior to its dissemination. The National Centre only translates knowledge that advances our vision and contributes to a future where children are safe and victims and survivors are supported.

Research Principles

All research conducted or commissioned by the National Centre will be guided by five key principles:

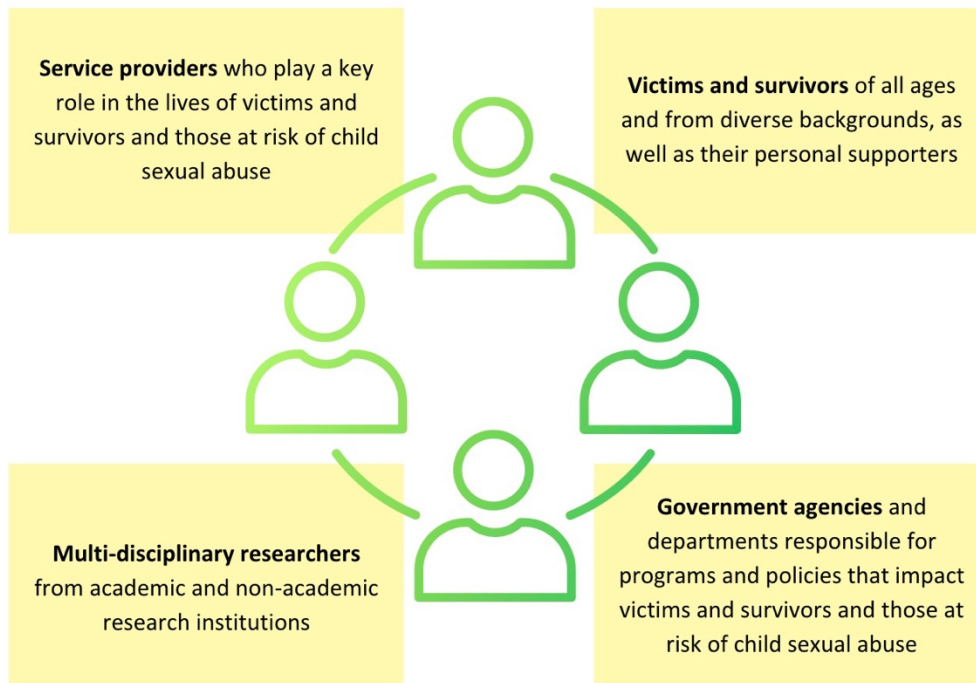
The National Centre’s Research Principles



Principle 1: Participatory and collaborative

All research undertaken or commissioned by the National Centre is undertaken collaboratively and will **elevate the lived and living knowledge and experience of victims and survivors**. All our research incorporates the expertise of a multi-disciplinary team.

Key research stakeholders and partners who we collaborate with include:



Research undertaken, commissioned or funded by the National Centre will draw on the knowledge and expertise of victims and survivors throughout all phases of research, from design to implementation and dissemination.

To centralise the expertise of key stakeholders, in particular the voices of those for whom the services are designed and those who deliver the services, research methods such as participatory action approaches and co-production are privileged.

Co-production and participatory approaches in research

To increase the likelihood that evidence leads to action, ‘knowledge producers’ and ‘knowledge users’ need to be recognised as interrelated and key partners in activating change.^{8,9,15,16} This is reflected in the concept of **co-production**.

Co-production involves a process where knowledge is produced and translated collaboratively with intended audiences, including the **co-assessment** of the issues and priorities, **co-designing** of solutions and actions to be implemented and **co-delivery** and **co-evaluation** of these actions.^{8,16,17} Knowledge co-production is the coming together through a participatory process to find collective solutions and create shared actions.¹⁸ People with lived and living experience of child sexual abuse are central to the co-production process, with the National Centre acknowledging that practitioners, policy makers, specialists and other key stakeholders can further inform this as well. Co-production helps to create a ‘pull-effect’ by intended audiences rather than relying on a researcher-led distribution approach to knowledge mobilisation (‘push-effect’) and works as an iterative process that evolves over time as opposed to a one-off instance of engagement.

