

“We just want a sleepover”: Exploring Young People’s Perceptions of Institutional Responses to Child Sexual Exploitation in Residential Care

Submitted by

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- This written piece of work does not exceed the word length as required by this degree.
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- This research was supported by the award of a Research Training Program scholarship to me as the PhD candidate.
- This research was supported by a stipend funded by the University of Sydney School of Education and Social Work.
- This research was embedded within and supported by the Australian Research Council funded 'DICE Project'.
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Nina Melander

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Abstract

This PhD research is a critical examination of institutional responses to young people in residential care who have experienced or been exposed to child sexual exploitation (CSE) in NSW, Australia. Grounded in a feminist and child rights framework, the research presented in this thesis explores young people in residential care's perceptions of how front-line professionals, including police, respond to them. Further, the research has examined the current nature of responses to young people at risk of CSE through interviews with NSW police officers. It is argued that systemic factors within the out-of-home-care system, including institutional constraint, systemic neglect, stigmatisation and criminalisation contribute to risk of CSE for young people in care. Drawing on qualitative interviews with young people and police officers, the research has reconceptualised traditional push and pull models of CSE by centring young people's voices. A heuristic model, "The Predatory Pathway" is proposed that suggests that young people's unmet needs for agency, connection, and belonging in residential care are leveraged by perpetrators to exploit them. Through this reconceptualisation, the thesis challenges victim-blaming narratives and calls for systemic reform within the child protection and law enforcement systems, toward more trauma-informed and rights-based approaches that prioritise young people's voices to better support their safety and wellbeing.

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Chapter One

1.1 Introduction

The Royal Commission into Institutional Responses to Child Sexual Abuse (2017) (the “Royal Commission”) was a monumental period in Australia’s child protection history. The damning findings highlighted not only how insidious the problem of child sexual abuse (CSA) was, but also the many systemic failures that had allowed it to become so widespread within various institutions, including churches, schools, youth detention facilities, sporting clubs and the out-of-home-care (OOHC) system (Royal Commission, 2017). The Royal Commission (2017b, 2017c) heard testimony from over 16,000 victims-survivors¹ of CSA. Many people who had been removed from their families and placed into residential institutions, had a long-standing history of being subjected to CSA whilst in care. Further, the Royal Commission also found that the contemporary OOHC system continued to place children and young people at risk of CSA, and of relevance to this research, child sexual exploitation (CSE), a distinct form of CSA (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017b).

The findings suggested that young people living in statutory residential care were at significant risk of CSE, particularly by adult men from outside of the residential care unit. (Royal Commission (2017b) Additionally, the prevalence of CSE was raised as a concern by the Royal Commission (2017) as it was identified that despite only making up 7% of total children in OOHC, children and young people in residential care made up 33% of reports of CSA to statutory child protection bodies, with the vast majority of incidents suspected to be CSE (Australian Institute of Health and Welfare, 2021; Royal Commission, 2017). Furthermore, structural issues within the OOHC system relating to the high turnover of staff and reliance on a casual workforce were found to contribute toward risk of CSE, and deficiencies in staff training, poor skill mix, and experience and a lack of supervision further compounded this risk (Royal Commission, 2017b). Similarly, research that has engaged

¹ Victims-survivors is the terminology used in this thesis to refer to people, including children and young people who have experienced varying forms of violence, abuse and neglect, including child sexual exploitation. Victims-survivors is used to recognise the ongoing harm caused by all forms of abuse, violence and child sexual exploitation while also recognising resilience, strength and resistance of those who have experienced it. Further, it recognises the personal preference for individuals to use one or both terms.

directly with children and young people about CSE in international contexts has also highlighted that structural issues within care contexts such as placement instability, environments that leave unmet emotional need, and rigid rules and regulations contribute toward CSE risk (Dierkhising et al. 2020; Pereda et al., 2022)

The Royal Commission (2017) made a total of 409 recommendations, which included a recommendation for the implementation of a coordinated, multi-disciplinary strategy to address CSE. The strategy included identifying and disrupting activities that indicated risk of CSE, such as frequent instances of young people going missing, as well as supporting agencies to encourage young people to assist in the investigation and prosecution of CSE offences (Royal Commission, 2017). It was also recommended that all state and territory governments adopt a nationally consistent definition of CSE, however despite all state and territory governments supporting the recommendations in principle, their adoption has been slow, and Australia is yet to adopt a consistent definition of CSE (Hallett, 2025).

Responding to these recommendations, the **DI**rupting Child Sexual Exploitation (DICE) Project emerged, a tri-state action research project aimed at disrupting the high rates of CSE within Australia's OOHC system. The DICE project explored the implementation of three primary elements of an enhanced CSE response: trauma-informed disruptive policing; multi-agency working; and attention to children and young people going missing from residential care because of CSE. Embedded within the DICE project, this PhD research explored the perceptions of young people in residential care and the perceptions of NSW police officers about institutional responses to CSE. This was due to the dearth of research available that directly engages with young people in residential care who have experienced or been exposed² to CSE within the Australian context. Also, police were included in this research because they play a key role in responding to CSE. However, little has been known about the nature of their practice in this area (Hallett, 2023). This study makes a unique contribution to knowledge about the current institutional responses to CSE within the

² The terms *experienced* and *exposed* are both used in this thesis, acknowledging that not all young people who participated in this research had directly experienced CSE. Exposed is used to describe situations in which young people were either directly or indirectly exposed to CSE while in care. Experienced is used when a young person specifically made a disclosure about CSE, or as appropriate when referring to literature on the issue. This is explained further in Chapter Five.

Australian context through the inclusion of both young people and serving NSW police officers.

My involvement in this study stemmed from my interest in addressing CSA and CSE of which I saw the long-term effects in my social work practice. Through my practice as a social worker in mental health and domestic violence, it became clear to me that many of the adults with whom I was working had childhood experiences of CSA and CSE and had suffered long-term and devastating consequences. My interest in improving responses to CSE for children in residential care was also driven by my experience of working with adults who had exited the OOHC system, only to face accumulating forms of marginalisation and unmet need. Therefore, seeing the long-term consequences of CSA and CSE unaddressed and in some instances worsened by inadequate care systems led to an interest in addressing these issues earlier in children and young people, which I believed could be achieved through research.

It is hoped that this research can lead to improved early prevention efforts and institutional responses to CSE by amplifying the voices of young people in residential care who have historically been marginalised. Research that has been undertaken involving young people at risk of CSE has In taking a child rights perspective, it is argued that improved institutional responses to CSE can only be achieved through direct consultation with children or young people who have lived experience of or exposure to CSE. In addition, the perspectives shared by police provide valuable insight into their perceptions of current police responses to CSE and provide useful comparative data for the insights shared by young people.

1.2 Research Questions

This thesis explores the perceptions of young people in residential care about institutional responses to CSE. Further, it examines the current nature of police responses to CSE by addressing two primary research questions: how do young people who have been exposed to, or directly experienced CSE in residential care describe being responded to by professionals? As well as: how do NSW Police describe their interactions with and responses to children and young people in care and at risk of CSE?

Professional perspectives on institutional responses were examined through interviews with police, while interviews with young people examined their experiences of institutional responses to CSE from a broader range of professionals, including but not limited to police.

The subsidiary questions that are addressed are:

- What can young people in care tell us about risk and protective factors relating to child sexual exploitation?
- How do NSW police officers understand CSE?

As professionals are asked to engage in evidence-based practice, this research, underpinned by a feminist and child rights approach seeks to contribute toward the development of a body of knowledge that better understands the lived experience of children and young people in OOHC who are at risk of CSE to improve institutional responses. Additionally, this research seeks to critically reflect upon the current nature of responses to CSE and contribute toward the existing literature by examining police practice in this area.

1.3 Children and Young People in Out-of-Home-Care

Children and young people in OOHC and specifically residential care are some of the most vulnerable to CSE and therefore are the focus of this research (Laird et al., 2023). Within the Australian context, OOHC refers to long-term overnight care for children and young people under the age of 18 years old who are unable to remain with their parents due to safety concerns, which is overseen by a state or territory child protection body. In NSW, the location of this research, the statutory child protection body is the Department of Communities and Justice (DCJ). In NSW, there are approximately 14,000 children or young people in OOHC (Talbot, 2024).

Further, Aboriginal and Torres Strait Islander children, the First Nations people and their descendants who inhabited this land before British colonisation, continue to be profoundly over-represented in OOHC, making up 45% of the population of children in care (Talbot, 2024). The ongoing over-representation of Aboriginal and Torres Strait Islander children in OOHC is representative of a shameful and ongoing legacy of colonisation, represented in racist assimilation policies throughout the early 20th century, whereby Aboriginal and Torres Strait Islander children were placed within institutions, fostered or

adopted by non-Aboriginal families resulting in severed cultural, family and spiritual ties across several generations (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2025). Aboriginal and Torres Strait Islander people, including children, continue to be met with intersecting forms of oppression and racism, including poorer health outcomes and over-representation in the criminal justice system (Aboriginal Legal Service, 2023).

Although most children in OOHC are placed into relative/kinship care or foster care, approximately 5% (904) are placed in residential care, or Independent Therapeutic Care (ITC) as it is now known (Talbot, 2024). Terminology for residential care was recently shifted to ITC which is described by the Department of Communities and Justice (DCJ) to be a more specialised and trauma-informed model of care. Trauma-informed care refers to principles of care aimed at better supporting children and young people to recover from trauma and address their therapeutic needs (Department of Communities and Justice, 2017). Further, it recognises the possibility that children or young people may have histories of trauma, whether they present themselves as victims-survivors of such trauma or not and this requires that practitioners be aware of the possibility of individual and collective trauma histories (Knight, 2015). This is important as children in residential care have often suffered multiple and intersecting forms of unresolved trauma that can have a significant impact on developmental, social, emotional and behavioural functioning (Quadara, 2016; MacKillop Family Services, 2020).

