

# Topic 9

## Myths and facts



The National Child Safety Training aims to enhance safety for children and strengthen child-safe culture across the education and care sector by introducing shared language, responsibilities, and understanding. The training was developed in partnership between Australian Centre for Child Protection (ACCP) and the Queensland Government on behalf of Australian governments.

The first level of training, Foundations of Child Safety, includes two eLearning courses:

- **Course 1:** Understanding Child Safety
- **Course 2:** Understanding and Identifying Child Abuse and Neglect

To complement the mandatory eLearning courses, a suite of non-mandatory Community of Practice resources has been developed to extend learning and support the application of knowledge in education and care settings. Whilst the Community of Practice are a voluntary component of the National Child Safety Training, they provide structured opportunities for discussion, reflection, and shared learning over time, helping staff build confidence and consistency in practice.

These resources contain prompts and suggested activities aligned with each course topic. They are designed to be flexible and may be selected, adapted, shortened, or revisited to suit different service types, team sizes, and meeting formats. The intention is to support practical conversations, not to prescribe a fixed program. There is no expectation that all topics and activities will be used and it is at your discretion how you use these resources.

Child safety is everyone's responsibility in places where children learn and grow. Harm can affect a child's wellbeing, learning, and development throughout childhood, and its impacts can continue into adulthood. When child safe practices are not in place, children are more at risk of harm.

By completing the mandatory eLearning training alongside some non-mandatory Community of Practice activities, you can strengthen your understanding of your role in protecting children, responding to concerns, and supporting a child safe environment in your service.



## Myths and facts

Topic 9 focuses on understanding the difference between myths and facts about child abuse and neglect, and how assumptions and stereotypes can influence decision-making in education and care settings.

Everyone working in education and care plays a role in noticing concerns and responding in ways that protect children. However, widely held myths about who is harmed, who causes harm, and how children behave can shape how people interpret behaviour, judge risk, and decide whether to act. Therefore, this topic supports participants to reflect on common myths, understand the facts, and consider how everyday assumptions can affect practice. It also explores how educators and staff can gently challenge myths in ways that are respectful, professional, and child centred.

This topic reinforces that:

- Myths and stereotypes can influence noticing, interpretation, and action
- Facts support consistent, protective, and child-centred decision-making
- Challenging myths does not require confrontation or judgement
- Reflective conversations help build a shared child-safe culture



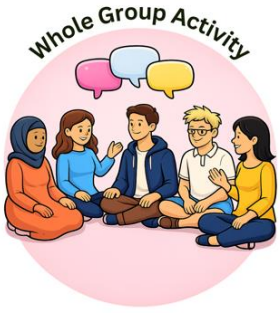
### Reminder

You **do not** need to run all three activities.

Select, adapt, shorten, or spread activities across sessions to suit your group and available time.

Activities can also be adapted for one-on-one supervision, mentoring conversations, or team meetings. You may choose to use a single scenario, questions, or reflective prompts to guide discussion.

These activities are designed to be flexible and responsive to your service context.

<b>Activity 1: Myth or fact?</b>	
<b>Objective</b>	This activity helps participants to identify common myths and facts about child abuse and neglect, and to reflect on how these ideas may influence professional judgement.
<b>Time</b>	30 – 45 minutes
<b>Format</b>	 <p>The illustration shows five diverse people (three women and two men) sitting in a circle on the floor, engaged in a discussion. Above them are three speech bubbles in pink, light blue, and yellow. The text 'Whole Group Activity' is written in a curved path above the group.</p>
<b>Materials needed</b>	<ul style="list-style-type: none"> <li>• Myth and fact cards</li> <li>• Space to place cards (table, wall, or floor)</li> <li>• Pens</li> <li>• Tape/Blu tac</li> </ul>



## Activity plan

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### Facilitator preamble

*“Many ideas about child abuse and neglect are shaped by messages we’ve heard over time. This activity is not about testing knowledge. It’s about noticing which messages stick and how they can affect our thinking.”*

### Remind participants:

- There is no expectation to agree.
- This is a reflective activity, not a debate.
- Focus on ideas, not people.
- Anyone can opt out of sharing.