Participatory action research is a research method that is compatible with co-production. Participatory action research seeks to understand real world problems in order to improve or solve them, by working collaboratively with stakeholders, thereby enhancing the likelihood that research findings will lead to action and inform practice.¹⁹ Participants are understood as partners who actively contribute to all phases of the research process rather than passive recipients of research outcomes.¹⁹⁻²¹ This bottom-up approach encourages participants to ‘own’ the change process and embed service improvements into everyday practice.^{9,19,22,23}

Research conducted with or by First Nations peoples

Following the [Australian Code for the Responsible Conduct of Research](#), the National Centre recognises the right of First Nations peoples to be engaged in research that affects or is of particular significance to them.²⁴ All research that is conducted with or by First Nations peoples will seek to strengthen First Nations peoples’ self-determination through participation and collaboration. All decisions about the research process, from priority setting to the study’s aims, objectives and methods will be developed in collaboration with First Nations stakeholders.³

Principle 2: Development-, trauma- and healing-informed

All research undertaken or commissioned by the National Centre will be development, trauma- and healing-informed, and include an understanding of:

- ✓ the traumatic impacts of CSA
- ✓ the developmental risk and/or impacts of CSA
- ✓ the potential paths for healing and recovery
- ✓ participant empowerment and self-determination
- ✓ the impacts of trauma on all those involved in research
- ✓ integrating knowledge on trauma into policies, procedures and practice

Trauma-informed research optimises the safety of research participants while also fostering their agency, well-being, equality and dignity.²⁵ While a trauma-informed approach to research requires researchers to recognise, minimise and respond to potentially re-traumatising aspects of the research process, this needs to be balanced against processes which empower and respect victims' and survivors' autonomy and agency.^{2, 25} Approaches need to be tailored appropriately to the age and developmental stage of participants. Participants have the right to make their own informed decisions and we recognise that not respecting this right, in an effort to protect against re-traumatisation or distress, might replicate a loss of control and autonomy.²⁵

While a range of research methods will be used to align with the research questions, the National Centre recognises the importance of methods that empower and foster opportunities to rebuild control. Such methods include action research and community-based participatory research and First Nations and decolonising methodologies.

Research conducted with or by First Nations peoples

All research conducted or supported by the National Centre will recognise and respect First Nations peoples' right to self-determination.^{3, 24} We will recognise and respect the right of First Nations peoples to make their own decisions, including their right to have their own research protocols and processes for reaching decisions and these will be followed.³ This includes the right of First Nations peoples to manage the collection, interpretation and use of their information.³

Principle 3: Inclusive and culturally safe

All research undertaken or commissioned by the National Centre will be culturally safe and consider the needs and voices of those who experience intersecting forms of inequality and disadvantage. Our research will be inclusive of diverse people and communities and include participation by people from First Nations communities, people from culturally and linguistically diverse backgrounds, from regional, rural and remote communities, people with disability, people of diverse sexuality and gender and those of different age cohorts, including children and young people.

Our research will also be sensitive to the intersection between trauma and disadvantage and consider the social structures that shape the challenges and opportunities victims and survivors face.²⁵ Victims and survivors from marginalised communities, due to intersections of inequality and disadvantage, can disproportionately experience the impacts of child sexual abuse and experience greater barriers to seeking help or support to respond to those impacts and meet their needs. To ensure the research process does

not reproduce structural injustices, our researchers will consider the systems of privilege and oppression that may affect their study (for example, study staff, population, sociocultural/historical context), consider how these dynamics support or hinder healing and implement mitigation strategies accordingly.²⁶

All our researchers will demonstrate a level of cultural safety, competency, responsiveness and experience appropriate to the particular research project, including experience working with children and young people.