1.4 Risk and Vulnerability in Care

Children who have been placed in residential care are often described as some of the most vulnerable within the OOHC system, not only because of their histories of trauma, but also because of the structural conditions that can compound this vulnerability. Many have past experiences of severe adversity that may include CSA or CSE, physical abuse, emotional abuse, and/or neglect (Quadara, 2016). These compounding experiences of abuse and neglect can result in cumulative harm and trauma that has particularly devastating impacts on wellbeing (De Vries & Goggin, 2018; MacKillop Family Services, 2020). As a result, they may have complex support needs, including mental health issues and intellectual or learning disabilities, and are often positioned as some of the most vulnerable, disadvantaged, and “challenging” young people in the OOHC system (Bath, 2008; Moore et al., 2017).

However, research has increasingly demonstrated that structural conditions within residential care environments such as placement, high turnover of staff, lack of emotional safety also contribute toward young people’s vulnerability to CSE (Gatwiri et al., 2020; Pereda et al., 2022). Likewise, research that has directly engaged with young people about CSE has identified that structural factors such as inconsistent relationships with staff, lack of emotional support and inadequate protection increase their sense of marginalisation which in turn increases risk of CSE (Dierkhising et al., 2020; Eyal-Lubling et al., 2024).

Mythen and Weston (2023) in examining concepts of “risk” and “vulnerability” in the context of CSE argue that the two concepts are often conflated and applied in ways that focus narrowly on individual behaviours, which can obscure the broader social and structural factors that shape young people’s exposure to exploitation. This critique aligns with Brown’s (2019) argument that vulnerability should not be reduced to individual risk factors but understood as emerging through the interaction of individual experiences, situational dynamics, and structural inequalities over time, because focusing solely on individual risk can pathologise young people and divert attention from the systemic conditions that produce vulnerability and shape pathways into CSE.

It is therefore important to acknowledge that young people in residential care are at a heightened risk of CSE not only because of their trauma histories and complex individual needs, but also due to broader structural factors within the OOHC system that may increase their exposure to conditions that place them at risk.

1.3 Naming and Framing Child Sexual Exploitation

Although there is growing recognition that CSE is a critical issue of concern for children and young people, particularly those involved in OOHC, efforts to understand and respond to the problem have been stymied by the lack of a consistent conceptual framework or definition of CSE (Beckett & Walker, 2017; Gatwiri et al., 2020; Hallett, 2017; Laird et al., 2023). As Gatwiri et al. (2020) argue, this conceptual inconsistency has impeded prevalence research, prevention efforts, and the development of evidence-based responses to CSE. Despite this, there are some frequently referenced terms used across the literature that have been used to refer to a similar phenomenon including child or youth prostitution, sex trafficking, survival sex and commercial sexual exploitation (Laird et al., 2023). Some of these terms, including “child” or “youth prostitution” reflect historical narratives whereby the

abusive nature of CSE was masked and blame was placed onto victims-survivors (Laird et al., 2023). These historical narratives have impeded responses to CSE, as it is only recently that the truly abusive nature of CSE has been recognised in literature, policy and practice. Although “child prostitution” was raised as an issue of concern during the 19th and 20th centuries, it was not conceptualised as a form of CSA and the focus was more so on the “deviance” of the child (Hallett, 2017).

Mathews and Collin-Vezina, (2019) argued that having a more universal conceptual framework is essential for prevention efforts in the CSA space and therefore lack of consistent conceptual framework for CSE has impeded prevalence research, prevention efforts and the development of evidence-based responses. Despite this, there is consensus across the literature that CSE is a form of CSA that impacts both girls and boys, can involve a single or multiple perpetrators, and can take multiple forms. Further, several scholars agree that CSE involves a process of exchange, whereby a child or young person, receives something they need or value in exchange for sexual activity (Beckett, 2011; Hallett, 2017, Laird et al., 2023). Importantly these needs can be tangible items such as gifts, money, or drugs as well as intangible things such as perceived affection, status, a sense of value or love as well as fear of the perpetrator (Laird et al., 2023).

One of the earliest and most influential models of CSE was created by Barnardos in the United Kingdom, whose “puppet on a string” model proposed different pathways through which perpetrators groom and exploit children and young people (van Meeuwen et al., 1998). The “puppet on a string” model, was highly influential in early conceptualisations of CSE and offered five categories through which perpetrators were able to groom and exploit children and young people, which is explored further in Chapter Three.

Van de Vijver and Harvey, (2019) further expanded conceptualisations of CSE by highlighting how perpetrators exploit the social and emotional vulnerabilities of young people and groom them into the belief that they are at least in part, willing participants and decision-makers who are consenting to sexual contact (Van de Vijver & Harvey, 2019). Hallett (2017) similarly observed that conceptualisations of CSE that focus too narrowly on grooming casts the experiences of young people into one category of victimisation, that in turn has the potential to overlook and silence experiences of young people who do not fit into this category. Likewise, Beckett and Pearce (2019, p. 30) argued that conceptualisations that

rely on an idealised child victim profile, conflating victimhood with passivity, have potential to ostracise victims-survivors who do not fit within this category and are perceived to be “making lifestyle choices” “prostituting themselves” and “putting themselves at risk”. Therefore, Beckett and Pearce (2019) proposed that for victims-survivors of CSE, while there is often a degree of agency and choice being made, it is usually in situations of severe constraint, outside of a young person’s making.

Alongside these critiques, Hallett (2017, 2025) has further argued for greater attention to forms of CSE that centre on perpetrator gain, shifting focus away from what young people are perceived to receive and toward the benefits received by perpetrators. This form of CSE centres on the sexual, material, or social gains obtained by perpetrators, including money, substances, and control (Hallett, 2025). This may involve instances whereby a perpetrator, including a trusted adult or family member may facilitate the exploitation of a young person by others for their own social or financial benefit (Hallett, 2025).

Most recently, Laird et al. (2023, p. 475) in recognising the significant gap presented by the lack of conceptual framework for CSE proposed a definition of CSE made up of four key components: 1. A child or young person, 2. sexual acts, 3. abuse of power and 4. exploitation (the process of abuse and exchange). Further, they described CSE as a form of sexual violence, perpetrated by individuals or groups that take advantage of power to coerce or deceive a young person into sexual activity (Laird et al., 2023, p. 475). This can occur either in person or online in exchange for either tangible or intangible things that the young person needs and to the economic or social benefit of the perpetrator (Laird et al., 2023, p. 475).

As mentioned above, CSE can also overlap with digital or online forms of exploitation, involving the coerced production of child sexual abuse material (CSAM), that can involve no physical contact at all but still cause serious and long-lasting harm for victims-survivors (Sunde & Sunde, 2021). Digital forms of CSE, including coerced self-production of CSAM and “sextortion” represent one of the fastest growing issues in the prevention of CSA and CSE. Online forms of CSE are of significant concern as they allow perpetrators to access children in ways that were previously not possible (Ringenberg et al., 2022; Sunde & Sunde, 2021). As a result, significant attention has been paid to addressing the use of online and digital platforms by perpetrators who access and groom children and young people into CSA and CSE (Kloess et al., 2014). The use of online platforms to access and groom children and

young people can take multiple forms. In some cases, perpetrators make initial contact with children or young people online in order to then meet up with them in person, and in other cases children are groomed and exploited online, without ever meeting the perpetrator in person (Sunde & Sunde, 2021).

It is well-known that online platforms offer an easily accessible avenue through which perpetrators can initially contact children and young people which in turn can lead to them being groomed to meet up in person (Sunde & Sunde, 2021). Another area of concern is the use of online platforms to coerce children or young people to self-produce CSAM. This is a form of online exploitation that has gained increasing attention of late, with Bloxsom (2024) identifying five forms of coerced self-produced CSAM: solicitation, peer-sexting, viral challenge, sextortion, and financial coercion. The solicitation form, whereby an adult requests or coerces a child or young person into self-producing CSAM features within the vignette-case-study used in this research (Bloxsom, 2024).

1.4 Prevalence

Given the significant conceptual challenges discussed above there is relatively limited prevalence data available on CSE with Cameron et al., (2015) writing that most prevalence data on CSE sits under the broader term of CSA. Considering this, The Australian Child Maltreatment Study, the first to deliver population-level data on the prevalence of CSA, found that 28.5% of adults reported a childhood experience of CSA (Mathews et al., 2023). Furthermore, they also found that CSA is a gendered issue, with girls experiencing double the rate of boys at 37.3% and 18.8% respectively (Mathews et al., 2023). This gendered disparity was consistent with previous prevalence studies estimating that across the globe between 15-20% of girls and 5-10% of boys experience CSA by the age of 18 (Mathews et al., 2017). Of further significance, were findings that CSA was rarely a one-off incident with 78% of those experiencing CSA in childhood reporting that it happened more than once, in some instances over 50 times (Haslam et al., 2023). The gendered nature of CSA was further cemented in that perpetrators of CSA were most often adult men or male peers (Haslam et al., 2023).

Despite the lack of national level prevalence data on CSE, Laird et al. (2020) estimate that 5% of the general population have experienced a form of CSE. Further to this, global data available on online forms of CSE suggests it has increased rapidly, with the Australian Centre to Counter Child Exploitation (ACCCE, 2024) receiving 40,232 reports of online CSE

in 2022-2023, compared to 11,000 reports in 2015 (McKibbin, 2017). Importantly, it has also been increasingly recognised that children and young people engaged in statutory OOHC, particularly residential care, are at a heightened risk of CSE (Commission for Children and Young People, 2015; MacKillop Family Services, 2020). MacKillop Family Services (2020) estimated that up to 43% of young people living in residential care in Australia had experienced CSE. More recently, the Victorian Commissioner for Children and Young people released data that identified 165 children involved in 423 incidents of CSE in residential care reported to the commission in under a 2-year period (Commission for Children and Young People, 2023).