### Step 1: Introduce the task (5 minutes)

- Explain that participants will explore a range of statements and consider whether they reflect common myths or facts.

### Step 2: Sorting statements (15-20 minutes)

- Hand out the statement cards to the group.
- Ask participants to work together to place each statement under one of three headings:
  - Myth
  - Fact
  - Not sure / needs discussion
- Once all cards have been placed, invite participants to pause and review the groupings together.
- Encourage discussion about why statements were placed where they were, noticing where there is agreement or uncertainty.
- If participants agree with where a card has been placed, they may add a tick or marker to the card. This helps highlight shared understanding without requiring consensus.

### Step 3: Group reflection (10-15 minutes)

- Ask groups to choose one or two statements that generated the most discussion and reflect on:
  - *Why this idea is common*
  - *How it could influence noticing or responding to concerns*

### Step 4: Closing reflection

- Invite participants to reflect: *“Which myth do you think has the biggest impact on child safety practice?”*



Avoid correcting groups immediately. Allow discussion first, then gently clarify key facts as needed.





## Online adaptation (MS Teams or Zoom)

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This activity can be delivered online using shared slides, polls, chat responses, and breakout rooms. The purpose remains the same: to support participants to identify common myths and facts about child abuse and neglect, and to reflect on how these ideas may influence professional judgement.

### Platform Preparation (before the session)

- Prepare each myth/fact statement on a separate slide, or group them clearly across a small number of uncluttered slides.
- Create one slide displaying the three headings: Myth, Fact, Not sure / Needs discussion. Keep this visible during the sorting process.
- If using polls, set up a simple poll format in advance with response options: Myth / Fact / Not sure.
- If using breakout rooms, prepare a shared document or slide where groups can move statements or add markers (e.g., ticks or comments). Test editing permissions.
- Set up breakout rooms in advance (3-5 participants per group).

### Step 1: Create psychological safety

- Begin by reading the facilitator preamble aloud.
- Provide a brief wellbeing reminder.
- Reinforce that this activity is reflective, not a test of knowledge. There is no expectation that everyone will agree.
- Remind participants to focus on ideas rather than individuals, and that choosing not to share verbally is always okay.

### Step 2: Introduce the sorting process.

- Share your screen and explain the three headings:
  - Myth
  - Fact
  - Not sure / Needs discussion
- Keep instructions simple and practical.

### Step 3: Sorting statements

- Share the first statement on screen.
- If using polls:
  - Launch the poll (Myth / Fact / Not sure).
  - Display results without commentary at first.
- If not using polls:
  - Invite participants to type M (myth), F (fact), or NS (not sure) in the chat.
  - Alternatively, use reaction icons if pre-assigned.
  - After responses are visible, invite 1–2 volunteers to briefly explain their thinking.
- Prompt with:
  - *What makes this feel like a myth or a fact?*
  - *Where might this belief come from?*
- Repeat the process for each statement.
- If using breakout rooms (for larger groups):
  - Place participants into rooms of 3–5.
  - Ask each group to sort the statements together in a shared document or slide.
  - Encourage discussion about uncertainty or differing perspectives, rather than rushing to agreement.

### Step 4: Whole-group reflection and discussion

- Bring participants back to the main room (if breakout rooms were used).
- Invite groups to share one or two statements that generated the most discussion or disagreement.
- Guide reflection using prompts such as:
  - *Why do you think this idea is common?*
  - *How could this belief influence noticing, interpreting, or responding to possible indicators of harm?*
  - *How might cultural assumptions or dominant norms shape this belief?*
- As facilitator, gently clarify key facts where needed, while keeping the tone reflective rather than corrective.

### Step 5: Closing reflection

- Invite participants to respond in chat or reflect privately: *Which myth do you think has the biggest impact on child safety practice in our setting?*
- Close by reinforcing that unexamined beliefs can shape everyday decisions in subtle ways. Reflecting together supports more consistent, child-centred, and culturally aware practice.