Research conducted with or by First Nations peoples

- All researchers working on research that involves or impacts First Nations peoples will have the required skills and training in First Nations peoples research ethics and methodology.³
- First Nations peoples research will be led by Aboriginal and Torres Strait Islander researchers as project leaders and/or researchers.³
 - Where this is not possible, First Nations leadership will be demonstrated through governance and oversight of the project or partnerships and collaboration.³
- All research involving or impacting First Nations peoples will be reviewed by an Aboriginal and Torres Strait Islander Human Research Ethics Committee prior to project commencement, where appropriate.

Principle 4: Rigorous, ethical and transparent

All research undertaken or supported by the National Centre will be rigorous, underpinned by attention to detail and robust methodology and avoid or acknowledge biases.²⁴ All our research will address clearly defined questions or problems, be grounded in existing literature, demonstrate alignment between the research aim and methods used and use predefined study protocols, systematic methods, validated tools and internationally accepted procedures. The National Centre will be accountable in all of its practices and processes, including the conduct, management and oversight of research. We will be transparent, purposeful, objective and responsive.

As discussed further under [Ethics](#), all research undertaken or supported by the National Centre will align with recognised ethical standards.^{2-4, 24} Following the eight broad principles that characterise honest, ethical and conscientious research, as outlined by the [Australian Code for the Responsible Conduct of Research \(2018\)](#), research undertaken or supported by the National Centre will:

1. Present all information **truthfully** and **accurately**, in proposing, conducting and reporting.
2. Be **rigorous** and supported by **robust methodology** and attention to detail.
3. **Share** and **communicate** research methodology, data and findings **openly, responsibly** and **accurately** and declare and manage conflicts of interests.
4. Treat fellow researchers and others involved in the research **fairly** and with **respect**.
5. Recognise the right of **First Nations peoples** and people from **diverse backgrounds** to be engaged in research that affects or is of particular significance to them.
6. Comply with relevant **legislation, policies** and **guidelines**, ensure **good stewardship** of public resources used and consider the consequences and outcomes of research prior to its communication.
7. Promote and foster a research **culture** and environment that supports the **responsible** conduct of research.

While the National Centre will undertake and support research with a wide range of approaches and methods, methods that are sensitive to context and support evidence implementation is preferred (as appropriate):

Innovative & Creative Approaches	➡	Studies that generate practice-ready knowledge
Participatory Action/Co-Design	➡	Studies that centralise key stakeholder expertise
Mixed Methods Studies	➡	Studies that allow for data triangulation or adopt a sequential design
Analyses of Existing Datasets	➡	Studies that minimise the burden of research participation
Realist Evaluations	➡	Studies that investigate the effectiveness of interventions
Process Evaluations	➡	Studies that assess barriers and enablers to implementation
Continuous Quality Improvement	➡	Studies that assess need, co-design, deliver and evaluate solutions

Research methods that support evidence implementation

While evaluation, continuous improvement or implementation research are not associated with any particular research methods and a range of qualitative and quantitative approaches can be used, it is important that the chosen methods are sensitive to context and complexity.^{8, 9, 27} To facilitate change through research, the methodological approaches that are most suitable tend to be social science-informed approaches such as ethnography, participatory action research and realist evaluation and.^{9, 28, 29}

Ethnography is the qualitative study of particular societal or cultural groups, with the aim to better understand the group through ‘insider perspectives’.³⁰

Participatory action research, as defined above, can be particularly valuable to support the implementation of evidence into practice as it is aligned with the improvement process (i.e., it is sensitive to context, cyclical, iterative and participatory).^{19, 20}

Realistic evaluation is a theory-based evaluation that addresses why interventions work as they do and develops theory about ‘what works for whom, in what circumstances, to what extent, how and why’.^{31, 32} Realist evaluation is based on the premise that the world is complex and that outcomes from interventions are influenced by multiple interacting factors related to those receiving the interventions, those providing them and the context in which they occur.^{31, 32} Whilst sensitive to the importance of the context in understanding intervention effectiveness, realist evaluations tease out transferable lessons so that learnings can be translated into other contexts.³³⁻³⁸

Research conducted with or by First Nations peoples

All research that involves or impacts First Nations peoples will be compliant with the [AIATSIS Code of Ethics](#), which is consistent with the [National Statement on Ethical Conduct in Human Research \(2007 updated 2018\)](#). The [AIATSIS Code of Ethics](#) outlines four key ethical principles of First Nations peoples research, namely:

1. First Nations peoples self-determination.
2. First Nations peoples leadership.
3. Impact and value.
4. Sustainability and accountability.

