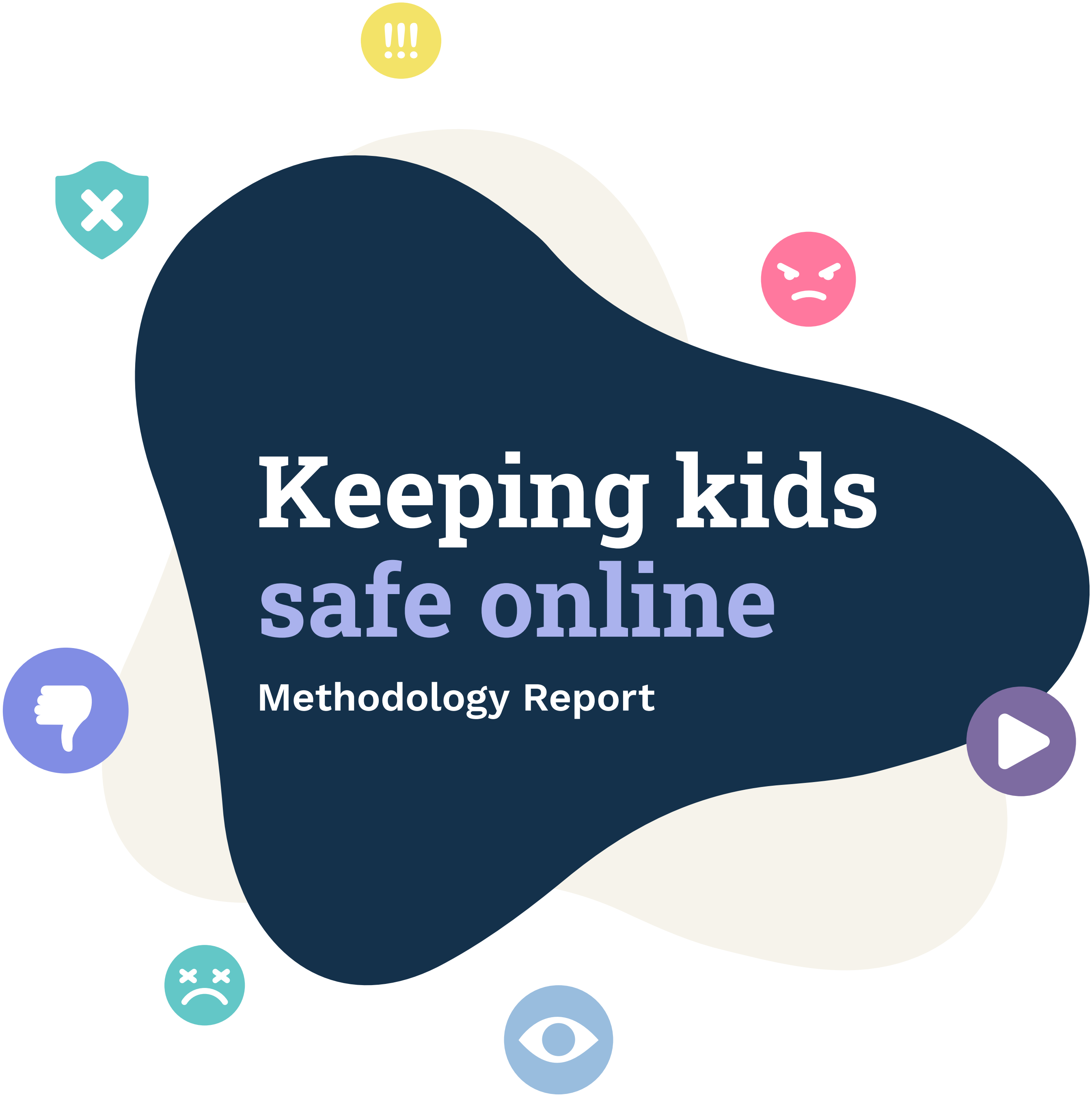
eSafetyresearch



Keeping kids safe online

Methodology Report

May 2025

Australian Government

eSafetyCommissioner

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Acknowledgement of Country

eSafety acknowledges all First Nations peoples for their continuing care of everything Country encompasses – land, waters and community. We pay our respects to First Nations peoples and to Elders past and present.

Acknowledgements

eSafety gratefully acknowledges the contributions of our academic collaborators on this research: Distinguished Professor Bronwyn Carlson, Dr Madi Day, Professor Jeff Hancock, Angela Lee, Dr. Sunny Xun Liu, Distinguished Professor Ben Mathews, Kailey Roche, Professor Michael Seto, Dr Anja Stevic and Professor Kerryann Walsh.