This is consistent with the global data that is available, which suggests that children engaged in child protection services are at a higher risk of CSE (Alderson et al., 2022). For example Pearce (2011), drawing from a qualitative study on young people in the United Kingdom, found that 9% of young people considered “vulnerable” such as those in residential care, or disengaged from family, were at risk of CSE. Further, Beckett et al., (2013) in reviewing risk assessments for children in OOHC ascertained that CSE was flagged as a “concern” for 14% of children. Further, it is believed that approximately 63% of CSA experienced by young people living in residential care takes the form of CSE (Commission for Children and Young People, 2015). The problem of CSE in residential care is particularly insidious given that children in residential care are some of the most vulnerable, having often experienced significant trauma prior to entering care, including CSA, physical abuse and neglect, the impacts of which can be profound (MacKillop Family Services, 2020).

1.5 Impacts

The long-term impacts of both CSA and CSE are undeniable, although due to conceptual challenges, the impacts of CSE as a distinct form of CSA are less well understood. Despite this, the Royal Commission (2017b) found that the impacts of CSA can be multiplicitous and complex. While not all survivors report long-standing effects, others report severe effects on multiple areas of their lives, including but not limited to interpersonal relationships, mental health, sexual identity, connection to culture, spirituality and religious involvement, education and employment (Royal Commission, 2017b). In addition, victims-survivors of CSA experience higher rates of mood disorders, including major depression and post-traumatic stress disorders as well as other psychiatric symptoms including delusions and hallucinations (Collin-Vezina et al, 2013; Deblinger et al. 2017). Turner and Colburn (2022)

also wrote that past experiences of child maltreatment, particularly CSA was a significant risk indicator for suicidal ideation, self-harm and suicide attempts in young people.

In addition to psychological impacts, victims-survivors of CSA may experience educational disruption, increased risk of homelessness, and involvement in the criminal justice systems (Jonzon & Lindblad, 2006). There is also evidence suggesting that CSA may be linked to long-term physical health issues, including but not limited to chronic pain, gastrointestinal disorders, and cardiovascular disease (Irish et al., 2010). Further, victims-survivors of CSA are at greater risk of developing behavioural challenges, including harmful sexual behaviour as well as at risk sexual behaviours (Collin-Vezina et al., 2013). Additionally, there is significant evidence to suggest that victims-survivors of CSA are more likely to experience violence in their romantic relationships (Vezina & Herbet, 2007). This is of concern given that Laird et al. (2020) found that the biggest risk factor for CSE is past experiences of CSA, highlighting the cumulative harm that victims-survivors of CSE are likely to have experienced.

The available literature on the impact of CSE as a distinct form of CSA has identified that it can cause significant long-term harm to victims-survivors (Cole et al., 2016). Van de Vijver and Harvey, (2019) in reference to Browne and Finkelhor's (1986) theorising on the traumatic effects of CSA, wrote that there are similarities in the harms experienced by victims-survivors of both CSA and CSE, including shame, marginalisation and powerlessness. Further, they found CSE may disrupt children's self-concept and capacity to trust adults to help them and keep them safe (Van de Vijver & Harvey, 2019). Gilligan (2015) in a qualitative study with girls who had experienced CSE found that it had profoundly negative impacts on them, with many of the participants fearing for their lives, even after police had been involved. Cole et al. (2016) also found that young people who had experienced CSE had significant trauma symptoms, higher rates of involvement in juvenile justice and greater functional impairments compared to young people who had experienced other forms of CSA. Earlier research into harms caused by so-called "child prostitution" a term that has historically been used to describe CSE, also found that it caused significant psychological harm and complex trauma (Graham & Wish, 1994; Chase & Statham, 2005). Another systemic review on the impacts of "sex trafficking" and CSE found that it had profound and long-term consequences for children and young people, including disruption to education that can have long-term repercussions, including lowered educational attainment as

well as cognitive and language difficulties (Rafferty, 2008). Other consequences identified by Rafferty (2008) include impacts on physical and emotional health and wellbeing as well as behavioural difficulties, mistrust of adults and anti-social behaviours (Rafferty, 2008). The trauma associated with CSE is further compounded by the fact that victims-survivors of CSE are more likely to have had prior experiences of CSA resulting in a form of cumulative harm that can be particularly detrimental to their wellbeing (De Vries & Goggin, 2018).

Cumulative harm can have particularly devastating consequences and is a major concern for young people at risk of CSE in residential care (Laird et al., 2020; Bath., 2015). This is due to the evidence that young people who have experienced CSE while in residential care are likely to have trauma histories associated with not only their pre-care experiences, such as CSA, experiences of domestic violence, physical abuse and neglect but also to have trauma associated with experiences of CSE (Cole et al.; Laird et al., 2020). Evidence suggests that cumulative harm can increase vulnerability to further experiences of maltreatment, violence and abuse (Bromfield et al., 2007). Further, exposure to multiple forms of child maltreatment can lead to even poorer mental health outcomes, as well as impede victims-survivors' capacity to engage with services and to trust adults (Scott et al., 2023).

Evidently, children and young people living in residential care are at a heightened risk of CSE, an issue that is further compounded by past histories of trauma and intersecting forms of marginalisation. Despite this, understandings of CSE and knowledge of best-practice responses to it are largely underdeveloped, particularly within the Australian context (Hallett, 2025). This research aims to build knowledge on improving institutional responses to CSE by amplifying the voices of young people who have either experienced or been exposed to it while in residential care. Additionally, insights shared by police will provide valuable context on the current nature of law enforcement responses to CSE in the Australian state and police jurisdiction in NSW.

1.6 Children and Young People's Perceptions

The available research that engages directly with children and young people, particularly those in OOHC, highlights the multiple factors that increase their vulnerability and exposure to CSE within care (Hallett, 2016, 2017; Pereda et al., 2022). Hallett (2016, 2017) shows that young people frame CSE in terms of exchanges connected to unmet social, emotional, and material needs, and describe strategies they use to navigate CSE, manage risk,

and seek protection or connection, reflecting agency within constrained circumstances shaped by structural factors such as unstable care placements, systemic marginalisation, and other intersecting inequalities. Young people who have experienced CSE also describe how structural conditions within care, including restrictions on their right to exercise agency and choice, unstable placements, and under-trained staff, create conditions that increase their vulnerability (Dierkhising et al., 2020; Pereda et al., 2022). They report running away from placements, a known risk factor for CSE or disengaging from formal services in response to unsafe, punitive, or unstable care conditions, which in turn can increase their exposure to exploitation (Dierkhising et al., 2020; Pereda et al., 2022).

Brown (2019) also highlighted how young people exercise agency and resistance within severely constrained circumstances. Her work with victims-survivors of CSE demonstrated that decisions about engagement with or avoidance of formal help networks, or decisions about survival in contexts of experiencing CSE are meaningful acts of agency, even when adults perceive these behaviours as risky or ‘problem’ behaviour (Brown, 2019). Eyal-Lubling et al. (2024) similarly illustrated this in the context of help-seeking, finding that young people carefully evaluate which formal or informal supports are trustworthy and safe, often prioritising informal networks over professionals when institutional responses are perceived as judgmental or ineffective. Reed et al. (2019) and Munala et al. (2023) further highlight the relational pathways into CSE, showing how coercion, manipulation, and survival strategies intersect with structural disadvantages such as poverty, family instability, and systemic marginalisation.

Pereda et al. (2022) provide direct insight from young people in residential care, showing that they understand CSE and the conditions that increase their exposure to it. Young people explain running away and other survival strategies as ways of managing unsafe or unstable care environments, limited agency, and unmet emotional needs. These accounts demonstrate that young people actively interpret risk and exercise agency within constrained circumstances (Pereda et al., 2022). Taken together, these insights shared by young people highlight how risk of CSE cannot be framed as a purely individual vulnerability, but also occurring within complex, often constraining structural conditions that exacerbate risk. Further, these perspectives highlight the importance of centring young people’s voices in research, policy and practice responses to CSE.

1.7 Methodology

This research is underpinned by ideas from feminist theories and child rights frameworks aimed at highlighting the voices of marginalised children and young people, to better understand institutional responses to them. As such, this enquiry employs a qualitative approach using semi-structured interviews with two groups of participants. Firstly, semi-structured interviews were conducted with 10 young people aged between 16-19 years who were currently or had previously lived in a residential care setting for a period of 3 months or longer. In-depth, semi-structured interviews with flexible anchor points rather than a set inflexible interview schedule were used to encourage participants to share their thoughts, feelings, and ideas, giving power to their lived experience that aligns with feminist and child's rights epistemologies (Gray, 2009).

In exploring the young people's perceptions of CSE, a case-study vignette was used to allow the young person to have control over the information that they chose to share. It provided space for them to discuss CSE without needing to make any personal disclosures, which was an important ethical consideration as having direct experience of CSE was not required for participating in the study. In addition, this research involved the participation of 13 currently serving NSW police officers who were asked to discuss their interactions with, and responses to children and young people in residential care, as well as their perceptions of responses to CSE. Police officers had a wide range of experience working with young people in residential care at risk of CSE, some had extensive experience, and others had less experience. Therefore, the same vignette case-study was also shared with the police participants as a prompt for exploration of their knowledge of the problem, as well their responses to it. This allowed for a deeper understanding of the current nature of responses to CSE, while also contextualising the accounts provided by the young people. Further, existing research indicates that police responses play a critical role in shaping how children and young people affected by CSE are identified, categorised, and supported, with law enforcement practice influencing whether young people are treated as victims or as offenders, and the types of protection or services made available to them (Mitchell et al., 2010, Pereda et al., 2022).