The [AIATSIS Code of Ethics](#) defines ethical research as “To act with honour and respect, wisdom, to go slowly and act responsibly, be gentle and polite and honest with each other, be careful of the words and actions you put out to the world and understand the impact they have”.³

Principle 5: Relevant and translational

All our research will be relevant, translational and strive to be impactful. Of any research we undertake or support, the following key questions will be asked:

How does this research **drive or inform change**?

How does this research **genuinely benefit victims and survivors**?

How does this research **build on existing evidence** or fill identified gaps?

How does this research **address local need**, whilst being **nationally relevant**?

How will this research be **translated and disseminated** for maximum impact?

How is this research **similar or different from research currently underway**, nationally and internationally?



Research conducted with or by First Nations peoples

- All research that involves or impacts First Nations peoples will benefit and reflect the priorities of First Nations peoples.³
- What constitutes benefit is identified by, and/or in consultation with, First Nations peoples.³

The research conducted or supported by the National Centre will be supported by the Knowledge to Impact Framework which promotes the translation and dissemination of a range of knowledge types based on the understanding that knowledge grows and strengthens only when used.

Ethics

All our work, regardless of whether it is considered quality assurance, evaluation or research, will be conducted ethically.

All research undertaken, funded or supported by the National Centre will align with recognised ethical standards, including:

- [Australian Code for the Responsible Conduct of Research \(2018\)](#)
- [National Statement on Ethical Conduct in Human Research \(2007 updated 2018\)](#)
- [NHMRC Ethical Considerations in Quality Assurance and Evaluation Activities \(2014\)](#)
- [NHMRC Ethical Conduct in Research with Aboriginal and Torres Strait Islander Peoples and Communities](#)
- [AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research](#)

All research that the National Centre conducts or supports will receive the required ethics approvals and oversight. There are different types of oversight and review required depending on the level of risk associated with the research.³ In some situations, oversight of the activity is required but ethical review is not necessary. The types of review range from:

- exempt
- organisational oversight provided by the National Centre
- ethical review and oversight by Australian Human Research Ethics Committee (HREC), Institutional Review Board or Research Ethics Committee.

Irrespective of the level of ethics approval required, following the [National Statement on Ethical Conduct in Human Research \(2007 updated 2018\)](#), all activity will be conducted in a way that is ethical and aligns with the values of respect, research merit and integrity, justice and beneficence.² As described below, this will include consideration of whether the people involved will be exposed to any harm; in particular, in consideration to relevant contexts, how this can be mitigated and the process of seeking informed consent.⁴

Risks and benefits

All research conducted or supported by the National Centre will include careful consideration of the risks and benefits for victims and survivors and implementation of mitigation strategies. Issues relating to legal, physical, emotional, psychological and cultural safety of victims and survivor engagement will be considered; however, this consideration will inform the design of engagement in order to minimise such risks rather than as a mechanism for exclusion.³⁹

All efforts to prevent or address unintended harm will be balanced against efforts to empower and respect victims' and survivors' autonomy and agency and their right to make their own informed decisions.^{2, 25} While for some victims and survivors research participation can cause psychological distress, it is a positive experience for most and victims and survivors generally do not regret research participation.⁴⁰ Participants report benefitting from the opportunity to discuss their experiences and value the opportunity to share their stories in a way that may help others.²⁵ However, to help support research engagement and participation to be a positive and potentially healing experience for victims and survivors, all research conducted or supported by the National Centre will implement strategies to mitigate potential distress and reduce risks.