Introduction

This report outlines the methodology used for eSafety's *Keeping Kids Safe Online* research series. The research was conducted from December 2024 to February 2025 and comprised an online survey of children aged 10–17 and their parent/caregiver. Select findings will be published in a series of publications, including snapshots and reports.

The research aimed to build on our understanding of the online experiences and online participation of children in Australia, and to provide an updated evidence base to inform eSafety's online safety resource development, program implementation and regulatory responsibilities.

The research aimed to answer three key questions:

1. When and how does use of the internet (and associated online, digital and networked technologies) provide opportunities for children to benefit in diverse ways that contribute to their wellbeing?
2. When and how is use of the internet (and associated online, digital and networked technologies) problematic in children's lives – amplifying the risk of harms that may undermine their wellbeing?
3. How does the parent/caregiver–child relationship influence children's experience of the internet?

To answer these key research questions, the study set out to identify:

- how children living in Australia experience the internet (and associated online, digital and networked technologies)
- the opportunities and benefits of being online for children
- the prevalence, nature and impacts of online risks and harms experienced by children
- the safety and protective practices adopted by children when online
- how the lived experiences, attitudes and knowledge of parents/caregivers impact their digital parenting practices
- how parents/caregivers perceive children's online experiences
- how parents/caregivers mediate in children's use of the internet (and associated online, digital and networked technologies)

- the safety and protective practices adopted by parents/caregivers to regulate children's use of the internet (and associated online, digital and networked technologies).

A total of 3,454 children aged 10–17 years and their parent or caregiver living in Australia were included in the survey. One child and one parent/caregiver per household completed the survey. Two weeks after completion of the core survey, children were recontacted and asked additional questions, with 2,302 children included in the recontact survey.

Ethical considerations

Various steps were taken to address ethical considerations during project development and recruitment. This project was submitted as part of the Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS) ethics committee approval process. Ethics approval for the project was received on 18 June 2024.

eSafety collaborated with Distinguished Professor Bronwyn Carlson and Dr Madi Day of Macquarie University's Department of Critical Indigenous Studies to review the methodology and survey instrument and to ensure that questions were worded in a culturally sensitive manner.

eSafety took several steps to reduce the risk of harm to participants by ensuring that their best interests were served and that the research conducted provided for their safety, emotional and psychological security, and wellbeing (National Health and Medical Research Council, 2018).

Informed consent to participate in the research was obtained from the parents/caregivers and children by providing participants with information about the kinds of questions they would be asked and by explaining the potential risks of participating. Participants were also informed that the research was completely voluntary and that they could opt out at any time. Additionally, participants had the option of not answering potentially sensitive questions in the survey (e.g. questions on sexuality, online grooming-type behaviour, online sexual harassment and nude image sharing). Help-seeking/self-support information was made available to participants throughout the survey, and more detailed help-seeking/self-support information was provided to all participants after survey completion.

The study

The study had three components: a 15-minute parent/caregiver survey, a 20-minute child core survey and a 10-minute child recontact survey. Topics included in each survey were as follows:

Parent/caregiver survey

- child and parent/caregiver demographics
- awareness of child's online participation and activities
- awareness of and response to child's negative online experiences
- experiences of digital parenting, including sharing online safety information, parental use of technical mediation, restrictions on their child's online activities or platforms.

Child core survey

- demographics
- online participation and activities
- perceived benefits of being online
- negative online experiences (e.g. cyberbullying, non-consensual tracking, monitoring and harassment, online grooming-type behaviour, online sexual harassment and content associated with harm)
- potentially risky online activities
- strategies that children employ to stay safe online.

Child recontact survey

- encounters with online hate
- negative online experiences within sporting contexts
- nude image sharing (including image-based abuse and sexual extortion)
- algorithmic literacy.

The survey instrument was cognitively tested across two rounds with 15 parents/caregivers and 25 children aged between 10 and 17 years and from different socio-economic backgrounds to ensure the questions and response categories made sense, were not ambiguous and were developmentally appropriate.

The survey instrument was also reviewed by three schoolteachers for their expertise in literacy and comprehension, as well as by academics with relevant subject-matter expertise (including online child sexual exploitation and abuse, children and social media, and algorithmic literacy).

To reduce respondent fatigue, follow-up questions about the characteristics of, responses to and impacts of negative online experiences were asked only for one type of experience per participant in all three surveys.

Some questions and specific response options were asked only of children aged 13–17 – for example, where cognitive testing indicated that younger children may not understand the questions/options, or where they related to more complex concepts such as sexuality. Where applicable, this is indicated in footnotes or in the base descriptions accompanying figures and tables.