## Activity cards: Myths and facts

These cards<sup>1</sup> are designed to be printed and handed out to participants. During the activity, participants work together to place each statement into the category that best fits their understanding, such as *Myth*, *Fact*, or *Not sure / needs discussion*.

The purpose of these cards is to prompt reflection and discussion, not to test knowledge or assess individuals.

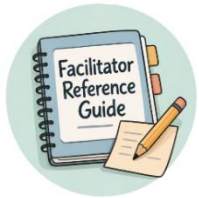
<p>Card 1 Children sometimes make up stories about sexual abuse.</p>	<p>Card 2 Children's disclosures about abuse should be taken seriously.</p>	<p>Card 3 If a child didn't say "no" or try to stop the abuse, they are partly responsible.</p>
<p>Card 4 Children are never to blame for abuse.</p>	<p>Card 5 Children invite sexual abuse by acting seductively.</p>	<p>Card 6 No child wants or invites abuse.</p>
<p>Card 7 Children can misinterpret situations and wrongly accuse adults of sexual abuse.</p>	<p>Card 8 Children's evidence is important and should be trusted.</p>	<p>Card 9 Children aren't affected by domestic violence if they don't see it happen.</p>

<sup>1</sup> Note. Myth and fact statements are adapted from the Australian Children's Education and Care Quality Authority (2025), *Protective behaviours: Challenging myths about child abuse and sexual abuse to children with facts*. [https://www.acecqa.gov.au/sites/default/files/2025-06/CSG\\_Tools\\_ProtectiveBehaviours\\_ChallengingMythsAboutChildAbuseAndSexualAbuseToChildrenWithFacts\\_0.pdf](https://www.acecqa.gov.au/sites/default/files/2025-06/CSG_Tools_ProtectiveBehaviours_ChallengingMythsAboutChildAbuseAndSexualAbuseToChildrenWithFacts_0.pdf)

<p>Card 10 Children can be affected by domestic violence even if they don't directly witness it.</p>	<p>Card 11 If a child retracts their statement, it means they were lying.</p>	<p>Card 12 Children may retract disclosures due to fear, pressure, or lack of support.</p>
<p>Card 13 Parents are responsible if their child is sexually abused.</p>	<p>Card 14 The person who caused the harm is always responsible.</p>	<p>Card 15 Sexual abuse cannot happen in education and care services.</p>
<p>Card 16 Abuse can happen anywhere, including in education and care settings.</p>	<p>Card 17 Strangers pose the greatest risk to children</p>	<p>Card 18 Most perpetrators are known to the child.</p>
<p>Card 19 People who abuse their own children are not a risk to other children.</p>	<p>Card 20 People who abuse children may pose a risk to other children.</p>	<p>Card 21 Child abuse only happens in poor or disadvantaged families.</p>
<p>Card 22 Child abuse can happen in any family.</p>	<p>Card 23 Some children enjoy sexual attention from adults and are not harmed by it.</p>	<p>Card 24 Sexual abuse is always harmful to children.</p>

<p>Card 25 Child abuse may be acceptable in some cultures.</p>	<p>Card 26 Child abuse is illegal and harmful across Australia, regardless of culture.</p>	<p>Card 27 If child abuse is reported, the child will automatically be removed from their family.</p>
<p>Card 28 Reporting abuse aims to protect the child and support safety.</p>	<p>Card 29 Sexual abuse is not harmful; the reaction to it causes the harm.</p>	<p>Card 30 Sexual abuse causes harm to children.</p>
<p>Card 31 Children are safe online and cannot be abused through digital spaces.</p>	<p>Card 32 Children can be abused online.</p>	<p>Card 33 Some children who have been abused may not appear distressed and may act warmly towards the person who harmed them.</p>
<p>Card 34 Sexual abuse does not always leave physical signs.</p>	<p>Card 35 Children who have experienced abuse may show changes in behaviour, emotions, or relationships.</p>	<p>Card 36 Perpetrators often abuse children because they have access and opportunity.</p>