Informed consent

All victim and survivor engagement with the National Centre will be voluntary and informed by sufficient information and adequate understanding of what engagement constitutes and what the implications are. All research that we conduct or support will recognise and respect the capacity of human beings to make their own decisions, throughout the research process.² All research participation will be based on sufficient information to provide an adequate understanding of the purpose, methods, demands, risks and potential benefits of the research and the implications of participation.²

At a minimum, the informed consent process will answer the following:



- What does my participation involve?
- What are the potential risks in participating?
- What is the process for responding to adverse impacts?
- How will my privacy and confidentiality be managed?
- Are there any limits to confidentiality?
- How will my information be used?
- Will my information be used in the public domain?
- What are my rights in withdrawing from the research?
- Are there any incentives or payments to participate?
- Are there any other implications for my participation?
- What is the complaints process if I have concerns?
- Who do I contact about the project?

Consent may need to be renegotiated or confirmed from time to time throughout the life of the research. For example, if there is a change to the risks and benefits of engagement or changes to the terms to which participants were originally engaged. Research participants will be given the opportunity to continue their participation or withdraw.^{2, 3}

Where participants are unable to make their own decisions or have diminished capacity to do so — for example, children and young people or people with severe mental illness — a person or appropriate statutory body should be provided with relevant information and decide whether the identified person will participate.² That decision must not be contrary to the person's best interests and the research will seek to empower the person and provide for their protection as necessary.²

Ethics in First Nations peoples research

All research that involves or impacts First Nations peoples will comply with the [AIATSIS Code of Ethics](#), which is consistent with the [National Statement on Ethical Conduct in Human Research \(2007 updated 2018\)](#). This research:^{2, 3}

Ethical research involving or impact First Nations peoples:^{2, 3}

- **SHOULD** be subject to ethics review by a human research ethics committee with relevant skills and experience.
- **SHOULD** be reviewed by relevant cultural review bodies, where these are available in First Nations communities or organisations.
- **SHOULD NOT** assume that research involving desktop or archival investigations, or the use of existing data or records that contain only non-identifiable data, automatically carries minimal or no risk and can be exempted from review.
- **SHOULD** consider whether seeking separate ethics review for early stages of research, including the development of relationships and project design, is appropriate, particularly if information and data will be collected during these stages and the design process will be documented and/or included in any publication.
- **SHOULD NOT** neglect gaining collective consent (i.e., informed consent of a group or people), seeking this in addition to individual consent where the collective rights, interests and knowledge of First Nations peoples are involved.

The National Centre is committed to Indigenous Data Sovereignty. All research conducted or supported by the National Centre will recognise and respect First Nations peoples’ right to own their own data and knowledge, and manage the collection, interpretation and use of their information.³ As such:

- full intellectual property rights will be available for First Nations peoples research
- appropriate time will be given to allow community representatives to consider the proposed research agreement and to discuss its implications.³

Governance and oversight

Ownership of this Research Plan is held by the National Centre’s Board, supported by advice from the Expert Research Advisory Committee (ERAC) and in consultation with the National Centre’s Colleges. This Research Plan is implemented by the Research, Evidence & Knowledge Generation team at the National Centre. Responsibilities are outlined below and are framed by the National Centre delegation’s authority and procurement policy.

Governance & Implementation	
The National Centre Board of Directors	<ul style="list-style-type: none"> • Ownership of the Research Plan • Approval of commissioned research projects
Expert Research Advisory Committee (ERAC)	<ul style="list-style-type: none"> • Advice on development and implementation of the: <ul style="list-style-type: none"> ○ Research Plan ○ Research priorities ○ Competitive grants round ○ Peer assessment and review processes
The National Centre CEO	<ul style="list-style-type: none"> • Decisions about the management and implementation of the Research Plan • Approval of in-house research projects
The National Centre Director of Research, Evidence & Knowledge Generation	<ul style="list-style-type: none"> • Decisions about the daily management and implementation of the Research Plan • Oversight of all in-house and commissioned research activity
The National Centre Research, Evidence & Knowledge Generation Team	<ul style="list-style-type: none"> • Day-to-day implementation of the Research Plan • Conducting in-house research activity • Conducting or supporting partnership research • Project management of commissioned research