Survey sample

To ensure data quality, the survey dataset was cleaned to remove speeders (participants who completed the survey too quickly), flatliners (participants who selected the same answer to many questions), suspected bots, participants who had nonsense or repeated answers to open-ended questions and children who completed the recontact survey whose demographic data did not match the child demographics provided in the core survey. Participants who indicated that their parent/caregiver completed either the core or recontact survey for them were also removed. As a result, a total of 3,454 children aged 10–17 years and their parent/caregiver living in Australia were included in the core survey. From this core sample, 2,302 children who had given consent to be recontacted were included in the recontact survey.

Participants were recruited from non-probability-based online panel providers (Octopus Group & Pure Profile). Children were recruited via their parents/caregivers. To provide a sample that is nationally representative in terms of key demographics, quotas were placed on gender, age, state/territory, Socio-Economic Indexes for Areas (SEIFA), location, Aboriginal and/or Torres Strait Islander identity, and linguistic diversity. Population statistics were sourced from comparable population estimates for children aged 10–17 published by the Australian Bureau of Statistics.

Weighting was applied to the core sample, to correct for minor deviations from the quota targets, including the oversampling of participants who were Aboriginal or Torres Strait Islander. Weighting was also applied to the recontact sample, again to correct for minor deviations from the quota targets, including those caused by non-response to the recontact survey (see Table 1).

Table 1 shows the quota demographics of children who were included in the survey, before and after weighting was applied.

Table 1: Child participants: Quota demographics[1]

		Core survey sample (%) (unweighted)	Core survey sample (*n*)	Recontact sample (%) (unweighted)	Recontact sample (*n*)	Final weighted samples (%)
Gender	Boys	50	1,739	50	1,149	50
	Girls	47	1,632	48	1,095	48
	Trans and gender diverse[2]	2	83	3	58	2
Age[3]	10 –11	26	892	26	610	26
	12 –13	26	883	26	591	26
	14 –15	25	854	25	574	25
	16 – 17	24	825	23	527	24
State	NSW	31	1,060	29	661	32
	VIC	25	875	26	601	25
	QLD	21	732	21	485	22
	WA	11	377	11	255	11
	SA	7	237	8	175	7
	ACT, TAS, NT	5	173	5	125	5
Location	Major cities	71	2,450	70	1,603	71
	Regional and remote areas	29	1,004	30	699	29
SEIFA[4]	IRSAD Quintile 1[5]	14	473	14	314	15
	IRSAD Quintile 2	15	526	15	336	16
	IRSAD Quintile 3	20	697	22	498	20
	IRSAD Quintile 4	22	743	22	516	21
	IRSAD Quintile 5	29	1,015	28	638	27
First Nations	Aboriginal and/or Torres Strait Islander	9	318	9	197	6
Child language	Child speaks a language other than English at home	16	539	14	328	18

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[1] Percentages may not sum to 100 due to rounding.

[2] 'Trans and gender diverse' includes participants who identified as 'trans girl', 'trans boy', 'non-binary', 'brotherboy', 'sistergirl', 'another gender' or 'questioning' their gender.

[3] Age when the core survey was conducted.

[4] The Socio-Economic Indexes for Areas (SEIFA) is a product developed by the Australian Bureau of Statistics that ranks areas in Australia according to relative socio-economic advantage and disadvantage.

[5] The Index of Relative Socio-economic Advantage and Disadvantage (IRSAD) summarises information about the economic and social conditions of people and households within an area. A low score indicates relatively greater disadvantage and a lack of advantage in general. A high score indicates a relative lack of disadvantage and greater advantage in general.

Table 2 shows additional demographics of children who were included in the survey.

Table 2: Child participants: Additional demographics

		Core survey sample (%) (unweighted)	Core survey sample (*n*)	Recontact sample (%) (unweighted)	Recontact sample (*n*)	Final weighted samples (%)
Sexual orientation	Sexually diverse[6]	8	169	8	115	8
Language background	Non-English speaking background[7]	21	742	20	461	23
Disability/ diagnosis	With disability					
	Neurodivergence	20	677	20	453	19
	Mental health	10	349	10	232	10
	Cognitive/ intellectual	1	30	1	19	1
	Behavioural	3	104	3	70	3
	Physical	1	26	1	13	1
	Sensory	1	25	1	20	1
	Chronic disease[8]	1	25	1	18	1
	Other[9]	1	20	<1	10	1
Total sample			**3,454**		**2,302**	

Most demographic information provided in Table 1 was provided by parents and caregivers. All children were given the option to answer questions about their gender. Children aged 13–17 were also given the option to answer questions about their sexuality.