<p>Card 37 Children may only feel safe to disclose abuse later, such as after family changes.</p>	<p>Card 38 There is a strong link between domestic violence and higher rates of child sexual</p>	<p>Card 39 Children may show harmful or concerning sexual behaviours towards other children.</p>
<p>Card 40 Risk of abuse may be higher in families experiencing violence, neglect, harsh discipline, or exposure to pornography.</p>		



## Facilitator reference guide: myths and facts

The table below provides an answer for each statement as a myth or a fact. These are the correct based on current child safety research and national guidance. The purpose of sharing this information is not to test participants, but to support accurate understanding, challenge harmful assumptions, and reinforce consistent, child-centred practice. Facilitators are encouraged to allow discussion first, then use this reference to gently clarify facts and address misconceptions as needed.


Card #	Statement summary	Myth or Fact	Key facilitation notes / learning points
1	Children make up stories about sexual abuse	Myth	False disclosures are rare; disbelief is a major barrier to protection
2	Children’s disclosures should be taken seriously	Fact	Taking disclosures seriously does not mean investigating. It means listening, believing, supporting and taking appropriate action by reporting the concerns
3	Children are partly to blame if they didn’t say no	Myth	Children cannot consent; responsibility never sits with the child
4	Children are never to blame for abuse	Fact	Reinforces child-centred, protective framing

5	Children invite abuse by acting seductively	Myth	Sexualised behaviour is a sign of need. Responsibility never sits with the child
6	No child wants or invites abuse	Fact	Important for challenging victim-blaming language
7	Children wrongly accuse adults of abuse	Myth	This belief often leads to minimisation of concerns. False disclosures are rare
8	Children’s evidence should be trusted	Fact	Evidence may be partial or delayed, but still valid. Children should always be believed and supported
9	Children aren’t affected by violence they don’t see	Myth	Exposure includes hearing, sensing, and living with fear which can have serious and long-lasting impacts on a child
10	Children can be affected even if they don’t see violence	Fact	Supports broader understanding of harm
11	Retraction of a disclosure means a child was lying	Myth	Retraction often relates to fear, pressure, or loyalty
12	Children may retract a disclosure due to fear or pressure	Fact	Reinforces need for calm, supportive responses
13	Parents are responsible for sexual abuse	Myth	Responsibility lies solely with the perpetrator
14	The person who caused harm is always responsible	Fact	Important for non-blaming practice with families

15	Abuse can't happen in education and care services	Myth	Institutions are not immune to risk
16	Abuse can happen anywhere	Fact	Reinforces need for protective practices in services
17	Strangers are the greatest risk	Myth	This myth can delay recognition of real risk. Abuse most often is perpetrated by someone the child knows or trusts.
18	Most perpetrators are known to the child	Fact	Abuse most often is perpetrated by someone the child knows or trusts
19	Abusing one's own child doesn't mean risk to others	Myth	Perpetrators may pose broader risk
20	People who abuse children may harm other children	Fact	Relevant for reportable conduct discussions
21	Abuse only occurs in poor families	Myth	Abuse can occur in all socio-economic communities. Socioeconomic stereotypes reduce protection
22	Abuse can happen in any family	Fact	Reinforces that child abuse and neglect doesn't discriminate.
23	Some children enjoy sexual attention from adults	Myth	Sexual abuse is always harmful

24	Sexual abuse is always harmful	Fact	Harm may not be immediately visible however sexual abuse is always harmful
25	Abuse is acceptable in some cultures	Myth	Abuse is illegal and harmful across Australia regardless of culture
26	Abuse is illegal regardless of culture	Fact	Abuse is illegal and harmful across Australia regardless of culture
27	Reporting means child removal	Myth	Reporting aims to assess and protect children from harm
28	Reporting aims to protect children	Fact	Helps reduce fear of reporting
29	Sexual abuse isn't harmful, reactions cause harm	Myth	Minimises the impact of abuse. Sexual abuse is always harmful
30	Sexual abuse causes harm to children	Fact	Harm can be physical, emotional, behavioural, developmental, relational or environmental
31	Children can't be abused online	Myth	Online environments carry real risk. Abuse can occur online or offline.
32	Children can be abused online	Fact	Important for modern child-safe practice
33	Abused children may not appear distressed	Fact	Behaviour and lack of visible distress does not equal absence of harm