References

1. Mathews B, Pacella R, Scott JG, et al. The prevalence of child maltreatment in Australia: findings from a national survey. *Medical Journal of Australia* 2023; 218. DOI: 10.5694/mja2.51873.
2. NHMRC. *National Statement on Ethical Conduct in Human Research*. 2007 (updated 2018). National Health and Medical Research Council, the Australian Research Council and Universities Australia.
3. AIATSIS. *AIATSIS Code of Ethics for Aboriginal and Torres Strait Islander Research*. 2020. Australian Institute for Aboriginal and Torres Strait Islander Studies.
4. NHMRC. *Ethical considerations in quality assurance and evaluation activities*. 2014. National Health and Medical Research Council.
5. Haynes A, Rowbotham S, Grunseit A, et al. Knowledge mobilisation in practice: an evaluation of the Australian Prevention Partnership Centre. *Health Research Policy and Systems* 2020; 18: 13. DOI: 10.1186/s12961-019-0496-0.
6. Moss G. Research, policy and knowledge flows in education: what counts in knowledge mobilisation? *Contemporary Social Science* 2013; 8: 237-248. DOI: 10.1080/21582041.2013.767466.
7. Davies H, Nutley S and Walter I. Why 'knowledge transfer' is misconceived for applied social research. *J Health Serv Res Policy* 2008; 13: 188-190. DOI: 10.1258/jhsrp.2008.008055.
8. Holmes B, Best A, Davies H, et al. Mobilising knowledge in complex health systems: a call to action. *Evidence and Policy* 2017; 13: 539-560.
9. Braithwaite J, Churrua K, Long J, et al. When complexity science meets implementation science: a theoretical and empirical analysis of systems change. *BMC Medicine* 2018; 16. DOI: doi.org/10.1186/s12916-018-1057-z.
10. Ioannidis JPA. Why Most Clinical Research Is Not Useful. *PLoS Medicine* 2016; 13: e1002049. Essay.
11. Barnes R, Holmes B, Lindstrom R, et al. Evidence-informed healthcare through integration of health research. *Healthcare Management Forum* 2015; 28: 75–78.
12. Chan G, Barnason S, Dakin C, et al. Barriers and perceived needs for understanding and using research among emergency nurses. *Journal of Emergency Nursing* 2011; 37: 24-31.
13. Bauer M, Damschroder L, Hagedorn H, et al. An introduction to implementation science for the non-specialist. *BMC Psychology* 2015; 3: 32. DOI: doi:10.1186/s40359-015-0089-9.
14. Schaffer MA, Sandau KE and Diedrick L. Evidence-based practice models for organizational change: overview and practical applications. *Journal of advanced nursing* 2013; 69: 1197-1209. DOI: 10.1111/j.1365-2648.2012.06122.x.
15. Kitson A, Brook A, Harvey G, et al. Using complexity and network concepts to inform healthcare knowledge translation. *Int J Health Policy Manag* 2017; 6: 1–13.
16. Kitson A, Powell K, Hoon E, et al. Knowledge translation within a population health study: how do you do it? *Implementation science : IS* 2013; 8. DOI: 10.1186/1748-5908-8-54.
17. Elwyn G, Nelson E, Hager A, et al. Coproduction: when users define quality. *BMJ Quality & Safety* 2020; 29: 711. DOI: 10.1136/bmjqs-2019-009830.
18. Vincent K, Daly M, Scannell C, et al. What can climate services learn from theory and practice of co-production? *Climate Services* 2018; 12: 48-58. DOI: <https://doi.org/10.1016/j.cliser.2018.11.001>.
19. Koshy E, Koshy V and Waterman H. *Action Research in Healthcare*. London 2011.
20. Schmittiel J, Grumbach K and Selby J. System-Based Participatory Research in Health Care: An Approach for Sustainable Translation Research and Quality Improvement. *Annals of Family Medicine* 2010; 8: 256-259.
21. Smith L, Rosenzweig M and Schmidt T. Best Practices in the Reporting of Participatory Action Research: Embracing Both the Forest and the Trees *The Counseling Psychologist* 2010; 38: 1115-1138.
22. Meyer J. Using qualitative methods in health related action research. *British Medical Journal* 2000: 178-181.
23. Coates D and Howe D. Improving throughput in a Youth Mental Health Service. *International Journal of Health Care Quality Assurance* 2017; 30.