1.8 Structure of the Thesis

Following this introduction chapter, the next chapter provides an overview of the theoretical underpinnings of the study. In particular, the contribution of ideas from feminist scholarship toward current understandings and responses to CSE and other forms of CSA are discussed. Further, the chapter also discusses the application of a child rights framework for preventing and responding to different forms of child maltreatment including CSA and CSE.

Chapter Three of the thesis explores the current nature of responses to CSE in OOHC, including responses to young people missing from care and disruptive policing. This includes an exploration of the conceptual emergence of CSE as a unique form of CSA, as well as a discussion of the policy backdrop, including child protection legislation and reforms to New South Wales's (the location of this study) OOHC system in recent times.

Chapter Three discusses the methodological approach used for this study and explains the theoretical, ethical and epistemological underpinnings of the enquiry as well as the methods used. Further, reflections on my own positionality as a researcher and the role of co-reflexivity are discussed, as are the limitations of the study.

Chapter Five is a short chapter that introduces the reader to the participants from the study. Firstly, the young people participants are introduced and what is known about their background in care and the way that they identify themselves is shared. Then, the police participants are introduced, including their policing experience.

Chapter Six is the first of the findings chapters and discusses more broadly the responses that young people described receiving from professionals. This chapter provides useful contextual information, that creates a deeper understanding of the context in which responses to CSE occurs.

Chapter Seven is the chapter that discusses the findings relating to CSE from young people. The findings from this chapter refer to the findings from Chapter Six about the impact of stigma and marginalisation and how this intersects with risk for CSE. Further, the young people's insights on why young people in residential care are vulnerable to CSE, and their perspectives on how responses could be improved are outlined.

Chapter Eight is a brief findings chapter that explores what young people said about the importance of supportive care relationships as a protective factor to disrupt CSE.

Chapter Nine explores the findings from the police participants, this includes providing important contextual information about the current nature of responses to CSE and to young people in care more broadly. This also includes a discussion of their perceptions of and attitudes toward young people in care, broadly and in relation to CSE. Finally, it also includes a discussion of the challenges and barriers that police face in responding to CSE.

Chapter Ten synthesises the findings from both participant groups into a discussion about what is currently known about responses to CSE for young people in care. This includes a discussion of relevant literature on the issue. The findings are synthesised into a heuristic model, the ‘predatory pathway’ that reframes risk for CSE for young people in care through a systemic lens.

Chapter Eleven is the final concluding chapter of the thesis whereby implications for policy and practice are explored.

Chapter Two: Feminist and Child Rights Perspectives

2.1 Introduction

This chapter is the first of two literature review chapters and will provide an overview of the feminist and child rights literature pertaining to CSA and CSE and responses to children and young people at risk of harm. The following literature review chapter will address what is currently known about institutional responses and risk-factors relating to CSE within the Australian and international contexts. Feminist literature and research have made vast contributions towards shifting historically “private” issues such as child abuse into the public sphere and demanding social, political, and legal action on these issues (Phillips, 2015). Further, feminist and child rights perspectives were some of the first to privilege marginalised voices and allow space for the voices of women and children who have experienced harm to be heard. Feminist and child rights perspectives have also challenged dominant narratives relating to CSA and critiqued the ways in which it has historically been responded to, providing alternative frameworks that centre victims-survivors’ voices and experiences. These perspectives are key to the aims of this research which seeks to amplify the marginalised voices of children and young people in residential care who have experienced CSE and to improve institutional responses to CSE.

Feminist perspectives on CSA and CSE are varied, and multiple strands of feminist theorising may be employed at once (Gannon & Davies, 2014). This research has been influenced by multiple strands of feminist theorising, including from intersectional feminism, standpoint, and postmodern feminism. Despite ongoing debate about the application of feminism in practice, feminist frameworks often share the common goal of striving for social justice and equality for all oppressed groups (Phillips, 2023). The feminist and child right’s movements brought with them a tide of change relating to women and children’s subjugation within society. Starting with feminist theories, this chapter will provide a review of the literature relating to how feminist and child rights perspectives and research have propelled CSA and CSE into the public discourse and informed institutional responses. Feminist research was some of the first to theorise CSA and to bring this issue into the public and political sphere (Death, 2018). The following section will provide a review of key texts that lay foundations for current feminist theorising, research and practice on CSA and CSE.

As highlighted by Barrett Meyering (2022) the idea of gendered violence affecting children was first considered as an extension of the women’s refuge movement, where

children were provided with a safe space from men's violence. Feminist critiques of patriarchy, domestic violence, and sexual assault against women, allowed for issues that were historically private to be pushed into the public discourse, which in turn paved the way for the (re) discovery of CSA (Death, 2018; Gleeson & Jones, 2015). Firestone (1970) in her novel "The Dialectic of Sex" drew parallels between the oppression of women and children. Firestone (1970) argued that the oppression of both women and children was intertwined and linked to patriarchal structures such as the nuclear family.

Further, Firestone (1970) suggested that societal attitudes towards sex and power, directly contributed towards the victimisation and sexualisation of children and that the unequal power imbalances between children and adults was similar to that of men and women. Firestone's *The Dialectic of Sex* argued that the rights of children should be placed on the feminist agenda, and paved the way for further critical discourse about children's liberation and their rights to live a life free from violence and abuse (Barrett Meyering, 2022)

Rush's (1980) groundbreaking work "The Best Kept Secret: Sexual Abuse of Children" is recognised as one of the most early influential texts, which catapulted the abuse of children into public discourse. Rush (1980) firmly cemented the view that CSA is a product of gendered power and hence was a key issue for feminist researchers and theorists to examine and redress. Rush (1980), Kelly (1988) and earlier, Brownmiller (1975) all asserted that CSA was a form of sexual violence that took place within the context of other forms of gender-based violence. Kelly (1988), expanding on this idea, introduced the concept of a continuum of sexual violence that asserted that CSA takes place alongside other forms of gendered power and control.

Rush (1980) offered a focussed critique of the culture of silence and denial surrounding CSA that demanded attention from the public and policy makers toward addressing the issue. Importantly, Rush (1980) challenged the hegemony of psychoanalytical theories such as those put forward by Freud. Freud's (1899) infantile sexuality theory hypothesised that accounts of CSA were the result of subconscious sexual fantasies or unconscious desires of patients, and that associated symptoms of "hysteria" experienced by patients, particularly women, were a result of internal conflicts relating to their unacceptable primal desires (Azzopardi et al., 2017). These ideas, that had been dominant in public discourse across the early 20th century, were critiqued by Rush (1980) for allowing a culture of shame, blame and denial relating to CSA, that had permeated society for many years. Rush

argued that Freud's denial of CSA and its impacts, allowed for society to dismiss the prolific nature of CSA and deny its adverse impact on victims-survivors (Rush, 1996). Rush (1980) alongside other key theorists such as Butler (1978) argued for a shift away from victim-blaming and the culture of shame that had permeated public discourse, by arguing that perpetrators should be held to account for their actions. In shifting blame away from victims-survivors and on to perpetrators, feminists removed CSA from the private realm of individual pathology and acknowledged it as a social and political issue demanding action from governments and the courts (Swain, 2015). Despite the advocacy of early feminists who argued for a push toward a more politicised victims-survivors voice, victim-blaming narratives continued to permeate most responses to CSA (Death, 2018). The impact of these victim-blaming narratives extends to responses to CSE for young people in residential care, which is explored later in this chapter.

Rush (1980) also theorised on the CSA of boys, which she argued is a result of gendered power and control. Further, she wrote that men who abuse boys are present in every facet of society, but that boys who are abused are over-represented in lower-socioeconomic groups and ethnic minorities (Rush, 1980). Interestingly, Rush (1980) also wrote about the CSE of boys, many of whom she described as being abandoned, rejected or without friends and family and were procured for sex by offending men in exchange for money.

As mentioned, both Butler (1978) and Rush (1980) paved the way for theorising, research, and practice that was victims-survivor centred, acknowledging the value of lived experience and acknowledging the impact of abuse on victims-survivors' lives; an approach that continues to be key to feminist research and practice. Butler (1978) in "Conspiracy of Silence: The Trauma of Incest", examined the trauma of CSA on victims-survivors, by directly employing personal narrative and testimonies, an approach that was novel at the time but set a precedent for future feminists to do the same. Butler (1978) and Rush (1980) both contributed to the shift towards a politicised "survivor" ideology in public discourses on CSA, a shift that continues to be debated today (Death, 2018; Delker et al., 2020).

Early theorising on gender-based violence allowed for the prolific nature of CSA to be brought out of the shadows and into public consciousness in the late 1970s and early 1980s. This section has reviewed some of the key theorising by feminist researchers, academics and activists and highlighted how they facilitated CSA to be initially recognised as an issue requiring public attention and action. The following section will address some of the key

contributions and concepts put forward by feminist researchers, and review how they have shaped prevention and institutional responses to CSA.

2.2 Intersectional Feminist Perspectives

While early feminist theorising on CSA was pivotal in bringing it into the public consciousness, critiques of early feminist theorising by Black feminists were made regarding the lack of attendance to diversity and the invisibility of Black women (and therefore children) in the feminist movement. Hooks (1981) in her introduction to “Ain’t I a Woman”? critically exposed early feminist discourses of the time for conflating the oppression of “women” and “Blacks”, therefore passing over the overlapping oppressions faced by Black women. Crenshaw’s (1989) seminal work on intersectionality highlighted the plight of Black women in the workplace being not only marginalised due to their gender, but also due to their race and how the intersection of two overlapping identities resulted in unique experiences of oppression. Collins (1990), another key early theoriser on intersectionality, asserted that in working at the intersection of feminism and anti-racism, intersectionality allowed for a more robust understanding and perspective of how distinct groups may be affected by experiences of oppression and inequality.