34	Sexual abuse may leave no physical signs	Fact	Lack of physical injury does not mean lack of abuse or lack of harm
35	Abuse may show as behaviour changes	Fact	Supports noticing patterns over time
36	Access and opportunity enable abuse	Fact	Links to institutional safeguarding
37	Disclosure may happen much later	Fact	Reinforces patience and belief
38	Domestic violence increases risk of sexual abuse	Fact	Highlights intersection of harms
39	Children may show harmful sexual behaviours	Fact	Signals need for support, not punishment
40	Risk may be higher in families with violence/neglect	Fact	Encourages holistic, contextual understanding

<b>Activity 2: Building a child-safe culture</b>	
<b>Objective</b>	<p>This activity supports participants to reflect on how signs of harm might feel from a child’s perspective, building empathy, and emotional understanding.</p> <p>It helps participants to:</p> <ul style="list-style-type: none"> <li>• Understand how children may communicate distress without words.</li> <li>• Reflect on how age and development shape behaviour.</li> <li>• Practise interpreting behaviour as communication.</li> </ul>
<b>Time</b>	30 – 45 minutes
<b>Format</b>	
<b>Materials needed</b>	<ul style="list-style-type: none"> <li>• Statement cards: common myth-based statements</li> </ul>



## Activity plan

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### Facilitator preamble

*“Challenging myths doesn’t mean correcting people or creating conflict. Often, it’s about pausing, asking thoughtful questions, and bringing the focus back to children’s safety. This activity is about how we respond, not about winning an argument.”*

### Remind participants:

- This activity focuses on language and approach, not on confronting or correcting others.
- Respectful relationships and psychological safety matter.
- There are many ways to speak up, and silence can sometimes feel safer.
- Participants can listen or observe if role play feels uncomfortable.

### Step 1: Identifying common statements (5-10 minutes)

- Share a small selection of common myth-based statements that might be heard in education and care settings.
- Invite participants to notice their *first internal reaction* to hearing these statements, without responding yet.

### Step 2: Introducing a simple response framework (5 minutes)

- Explain that gently challenging myths often involves three small steps:
  1. Pause and acknowledge - noticing the comment without judgement.
  2. Ask a reflective question - inviting thinking rather than debate.
  3. Reframe with a child-centred lens - bringing the focus back to safety.
- Reassure participants that responses can be brief and imperfect.

**Step 3: Practice through role play or paired reflection (15-20 minutes)**

- In pairs, ask participants to choose one statement and practise a response using the three steps.
- Participants may:
  - Role play the conversation, or
  - Talk through what they *might* say, without acting it out.

**Step 4: Sharing strategies (5-10 minutes)**

- Bring the group back together and invite participants to share:
  - A phrase that felt respectful and realistic.
  - A question that helped shift the conversation.
  - Something they noticed about how tone affected the interaction.
- Capture useful phrases on a board or screen if helpful.

**Step 5: Closing reflection**

- Invite participants to reflect silently or aloud: *"One way I could gently question a myth while maintaining trust is..."*

**Facilitator tips**

- Normalise that people may not respond well in the moment, and that's okay.
- Redirect if discussion moves into debating facts rather than practising approach.



## Online adaptation (MS Teams or Zoom)

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This activity can be delivered online using shared slides, chat responses, and breakout rooms. The purpose remains the same: to support participants to practise respectful, role-appropriate ways to question or challenge myths about child abuse and neglect, while maintaining trust and professional relationships.

### Platform Preparation (before the session)

- Prepare 3-5 common myth-based statements on separate slides. Keep wording realistic and grounded in everyday workplace language.
- Create one slide outlining the simple three-step response framework: Pause and acknowledge, ask a reflective question, reframe with a child-centred lens.
- Prepare a shared slide or document where helpful phrases can be captured during whole-group reflection.
- Set up breakout rooms in advance (2-3 participants per group).