24. Australian Research Council and Universities Australia. *Australian Code for Responsible Conduct of Research*. 2018. National Health and Medical Research Council.
25. Centre for Research & Education on Violence Against Women & Children. *Toward A Trauma- And Violence-Informed Research Ethics Module: Considerations And Recommendations*. London, Ontario: Centre for Research & Education on Violence Against Women & Children. Western University, 2020.
26. Voith LA, Hamler T, Francis MW, et al. Using a Trauma-Informed, Socially Just Research Framework with Marginalized Populations: Practices and Barriers to Implementation. *Social Work Research* 2020; 44: 169-181. Article. DOI: 10.1093/swr/svaa013.
27. Greenhalgh T. *How to Implement Evidence-Based Healthcare*. Oxford, UK: Wiley Blackwell, 2018.
28. Hawe P, Bond L and Butler H. Knowledge theories can inform evaluation practice: what can a complexity lens add? *New Direct Eval* 2009; 2009: 89–100.
29. Best A, Greenhalgh T, Lewis S, et al. Large-system transformation in health care: a realist review. *Milbank Q* 2012; 90. DOI: 10.1111/j.1468-0009.2012.00670.x.
30. Kramer MWA, Tony E. Ethnography. *The SAGE Encyclopedia of Communication Research Methods* 2017; 1-4. DOI: 10.4135/9781483381411.
31. Pawson R and Tilley N. *Realist Evaluation*. London: Sage, 2004.
32. Pawson R and Tilley N. *Realistic evaluation*. . London, UK: Sage, 1997.
33. Williams L, Burton C and Rycroft-Malone J. What works: a realist evaluation case study of intermediaries in infection control practice. *Journal of advanced nursing* 2013; 69: 915-926. DOI: 10.1111/j.1365-2648.2012.06084.x.
34. Rycroft-Malone J, Burton CR, Wilkinson J, et al. Collective action for implementation: a realist evaluation of organisational collaboration in healthcare. *Implementation Science* 2016; 11: 17. journal article. DOI: 10.1186/s13012-016-0380-z.
35. Rycroft-Malone J, Wilkinson JE, Burton CR, et al. Implementing health research through academic and clinical partnerships: a realistic evaluation of the Collaborations for Leadership in Applied Health Research and Care (CLAHRC). *Implementation science : IS* 2011; 6. DOI: 10.1186/1748-5908-6-74.
36. Greenhalgh T, Humphrey T, Hughes J, et al. How do you modernize a health service? A realist evaluation of whole-scale transformation in London. *Milbank Q* 2009; 87. DOI: 10.1111/j.1468-0009.2009.00562.x.
37. Byng R, Norman I and Redfern S. Using realistic evaluation to evaluate a practice-level intervention to improve primary health care for patients with long-term mental illness. . *Evaluation* 2005; 11: 69–93.
38. Swift MC, Langevin M and Clark AM. Using critical realistic evaluation to support translation of research into clinical practice. *International Journal of Speech-Language Pathology* 2017; 19: 335-343. DOI: 10.1080/17549507.2017.1309067.
39. Domestic Violence Victoria. *The family violence experts by experience framework*. 2020. The University of Melbourne.
40. Jaffe AE, DiLillo D, Hoffman L, et al. Does it hurt to ask? A meta-analysis of participant reactions to trauma research. *Clinical psychology review* 2015; 40: 40-56. DOI: 10.1016/j.cpr.2015.05.004.