Intersectionality has been increasingly applied within gendered violence and family violence literature, highlighting diverse identities and experiences of oppression faced by victims-survivors. However, the conceptualisation of an intersectional framework itself has been rife with debate relating to different analytical levels in which intersectionality is located and the relationship between different social divisions (Yuval-Davis, 2006). Yuval-Davis (2006) highlighted the inadequacy in analysing social divisions such as gender and race as separate sources of marginalisation, while simultaneously categorising the experience as homogenous; for example, the experience of being Black cannot be conflated with the experience of being of a low-socioeconomic class. Key to an intersectional perspective is the recognition that multiple categories of oppression reflect power relations at multiple levels (Damant et al., 2008). It is essential then for researchers to acknowledge such overlapping systems of oppression without denying the existence of difference and diversity to attend to the realities of people’s lives and the effects of intersectional oppressions (Damant et al., 2008; Yuval- Davis, 2006).

Further debates in the literature have historically centred on the applicability of an intersectional feminist lens to different marginalised groups and the multiplicity of identity

categories that intersectionality encompasses (Cho et al., 2013). However, in extending a feminist intersectional approach to children and young people, Gran et al. (2023) suggested that intersectionality provides a critical lens through which we can interrogate barriers to social change for children, who experience the same oppressions and divisions as adults but with the additional challenge of being young people and more vulnerable, and whose rights are often dictated by adults. Thomas et al. (2023) found that the application of an intersectional lens in child welfare literature has only emerged recently, however it may be used to expose inequalities in child protection policies and practices that may be influenced by intersecting factors such as ableism or racism.

Further, an emerging body of literature has highlighted the importance of applying an intersectional approach to research and practice with children and young people who are vulnerable or at risk of harm (Baird et al., 2021; Cage et al., 2018; Thomas et al., 2023). Baird et al. (2021) in employing an intersectional conceptual framework highlighted how gender roles, family, community, and political economy intersect with individual identity, experience of marginalised young people, and how they shape their capacity to exercise agency and respond to disadvantage. Adding to this perspective, Cage et al. in a discussion on the impact of intersecting identities such as race and gender on the educational outcomes of youth involved in child welfare wrote that: “Failing to critically examine and address the sociopolitical context and systemic inequities (related to race, gender, and class) framing their experiences can create and perpetuate deficit thinking that assumes students are the causes of the problems they face” (2018, p. 557).

Cage et al. (2018) highlighted how focussing on one aspect of individual identity is insufficient in child welfare practice or research, for example, in assessing educational attainment of young people involved in child welfare, they found that while gender or race separately do not predict difference in educational outcomes, the intersection of race and gender do (Cage et al., 2018). Nadan et al. (2015) also asserted the necessity of taking an intersectional perspective toward child welfare, finding that child maltreatment research and policy tends to focus on a single category of difference rather than recognising the intersections of multiple categories of division. This supports the idea that by recognising how intersecting identity categories can produce greater inequality, intersectionality places child maltreatment within broader historical, social, and cultural contexts and practices, therefore drawing focus away from the individual (Nadan et al., 2015).

Additional research applied an intersectional lens to interrogate the impact of gender, sexuality, and class on Black adolescents who had experienced CSE (Bernard, 2019). Acknowledging the over-representation of Black children and young people in the British out-of-home-care-system, Bernard (2019) employed a case-study example to demonstrate how an intersectional lens allows for a deeper interrogation of the ways in which cumulative adversities, alongside institutional racism and gendered power intersect to create a heightened vulnerability for young Black children and young people at risk of CSE. Importantly, this demonstrated that applying an intersectional lens to young people at risk of CSE, provides a more complete picture of the factors that contribute to their experience of CSE, and that allows for more nuanced and strength-based responses (Bernard, 2019). However, Sawrikar et al. (2020) found that sexual assault specific services were less likely to take an intersectional approach in addressing cultural needs of clients compared to other front-line social work services in Australia. Further to this, Powell et al. (2017) in applying an intersectional lens to reviewing legal and judicial perceptions of credibility in CSA trials, found that cultural narratives and stereotypes relating to gender, race, and age are reproduced in court room settings and can be used to undermine the credibility of child victims-survivors, while also upholding male privilege in a patriarchal system. These findings are of concern given that young people in residential care who have experienced CSE are likely to have experienced intersecting forms of oppression, as is discussed further below.

Applying an intersectional lens to children and young people in residential care is essential as they are likely to have experienced significant adversities in their lives, often due to intersecting systems of oppression and disadvantage (Bath, 2009; Moore et al., 2017). Gatwiri et al. (2021) in a scoping review of the literature on the needs of Aboriginal and Torres Strait Islander children and young people in residential care, asserted that employing an intersectional trauma-informed approach that acknowledges how the needs of Aboriginal and Torres Strait Islander children in care intersects with the systemic disadvantage and racism that affects them, their families and communities, is pivotal to protecting them from further harm. This is essential to the aims of this research given the significant over-representation of Aboriginal and Torres Strait Islander children and young people in OOHC and the history of racism, colonialism, and the impact of inter-generational trauma. Bywaters (2015), in drawing parallels with discourse on global health inequalities, argued that the child welfare system should be reframed to account for the social, economic, environmental, and political inequalities that directly impact on the children entering care. Within Australia's

OOHC system, children in care are more likely to have diverse physical, mental, and developmental needs, to have experienced significant early traumas and an increased likelihood of living in adverse socio-economic conditions (McLean et al., 2019).

2.3 Trauma Discourse

An understanding of the impact of trauma on individuals who have experienced CSA or CSE is now widely acknowledged as being a key component of best-practice responses. Further to this, “trauma-informed” frameworks are now widely adopted in Australian government and non-government services that work with children and young people in OOHC, including the ITC framework that now informs residential care services in NSW.

However, theorising on trauma particularly related to CSA has been marked by debate from both psycho-analytic and feminist researchers. Early bodies of research on trauma emerged in the late 19th century from the disciplines of psychiatry and psychology, first positing that symptoms of trauma and “hysteria” were caused by “shocking external events” including sexual violence (Kaplan, 2005). Freud’s later denounced “seduction theory” posited that women and children’s supposed “hysteria” and “neurosis” may be due to CSA (Freud, 1899). However, while trauma studies relating to workplace injuries and the impacts of war expanded throughout the mid-20th century, the understanding that domestic violence and sexual abuse victims-survivors may too be affected by trauma was a contested domain.

The “feminist psychology” movement, emerging in the later 20th century demanded that trauma arising from sexual violence and abuse be recognised as valid (Britt & Hammett, 2024). It contested the Diagnostic Services Manual-IV, the most widely utilised diagnostic tool, which defines trauma as “outside the range of usual human experience” (p. 424) arguing that traumatic stressors such as sexual violence, domestic violence and abuse against women and children were in fact very much within the norm of everyday human experience of women and girls (American Psychiatric Association, 1994; Brown & Gold, 2017, p. 501). This understanding, in conflict with more traditional conceptualisations of trauma such as those put forward by Horowitz (1986) and Figley (1985), who framed trauma through a lens that focussed on rare events such as war and combat, predominantly experienced by men, helped cement the impact that sexual violence and abuse has on victims-survivors.

Feminist psychologists have argued that trauma acts as an “instrument of social control” and that trauma derived from gendered violence is an “intended consequence of institutionalised forms of devaluation or discrimination that support hierarchies of power and

privilege in dominant culture” (Brown, 2017, p. 504). Further, theorising on trauma has also posited that people who experience trauma and are otherwise marginalised in society encounter compounding challenges in overcoming symptoms of post-traumatic stress, particularly if the trauma occurred in childhood, which is particularly problematic given that marginalised groups are more likely to experience trauma (Comas-Diaz et al., 2019; Felitti et al., 1998; Haslam et al., 2023). Such ideas, put forward by feminist psychologists and psychiatrists, have helped transform dominant discourse relating to the impacts of CSA by highlighting the significant trauma that it and other forms of child maltreatment can have on individuals, particularly when they are experiencing intersecting vulnerabilities, such as being in OOHC.

Brown (2017) observed that much early research in the field of trauma relating to interpersonal violence and abuse was undertaken by feminist researchers, outside of the constraints of the field of psychology and psychiatry that devalued non empirical or qualitative research at the time. However, some early feminist scholars emerging from within the historically androcentric disciplines of psychology and psychiatry, such as Irigaray (1985a, 1985b) and Fouque (1995) made vast contributions to the knowledge base on trauma conceived by sexual abuse and interpersonal violence (Courtois, 1988, Herman, 1992). Herman, (1992), a psychoanalyst, in her work on early childhood traumas made groundbreaking contributions to the knowledge base relating to trauma associated with CSA (Whittier, 2016).

Herman’s (1992) work on trauma has been highly influential to the ways in which both policy makers and the public have come to understand the complex impact of CSA on victims-survivors (Brown, 2017). Herman demanded attention to the impact of CSA on victims-survivors, and especially in her work at the Cambridge Victims of Crime Program, recognised that theorising on post-traumatic stress disorder (PTSD) had not to date adequately accounted for the experience of victims-survivors of repeated and prolonged forms of trauma in childhood. Accordingly, Herman (1992) first posited the term “complex post-traumatic stress disorder” (CPTSD) that specifically accounted for levels of distress, and relational challenges experienced by victims-survivors of childhood trauma. Herman’s (1992) theorising included the assertion that victims-survivors of CSA may have fragmented or dissociated memories relating to their trauma, that may present as denial, or inconsistent accounts of their abuse. These ideas have supported a shift in public understandings of and belief in victims-survivors of CSA, as they account for the complex ways in which

individuals may navigate their own experience of trauma. Herman's (1992) theorising on CPTSD is particularly relevant to the experiences of children in residential care, many of whom have had multiple experiences of trauma prior to entering care that are compounded by experiences of CSE (Beckett et al., 2013).