Nine in 10 children aged 10–17 chose to share their gender identity (92%: *n*=3,161 in the core survey / *n*=2,122 in the recontact survey). Where a child declined to provide their gender identity, the gender provided by their

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[6] 'Sexually diverse' includes participants who identified their sexual orientation as 'gay or lesbian', 'bisexual', 'queer', 'asexual', 'pansexual' or that they are 'still working it out'. Sexuality was asked only of children aged 13–17.

[7] Child and/or their parent(s)/caregiver(s) speaks a language other than English at home.

[8] Coded from responses describing another disability or diagnosis.

[9] A different disability or diagnosis that has lasted (or is likely to last) for at least six months.

parent/caregiver is reported. Where the gender provided by the parent/caregiver and child differed, the gender provided by the child is reported. Among the *n*=3,377 children who chose to share their gender (in the core and/or recontact survey), *n*=70 (2%) provided a gender that differed from the gender provided by their parent or caregiver. Specifically, *n*=15 (0.4%) said they were a boy but their parent said they were a girl (these children were classified as boys), and *n*=17 (0.5%) said they were a girl but their parent said they were a boy (these children were classified as girls). In addition, *n*=37 (1.1%) provided a non-cis gender, when their parent said they were a boy or a girl (these children were classified as non-cis gender).

More than 8 in 10 children aged 13–17 (85%: *n*=1,803) chose to share their sexuality in the core survey. (This was not asked again in the recontact.) Among these children, 8% identified as sexually diverse.

Analysis

Octopus Group hosted the survey, collected and cleaned the survey data, and provided eSafety with raw data. eSafety further checked, cleaned and analysed the data using SPSS Statistics and Q software.

Apparent differences between subgroups of children and parents/caregivers who participated in the survey – such as between girls, boys and trans and gender-diverse children – were tested for statistical significance using Q Research Software and were reported on only when the difference was statistically significant.

Differences between subgroups were only analysed when each group included at least 50 participants. While a sample size of *n*=50 can be used for comparative analysis, this is a relatively small sample size. This means that relatively large percentage point differences need to be observed in order to be statistically significant. As such, an absence of statistically significant differences in the data wouldn’t necessarily mean there are no differences in the population (i.e. significance testing may produce false negatives due to inadequate power).

In addition, for subgroups with small sample sizes, percentages observed in the data may vary considerably from the true percentages in the population.

In cases where only a subset of participants were asked a question, the results may have been ‘re-based’ on all participants, to provide an accurate incidence of behaviours or experiences. Each table and figure included in the reports includes a description of the base used for analysis purposes.

Limitations

- The findings from this research are reliant on cross-sectional self-reported data. This means that the data are based on children's and parent/caregivers' experiences and perceptions as they have shared them with us at one point in time, rather than being based on independent observation or assessment. Related to this, if children have become used to experiencing or witnessing negative behaviours and content online, they may not recognise negative and potentially harmful behaviours as problematic, which could lead to underreporting.
- The survey sample was sourced from online panels of people who have agreed to be invited to participate in online research on a variety of topics. Technically, these are convenience samples. 'Non-probability-based sampling' means that not everyone has an equal chance of being selected to participate in the research. Results may be subject to a range of biases when compared with results from research using probability-based sampling. Although quotas and survey weights were used to control for demographic skews, it is difficult to control for psychographic skews arising from differential approaches to participation attraction.
- Although survey response items were presented in a randomised order, self-report surveys can be subject to social desirability biases. This means that participants may answer survey items in a manner they think is socially desirable or acceptable, as opposed to providing a true reflection of their attitudes or experiences. For example, if children knew that they weren't allowed to talk to strangers online, they may have indicated falsely on the survey that they don't do this.
- Almost 1 in 5 (*n*=667, 19%) children surveyed said that their parent or caregiver helped them to understand or fill in the core survey, but that they chose the answers. This was more common among those aged 10–12 (33%) compared with those aged 13–17 (7–13%). Slightly fewer children surveyed said that their parent or caregiver helped them to understand or fill in the recontact survey (*n*=287, 13%). This was again more common among those aged 10–12 (24%) compared with those aged 13–17 (1–7%). This may have also contributed to underreporting on the survey if children were trying to hide online activities or experiences from their parent or caregiver.

- Although the survey was developed through cognitive testing with children, with significant attention paid to ensuring that the language and concepts used were developmentally appropriate, almost 1 in 10 children surveyed said that they found the core survey (n=307, 9%) or recontact survey (n=168, 7%) either quite difficult or very difficult.

Note to the reader

Percentages in data tables and figures may not sum to 100% due to rounding or to question formats that allowed multiple answers to be given.

Reference

National Health and Medical Research Council. (2018). *National Statement on Ethical Conduct in Human Research* (2007, updated 2018). Australian Government.

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