### Step 1: Create psychological safety

- Begin by reading the facilitator preamble aloud.
- Provide a brief wellbeing reminder.
- Reinforce that this activity is about how we respond, not about correcting others, debating facts, or proving a point.
- Remind participants that role play is optional. Listening, reflecting, or contributing via chat are all valid ways to participate.

### Step 2: Identifying common statements

- Share the first myth-based statement on screen.
- Invite participants to pause quietly for 10-15 seconds and notice their internal reaction.
- You might say: *"Just notice what comes up for you. There's no need to respond yet."*
- Optionally invite a short chat response:
  - One word describing your first reaction.
  - Or an emoji that captures how it lands.

- Keep this brief and low pressure.

### Step 3: Introduce the response framework

- Share the slide outlining the three-step approach:
  - Pause and acknowledge – notice the comment without judgement.
  - Ask a reflective question – invite thinking rather than debate.
  - Reframe with a child-centred lens – bring the focus back to safety.
- Briefly model a short example response. Keep it simple and realistic.
- Reassure participants that responses do not need to be perfect. Short, calm comments can be enough to shift a conversation.

### Step 4: Breakout room practice

- Place participants into breakout rooms of two or three.
- Ask each group to choose one statement and practise a response using the three steps. Participants may:
  - Role play the conversation, or
  - Talk through what they might say without acting it out
- Display prompts on screen before sending them out:
  - *What might you say first?*
  - *What question could invite reflection?*
  - *How can you keep the tone calm and respectful?*
- Encourage groups to focus on tone and approach rather than “winning” the conversation.

### Step 5: Whole-group sharing and reflection

- Bring participants back to the main room.
- Invite volunteers to share:
  - A phrase that felt respectful and realistic.
  - A question that helped shift the conversation.
  - Something they noticed about how tone influenced the interaction.
- Capture helpful phrases live in the chat or on a shared slide to build a collective language bank.

### Step 6: Closing reflection

- Invite participants to complete in chat or privately: *“One way I could gently question a myth while maintaining trust is...”*

- Close by reinforcing that gently questioning myths is about strengthening child safety while preserving professional relationships. Small, thoughtful responses can shift culture over time.




## Statement cards: common myth-based statements

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These statements are provided as examples for use in this activity; facilitators are encouraged to adapt them or develop their own statements that reflect their service, context, or community, while keeping all examples de-identified.

The statements below are not intended to label individuals as holding “bad beliefs.” They reflect common assumptions that can influence decision-making. The purpose is to practise noticing and responding thoughtfully, not to judge.

- “Kids say things when they’re confused. It doesn’t always mean something happened.”
- “That family has been here for years. I just can’t see them doing something like that.”
- “If it was really serious, the child would have said something sooner.”
- “He didn’t seem upset, so I don’t think it affected him that much.”
- “We don’t want to jump to conclusions and make things worse for the family.”
- “She’s very affectionate with adults. That’s just her personality.”
- “It’s probably just a phase. Kids go through lots of stages.”
- “If something was happening, there would be marks or signs.”
- “They’re good kids from a good family.”
- “The child changed their story, so it’s hard to know what’s true.”
- “It happened outside the service, so there’s not much we can do.”
- “We don’t want to cause trouble for a colleague without being sure.”
- “It’s a cultural thing. That’s just how some families are.”
- “The child didn’t say no, so maybe they didn’t mind.”
- “Reporting usually just leads to kids being taken away.”
- “If we report it, nothing will be done anyway.”
- “That kind of thing doesn’t happen in places like this.”
- “Online stuff isn’t really our responsibility.”
- “They seem fine now, so maybe it wasn’t that big a deal.”
- “We’ve never had issues like this before.”
- “Let’s wait and see if it happens again.”
- “They have behavioural difficulties so we can’t entirely trust what they say.”