Despite Herman's (1992) theorising on CPTSD being widely accepted across the field of trauma studies, the validity of the concept continues to be subject to debate (Brown, 2017). Herman's conceptualisation of trauma victims having repressed or disassociated memories has been challenged by psychological researchers who argue that traumatic, particularly violent, memories of abuse will always be remembered (McNally, 2022; Suleiman, 2008). Scepticism as to the validity of repressed memories has directly affected social and legal responses to children and young people who have been subject to CSA and CSE (Bottoms et al., 2009). Walker (2017) explained that the backlash against the concept of repressed or disassociated memories amongst survivors of CSA has propelled a view that these memories are false and placed responsibility or blame on therapists for biasing the accounts of victims. Contrary to this, Zaleski (2016) links key concepts from Herman's trauma theory, including the impact of trauma on memory with current scientific knowledge from the field of neuroscience, clearly cementing the validity of Herman's theoretical framework and illustrating the pivotal impact that her ideas have had on contemporary understandings of and treatment responses to trauma.

Importantly, in adopting a feminist underpinning to theorising trauma, Herman (1992) and other feminists such as Courtois and Ford (2012) asserted the importance of accounting for the social contexts and power structures that affect victims-survivors of trauma and influence the ways in which they make sense of their experiences. Brown (2017) wrote that a feminist approach to trauma practice supports victims-survivors to understand the ways in which their experience occurred within the context of gendered social hierarchies and power relations. Overall, public perceptions and socio-legal responses to children and young people who have trauma associated with CSA or CSE have been informed by the vast contributions of feminist theorising on the issue (Brown, 2017, Walker, 2017).

Trauma-informed responses are now widely accepted as best-practice in work with children and young people who have experienced CSA, CSE or other forms of violence, abuse, or neglect. Further, trauma-informed responses are key to the increased recognition of CSE as a form of abuse rather than a choice of the young person, as trauma related responses

such as disengagement from services, and running away can be better understood as trauma-related responses to unmet emotional needs, experiences of harm, and attempts to regain safety, autonomy or connection, rather than indicators of deviance or culpability (Herman, 1992; Beckett et al., 2013; Dierkhising et al., 2020; Pereda et al., 2022).

Child protection services in NSW are now largely informed by trauma-informed models of care and practice frameworks (Department of Communities and Justice, 2024). Children and young people in residential care are likely to have experienced trauma, abuse or neglect prior to entering care and Cole et al., (2016) found that young people who have experienced CSE report higher incidences of trauma and associated symptoms, including dissociation (Roe-Sepowitz, 2012). Further, as will be explored further in Chapter Three, residential care in NSW has shifted toward a therapeutic, trauma-informed model of care, reflecting the need to address the complex trauma histories of children and young people in care and at risk of CSE.

2.4 The Interplay of Power

One of the most significant contributions that feminist theorising has made to more widespread understandings of CSA and CSE is the influence of gendered power structures. As is the case with sexual violence against adults, CSA is shaped by power and gender inequality (Whittier, 2016). Early theorists such as Firestone (1970), Rush, (1980), Brownmiller, (1978) and Harding (Herman, 1992) made the common argument, that CSA is a direct result of patriarchal structures that promote men's domination and power over women and children. Feminist researchers argue that the fact that girls are more likely to be victims than boys, and perpetrators more likely to be men than women clearly reflect that is a result of gendered power structures (Whittier, 2016). This was also reflected in the findings from the Australian Child Maltreatment Study whereby girls were found to experience double the rate of CSA than boys, with adult or adolescent men more likely to be the perpetrators (Matthews et al., 2023). This is consistent with findings on lifetime prevalence of sexual assault, whereby the vast majority (97%) of offenders are men (Australian Institute of Health and Welfare, 2020) Despite this, there are still high numbers of boys who experience both CSA and CSE, further there is evidence that CSA against boys may be under-reported and that they may be less likely to disclose experiences of CSA due to stigma and shame (Gagnier & Collin-Vezina, 2016).

It has long been argued that the “traditional” patriarchal family structure that reinforced gender roles has contributed towards CSA by placing women and children in subservient positions to men, in particular girls, who are doubly vulnerable due to both their gender and age. Collin-Vezina (2015) found that that gendered power structures influence the capacity for children to disclose their abuse. Children that are abused within families where there are rigid gender roles that perpetuate power imbalances between men and women are less likely to disclose their abuse during childhood (Collin-Vezina et al., 2015; Fontes & Plummer, 2010). Further, traditional constructs of masculinity may decrease the likelihood of men and boys disclosing CSA (Death et al., 2021). While these findings are grounded in CSA research, they have clear relevance for CSE, where in addition to gender other power dynamics such as unmet emotional need and structural constraint within care can influence young people’s capacity to seek help and disclose CSE.

Cossins (2000) in her power/powerlessness theory provided a useful framework through which men’s sexual offending against children is viewed as an avenue in which some men alleviate their own feelings of powerlessness. Cossins (2000, p. 126) asserted that power is attained through relational experiences that one engages in, rather than being a static structure as described in other accounts of patriarchy. Therefore, it is through men’s engagement in everyday practices that they attain a sense of power and prove their masculinity and as sexuality is a key tenet of masculinity, men whose sense of power is threatened in other arenas may engage in sexual offending against children as an avenue through which to regain a sense of masculine power. This framework is particularly relevant to CSE, where exploitation may serve not only sexual benefit of the perpetrator but also the assertion of control, dominance, status or economic gain, reinforcing unequal power relations between perpetrators and young people (Cossins, 2000; Hallett, 2025). While feminist theorising has provides a strong analysis of the gendered power dynamics in CSA, there is comparatively little research that directly examines how these dynamics operate within CSE contexts, particularly in OOHC, leaving a gap in knowledge about systemic and relational factors that shape CSE.

2.5 Challenging Public Perceptions of Offenders

Key to feminist theorising on CSA is the view that similarly to other forms of violence against women such as domestic violence and sexual assault, CSA reflects a rational decision by the perpetrator to exert power and control over their victim (Keenan, 2011). This challenges other dominant narratives that portray child-sex offenders as rare and deviant from

society and conflates them with paedophiles, a narrative that subverts the role that gender power relations play in CSA (Cowburn & Dominelli, 2001; Kelly, 1996). This is particularly relevant to CSE, whereby perpetrators exploit unequal power relations such as instability in OOHC, poverty, and limited access to supportive adults to coerce young people into sexual activity (Brown, 2019; Hallett, 2017;).

Inaccurate portrayals and public misunderstandings of individuals who perpetrate CSA and CSE have been well-documented (Fuselier et al., 2002; Kernsmith et al., 2009; Levenson et al., 2007; McCartan et al., 2015; Sanghara & Wilson., 2006). Gavin (2015) using a story completion method that explored the dominant narratives that inform public perceptions of child-sex offenders. In doing so, Gavin (2015) found that perceptions of child-sex offenders were primarily drawn from prevalent media narratives and common misconceptions about child sex offenders (Gavin, 2015). Public perceptions and media narratives about individuals who commit child-sex offences often portray them as deviant strangers who lurk in bushes and target children in public spaces (Wurtele, 2021). Further, child sex offenders are framed as “monstrous, perverts” who deviate from the norms of society and are therefore viewed as non-human (Cucolo & Perlin, 2013; Harper & Hogue, 2015; Harper et al., 2017; Malinen et al., 2014; Pickett et al., 2013; Zilney & Zilney, 2009).

Adding to this, it has become increasingly dominant in media and public discourse for the terms paedophile and child-sex offender to be used interchangeably (Harper et al., 2018; Wurtele, 2018). However, the term paedophile, is in fact a diagnostic label referring to a person “who has recurrent, intense sexually arousing fantasies, sexual urges, or behaviours involving sexual activity with a prepubescent child or children” (American Psychiatric Association, 2013, p. 697). Not all child-sex offenders are paedophiles and in fact few are, however, the term has become increasingly popularised and accepted in public discourse and media representations to explain and rationalise sexual violence against children as being an issue of a mental disorder, unique to a small, subset of society (Cowburn & Dominelli, 2001; Richards, 2018). Cowburn and Dominelli (2001) offered an important critique of this narrative, as they argued it individualises and in turn minimises the problem of CSA by diverting attention away from the underlying causes that are rooted in gender inequality and hegemonic masculinity (Cowburn & Dominelli, 2001).

Cowburn and Dominelli (2001) posited that the dominant discourse that relies on dichotomous narratives of good and bad men, pathologises men who commit sexual violence

as abnormal, and therefore out of the realm or responsibility of “normal” society. This in turn minimises the complex contexts in which CSA takes place. Further to this, by focussing on the individual pathology of child sex offenders, dominant discourses help dispel “moral panics” and assure society that this is an issue that can be readily tackled and kept within reasonable proportions (Cowburn & Dominelli, 2001). This is important as more dominant, medico-legal discourses directly contribute towards social, legal and policy responses to the problem of CSA which tend to focus on punitive measures or individual “treatment” and rehabilitation of offenders (Purvis & Ward, 2006, McCartan, 2011). In shifting away from the paedophile narrative and challenging medico-legal discourses around it, feminist theorising has demanded greater attention be paid to the offending of the perpetrator and the social contexts in which their offending occurs, this is of relevance to CSE, whereby there has been an increased recognition of the need to consider the unique social and structural conditions in which it occurs (Brown, 2019; Dierkhising et al., 2020; Pereda et al., 2022;).

2.6 Offenders of Child Sexual Exploitation

Narratives about offenders of CSA or CSE being “deviant” or outside of the realm of “normal” society, stand in contrast with the findings from Salter (2023), who in a nationally representative sample, examined the CSA offending behaviour and attitudes of Australian men. Disturbingly, he found that one in 10 men reported having sexually offended against a child, and one in six men reported having sexual feelings toward children (Salter, 2023). Salter (2023) also found that these men were more likely to be married and to be a high-income earner. They were also three times more likely than the general population, to be working with children and to report high levels of internet usage (Salter, 2023). Further, Domert et al. (2016) found that 4.1% of men reported sexual thoughts involving children, and 1.7% reported viewing CSAM.

Although recent attention has been paid toward offenders and perpetrators of CSA, there is less research available into the perpetrators of CSE. The U.K. Home Office (2020), in a comprehensive literature review on CSE offending found that most known perpetrators of group based CSE were adult men, acting in informal groups or loose networks and offenders came from varied ethnic, socioeconomic, and professional backgrounds The findings indicated that perpetrators targeted vulnerable young people known to child protection services and used grooming strategies involving gifts, alcohol, drugs and emotional manipulation (U.K Home Office, 2020). The review also highlighted the need for much

further research to better understand the profiles and motivations of perpetrators of CSE, noting how diverse the offenders of CSE appear to be.

Further research by Walker et al., (2018) also highlighted that motivations among perpetrators of CSE are varied. While some offenders appeared to be driven by a sexual interest in children, others were motivated by factors such as power, control, or financial gain. Further, the study also indicated that many offenders exploited existing relationships and positions of trust to access and manipulate victims-survivors (Walker et al., 2018). Brown and Bricknell (2018) in a review of offenders of online CSE found that offenders were predominantly white men, were more likely to be employed in professional occupations and had an average age of 35-45 years. There is also evidence that in some instances perpetrators of CSE operate from within organised crime networks, and that CSE is closely related to the criminal exploitation of children, who are coerced or manipulated to engage in criminal activity on behalf of the perpetrators (Australian Transaction Reports and Analysis Centre, 2022). Additionally, the Australian Centre to Counter Child Exploitation has identified international organised crime syndicates increasingly targeting children through online forms of CSE, including sextortion, where offenders use CSAM to extort financial payments, highlighting that some forms of CSE are financially motivated (AUSTRAC, 2022).

The complexity in offender profiles and motivations, as well as the limited availability of knowledge, particularly from the Australian context, underscores the challenges in developing effective prevention and best-practice responses to CSE. While there is limited knowledge available on the characteristics of perpetrators of CSE, the strategies they use and contexts in which they exploit children and young people is becoming increasingly well-understood and is explored further in the following chapter. The limited knowledge about perpetrators of CSA and CSE is reflective of historical patterns whereby disproportionate attention has been paid to the behaviour, choices and perceived credibility of victims-survivors, a theme that is particularly pronounced for children and young people at risk of CSE.

2.7 Victim-Blaming Narratives

Narratives that centre on blaming victims-survivors of CSA and CSE have permeated society since the early theorising of Freud (Azzopardi, 2018). Freud's first theorising, namely his "seduction theory" posited that women's hysteria and neurosis in adulthood could be explained by early, memories of sexual contact in childhood. Freud's early theorising, that not

only acknowledged that children were subject to sexual abuse, but also that this abuse had long-term and profound consequences on their mental well-being, offered one of the first instances in which CSA was acknowledged in the public domain.

However, in the face of public scrutiny, and to the detriment of future theorising, Freud later renounced the universality of his seduction theory. Quite contrary to his seduction theory, Freud's later "Oedipus Complex", a cornerstone of psychoanalytic thought, hypothesised that all children held an innate, subconscious sexual desire for their opposite sex parent (Freud, 1953). In turn, accounts of CSA by children were re-framed as reflecting their own unconscious desires or fantasies, that paved the way for a culture of suppression, disbelief and blame of victims-survivors that has continued to be dominant in society since this time (Azzopardi, 2018; Rush, 1996,).

This early psychoanalytic theorising paved the way for further theorising on "child sexuality" that severely minimised the long-term impact of CSA on victims-survivors (Bender & Blau, 1937). Other psychoanalytic researchers went so far as to argue that children were enthusiastic and willing participants in their own abuse and in fact may at times be the lead instigators (Roper, 2023). These victim-blaming narratives continue to be reflected in discourses about CSE, whereby victims-survivors are viewed as less credible victims who are the instigators of their own abuse. Early Freudian-inspired narratives, that shifted blame onto children, were so prevalent during the early 20th century that they stifled early attempts at reforming legal responses to CSA and CSE (Smart, 1999; Roper, 2023). Child-sex offenders and their supporters argued that given that children were active participants attempts to protect them through age of consent or anti-incest laws would restrict their "right to sexual satisfaction" (Roper, 2023, p. 119). Further adding to this, victims were framed as "lepers", who in transgressing the innocence of childhood were deserving of the same treatment as criminals (Smart, 1999, p. 392).

Since this time, several theorists have made vast contributions to challenging the victim-blaming narratives that have dominated public discourses and socio-legal responses to CSA and CSE. Victim-blaming narratives have shaped responses to women and children who do not fit within the stereotypical archetype of the "ideal victim" (Randal, 2010). The concept of the "ideal victim" was first conceptualised by Christie (1986), who described how social and legal systems are more likely to recognise victims-survivors who are perceived as weak, respectable, blameless, and victimised by a clearly identifiable offender. Significant research

has interrogated the attrition of blame in cases of sexual assault, consistently finding that victim credibility and blame has continued to be attributed to factors including behaviour, dress, perceived attractiveness, and respectability (Edwards et al., 2011; Van der Bruggen & Grubb, 2014). Victims-survivors who do not fit within a clear mould of the “ideal victim” are less likely to be believed and therefore have more blame attributed to them. This is of great relevance to this study, as young people who have experienced CSE and who do not fit within these narrow categories of “ideal” victimisation are less likely to be believed and more likely to have blame placed on to them for their own abuse.

Further, “rape myths” that continue to permeate society, shift responsibility from perpetrators and onto victims-survivors (Hudspith et al., 2021). Rape myths which were initially challenged by feminist researchers in the 1970s are dominant false beliefs and stereotypes about rape that are often false but widely held in a society (Brownmiller, 1978, Lonsway & Fitzgerald, 1994). Rape myths serve to maintain societal beliefs that justify and sustain men’s sexual violence against women, while also upholding narratives that serve to blame victims-survivors (Grubb & Turner, 2012). Grubb and Turner, (2012) found that while rape myths may differ across societies and cultural groups, they follow a common pattern of blaming the victim, expressing disbelief to allegations of rape, exonerating the perpetrator and suggesting that only certain types of women are raped. These myths and stereotypes are particularly pronounced for women and children from diverse backgrounds, such as those from residential care, who face intersecting sources of marginalisation such as racism, ableism and classism that further undermine their perceived credibility (Kessel, 2021).

Ryan (2011, p. 775) wrote that

rape myths can also provide cautionary tales of what could happen when women are incautious or unguarded (for example, women invite rape by engaging in overtly sexual behaviour or wearing provocative dress; only certain women are raped— those who drink too much, sleep around, or hang out in the wrong places).

Understanding the pervasive nature of rape myths and victim-blaming across the whole spectrum of men’s violence against women and children is important as it explains the ways in which sexual violence has been sustained and justified across history at both individual and societal levels and is essential to understanding institutional responses (Edwards et al., 2011).

While most of the literature to date has focussed on the impact of rape myths in cases of adult sexual assault, several studies have found a correlation between adult rape myths and public perceptions towards CSA (Davies et al., 2013). George et al. (2022), in a review of the cross-examination of children by defence attorneys, found that rape myths are frequently used to undermine the credibility of children in cases of CSA. Rape myths pertaining to perceived physical resistance of the victim, their motivation to lie as well as other factors related to the victim's character, such as mental health, drug and alcohol use, perceived promiscuity, and a sense of agency were identified in the cross-examination of victims-survivors of CSA (George et al., 2022). Davies, Patel and Rogers (2013) found that children's perceived credibility in cases of CSA is influenced by dominant narratives about victims-survivors and perpetrators, including their relationship to each other and perceived closeness. Further, dominant rape myths that influence perceived credibility of CSA victims-survivors are highly racialised, classist and gendered (Powell et al., 2017). There is also evidence that age influences how rape myths and victim credibility are applied in both legal and social contexts (Denne et al., 2023). Denne et al. (2023) found that defence attorneys were more likely to draw on rape myths when questioning older children than younger children, and similarly jurors were found to perceive very young children as more credible than older children or young people. This is important as it highlights how young people, are more likely to be judged through rape myths that are used to undermine their perceived credibility and create additional barriers to justice.

In the Australian context, the National Community Attitudes Towards Violence against Women Survey (Coumarelos, 2021) found that rape myths and attitudes that cast doubt over the legitimacy of women's accounts of sexual assault are still relatively common (25-34%) in Australian society. Understanding the prevalence of victim-blaming narratives and rape myths is important as it is reflective of broader societal attitudes towards sexual violence which, through a feminist lens, are centred in patriarchy. These narratives in turn affect responses to young people who have experienced CSE. While current policy and practice increasingly recognise young people as victims of CSE rather than offenders as was historically the case, there is limited research examining how both historical and contemporary victim-blaming narratives continue to shape societal and professional responses to children and young people, particularly in residential care settings (Hallett, 2017). Dodsworth (2022) found that dominant narratives pertaining to the CSE of adolescent girls continues to be dominated by a gendered and patriarchal narrative that blames victims-

survivors and impedes their capacity for help-seeking that will be explored further in the following section.

2.8 The Problem with “Child Prostitution”.

Young people, who are victims-survivors of CSE have been, historically and continue to be, framed as engaging in “child prostitution”, which shifts responsibility on to them for their own victimisation, while also masking the offending of the perpetrator (Yates et al., 1991). Terminology such as “child prostitution” or other terms that imply the selling of sex, while less routinely applied in the literature, still appear in some practice media discourse to describe cases of CSE (Fredlund et al., 2018; Laird et al., 2023; Lavoie et al., 2010). Montgomery-Devlin (2008, p. 383) found that persistent myths relating to “child prostitution” frame young people as having autonomy and “informed choice” in engaging in child prostitution and therefore being responsible for and deserving of their plight.