<b>Activity 3: Reflecting and learning</b>	
<b>Objective</b>	This activity helps participants to reflect on how myths about child abuse and neglect can influence practice, and how learning from the training or Community of Practice has supported changes in understanding and confidence.
<b>Time</b>	20 minutes
<b>Format</b>	
<b>Materials needed</b>	<ul style="list-style-type: none"> <li>• None (optional: a few example myth statements to prompt thinking)</li> </ul>



## Activity plan

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### Facilitator preamble

*“Many ideas about child abuse and neglect are shaped over time, by culture, experience, and what we hear around us. This short activity is about noticing how our thinking may have shifted, and what has helped.”*

### Remind participants

- This is a reflective discussion, not a test.
- There is no expectation to share personal experiences.
- Different learning journeys are expected and respected.

### Step 1: Quiet reflection (2-3 minutes)

- Invite participants to think quietly about the following prompt:
  - *“Is there a belief or assumption about child abuse or neglect that you’ve realised may not be true, or that you now see differently?”*
- Let participants know they can reflect silently or jot down a few words if helpful.

### Step 2: Group discussion (5-6 minutes)

- Invite volunteers to share, using prompts such as:
  - *What helped shift your thinking?*
  - *Was it something from the training, a Community of Practice discussion, or experience over time?*
  - *How has this change in understanding affected how you notice concerns, respond, or seek guidance?*
- Keep the discussion general and practice-focused.

**Step 3: Practice link (1-2 minutes)**

- Close by asking:
  - *“How does letting go of this myth support safer, more child-centred practice?”*
- Briefly name shared themes, such as increased confidence, earlier action, or greater empathy.

**Step 4: Closing (1 minute)**

- Invite participants to reflect quietly:
  - *“One belief I want to stay mindful of in my practice is...”*

**Facilitator tip**

Avoid correcting or reframing participants' reflections. The value of this activity is in recognising learning and growth, not identifying specific myths.





## Online adaptation (MS Teams or Zoom)

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This activity can be delivered online using shared slides, quiet reflection time, chat responses, and optional breakout pairs. The purpose remains the same: to support participants to reflect on how myths about child abuse and neglect can influence practice, and how learning from the training or Community of Practice has supported changes in understanding and confidence.

### Platform Preparation (before the session)

- Prepare one slide with the main reflection question.
- Prepare one slide with 2-3 follow-up prompts for whole-group discussion.
- Have a neutral holding slide ready for quiet reflection (e.g., “Quiet reflection - 2 minutes”).
- Decide in advance how participants can respond (chat, verbal, or both).

### Step 1: Create psychological safety

- Begin by reading the facilitator preamble aloud.
- Provide a brief wellbeing reminder.
- Remind participants that this is a reflective discussion rather than a test. Sharing personal experiences is not expected.
- Reinforce that listening, thinking, and responding in chat are all valid forms of participation.

### Step 2: Quiet reflection

- Share the reflection slide and read the prompt slowly: *“Is there a belief or assumption about child abuse or neglect that you’ve realised may not be true, or that you now see differently?”*
- Invite participants to take two to three minutes to reflect quietly. They may:
  - Write notes privately.
  - Sit in reflection without writing.
  - Or type a short response in chat (optional).
- Display the neutral reflection slide and allow silence. Avoid filling the space.
- Optional pair discussion: If appropriate, place participants into breakout pairs for 5 minutes.

- Before opening rooms, display prompts such as:
  - *What helped shift your thinking?*
  - *Was it something from the training, Community of Practice, or experience over time?*
  - *How has this shift affected your confidence or decision-making?*
- Encourage pairs to keep discussion general and practice-focused rather than sharing detailed personal stories.

### Step 3: Whole-group discussion

- Bring participants back to the main room.
- Invite volunteers to share verbally or in chat:
  - One belief that shifted.
  - What supported that shift.
  - How it has influenced their practice.
- Guide the conversation gently, keeping it focused on learning and growth rather than debate.

### Step 4: Practice link

- Ask: *“How does letting go of this myth support safer, more child-centred and culturally responsive practice?”*
- Capture key themes briefly on a shared slide or summarise verbally.

### Step 5: Closing reflection

- Invite participants to complete in chat or privately: *“One belief I want to stay mindful of in my practice is...”*