Child sexual exploitation is a form of modern slavery and human trafficking (Charnley & Nhkoma, 2020; Lusk & Lucas, 2009), however, in using terminology such as “child prostitution” which implies consent and responsibility, the true nature of what is occurring is hidden. Negative societal perceptions of selling or buying sex overshadow the fact that “child prostitution” is an unlawful human rights violation; a child cannot consent to sex, therefore they cannot be, nor should they be made to be, culpable for being exploited (Montgomery- Devlin, 2008). Goddard et al. (2005) in an analysis of print-media relating to “child prostitution” argued that this language represents a form of textual abuse that further exploits children and denies them their rights.

The persistence of harmful narratives of “child prostitution” have resulted in the over criminalisation of children who have experienced CSE. Historically, “child prostitutes” were framed as deviant, juvenile delinquents and were often charged, convicted, incarcerated, and even registered as child-sex offenders (Flowers, 2001; Mitchell et al., 2010). In recent times, greater legal protections have been introduced globally, with the aim of protecting children from CSE and shifting law enforcement responses to them (McMahon-Howard, 2017) Child rights activists and researchers have asserted that children and young people engaged in sex work should be viewed as victims, rather than offenders, and treated as victims-survivors of CSE (Mitchell et al., 2010). Despite this, young people who have been exploited continue to experience over-criminalisation, in some cases for offences relating to CSE as well as for other offences (Cain, 2023; Cockbain & Brayley, 2012). Evidence indicates that young

people in residential care who have experienced CSE frequently have criminal records, with some identified as offenders prior to being recognised as victims-survivors (Cockbain & Brayley, 2012). These compounding forms of criminalisation reinforce societal narratives that blame young people for their exploitation and obscure the role of perpetrators, while also exacerbating their vulnerability and the long-term traumatic impacts of CSE (Cockbain et al., 2017; Roe-Sepowitz, 2012).

In recent years, attitudes, policy and practice responses toward CSE have become more well-developed, including within the Australian context (Hallett, 2023). Despite this, there has been a legacy of discourses and language that shifted blame onto victims-survivors and shaped responses to them. Nelson (2016) in discussing socio-legal responses to stigmatised young people, such as those in residential care, found that responses to CSE continue to be influenced by perceptions of young people as promiscuous and devious. Interrogating the power of these harmful narratives of young people is vital to improving practice responses to them. Narratives that purport victims-survivors of CSE to be undeserving of an appropriate, legal, and social response to their experiences of harm send the message to children that their voices are unimportant, while simultaneously sending the message to offenders, that they can get away with their crimes (Nelson, 2016). In an analysis of social work responses to CSE, Cooney and Rogowski (2017) argued that despite increasing attention being given to the issue of CSE in public discourse, current responses to CSE continue to be driven by individualistic motivations of “child-saving” and blame, rather than structural change or review.

In employing a feminist lens towards interrogating how narratives of “child prostitution” and victim-blaming affect social and legal responses to young people at risk of CSE, the power of language becomes most evident. Despite changes in attitudes and greater legal protections for children, language that perpetuates stigma and the criminalisation of young people at risk of CSE persist in multiple domains. Such narratives not only minimise the severity of abuse and trauma associated with CSE but serve to mask the offending of the perpetrator (Laird et al., 2023). These narratives help uphold hegemonic discourse that maintains the marginalisation of a group of young people who are at risk. Through a feminist lens, it is argued that language reflects power and, so, language that blames victims such as “child prostitution” allows for the status quo to be maintained and men’s offending in the form of CSE to remain obscured.

2.9 Feminist Legal Critiques

In addition to challenging harmful narratives and myths associated with CSA and CSE, feminist theorists have also made a significant contribution toward challenging insufficient legal and policing responses to the issue. Feminist legal theories can be traced back to the mid-19th century, originating with a purview to expanding women's legal rights (Thomas, 2023). Since then, feminists have both brought attention to and critiqued the inherently gendered and patriarchal nature of the legal system, resulting in change on a global scale (Phillips, 2023a). This has helped shape responses to CSA by legitimising and strengthening legal responses to CSA, by challenging dominant myths that undermine children's accounts of their abuse and by highlighting the poor responses women and children receive within the judicial system. Theorists, such as Mackinnon (1989), Smart (1989) and Estrich (1987) shone light on the inherently gendered nature of the legal system and the role that the law played in upholding patriarchy and women's subordination to men.

Several legal scholars have pointed to the failings of the legal system to respond to women and children who have been sexually assaulted. Smart (1989) highlighted the power of legal discourse in its reinforcing patriarchal power structures, which in turn shape societal attitudes toward women and children in a way that privileges male voices and upholds scepticism toward victims. Estrich (1987) critiqued the tendency of the legal system to differentiate between what was considered "real rape" (random attacks by strangers that involved violence and force) and other (and in fact more common) forms of sexual assault such as rapes committed within intimate partnerships or by acquaintances, which she described as "simple rapes" (Estrich, 1987). It should be noted that rape was still legal within marriage in several Australian and U.S states at the time (Phillips, 2023a). A pivotal theme from Estrich's work in her critique of the legal systems was that it focussed on victims' perceived level of resistance, their behaviour and the level of force used, arguing that sexual assaults that did not fit within the law's narrow perception of "real rapes" were disregarded by the system (Estrich, 1987). Similarly, Kelly (1988) and Smart (1989) also highlighted the failings of the legal system to provide justice for women, again critiquing narrow definitions of rape that served to uphold patriarchal power and favoured the interests of men. Narrow perceptions of "ideal victims" continue to undermine the perceived credibility of victims-survivors of CSE, particularly those from residential care who face multiple sources of marginalisation and may not fit into the limited categories of "real rape" victims. Further entrenching this is that victims-survivors of CSE may not identify themselves to be victims-

survivors and are more likely to have criminal histories themselves, both related and unrelated to CSE (Van de Vijver, 2019; Gerard et al., 2023).

Further to this, Crenshaw (1991) exposed additional barriers that Black, Indigenous and migrant women face in seeking justice. Through exposing the privileging of white women's experience both in the legal system and in feminist discourse, Crenshaw (1991) highlighted how multiple forms of oppression, such as racism, sexism and classism intersect to shape the responses victims-survivors of sexual violence receive within the legal system when they do not fit the narrow stereotype of the white victim. Early critiques by feminist legal scholars made vast contributions toward challenging stereotypes associated with victimisation that served to discredit survivors of varying forms of sexual violence, including CSA and CSE. Although there have been significant shifts and reform in legal responses to sexual assault, including widening the definition of sexual assault to include more than just penile to vaginal penetration, narrow perceptions of victimisation continue to be used to discredit victims-survivors of CSA and CSE who do not fit into these narrow categories of victimisation (Phillips, 2023). Crenshaw's (1991) work is particularly poignant for young people in OOHC who face multiple forms of oppression that shape the response they receive within the justice system, an issue that will be explored further in the following chapter.

One of the first to critique legal responses to CSA, Brownmiller (1978) in her seminal text "Against Our Will" argued that the legal system inherently casts doubt and blame toward child victims-survivors, re-traumatising them in the process. She examined the extent to which the legal system dismissed cases of CSA based on a burden of proof that was seemingly impossible to meet in. Later, Smart (1989) again argued that children's accounts of abuse were silenced and discredited within the legal system. As adult judiciary process was applied to children, unreasonable expectations were placed upon them, undermining their credibility and exposing them to secondary traumatisation in the process (Smart, 1989). More recently, feminist legal scholarship has continued to shape legal responses to CSA and CSE, highlighting inadequacies in the response to children. Cossins (2002) examined the low rates of conviction within the Australian legal system in cases of child sex offences, critiquing how the system's reliance on corroborating evidence was quite often at odds with delayed disclosures that are common in cases of CSA, this is particularly pertinent in cases of CSE whereby victims-survivors may not view themselves as victims (Van de Vijver, 2019). Other critiques have focussed on limits of the legal system in focussing on individual assaults, that

do not fit with the pattern of abuse and grooming that is so often inherent to CSA (Herman, 1992; McGlynn & Westmarland, 2019; Tidmarsh and Hamilton, 2017).

2.10 Law and Policing Responses to Child Sexual Abuse and Exploitation

Police practices with survivors of CSA and CSE have also been identified as an area of concern for feminist criminologists and legal scholars. Feminist criminologists highlight how gender, power and institutional culture have shaped responses to varying forms of sexual violence (Carrington & Death; 2014). There is a significant body of literature indicating that victims-survivors of sexual violence, including children and young people who report to police often report having had poor experiences (Greeson et al., 2014; Greeson et al., 2016; Lorenz, 2023; Morley, 2014; Ricciardelli, 2021). Further, most sexual assault cases that are reported to police do not result in prosecution, which is an issue that may be related to the influence of rape myths and other often racialised, gendered and classist stereotypes that influence police perception of victims-survivors, an issue that is likely to impact children and young people who face intersecting sources of marginalisation (Shaw et al., 2017). Children are often perceived by police as the “truest” of victims, a notion closely tied up with the perceived innocence of childhood and need for children to be “protected” (Shaw et al., 2017). In contrast to this, youth were perceived to be “less ideal” victims and therefore less likely to be believed, suggesting that young people in residential care face multiple affronts to their perceived credibility by police (Ricciardelli et al., 2021). Within the Australian context, there have been well-documented failings in police responses to CSA, and although significant research and activism has helped pave the way for reform, including the introduction of training and specialist police taskforces aimed at countering CSA and CSE, accounts from victims-survivors suggest that further reform is needed (Bleakley, 2021; Romeyn & Birch, 2021). This is particularly pertinent for young people in residential care given the additional evidence that finds some police hold particularly stigmatising attitudes that influence their responses to them (Gerard et al., 2020)

In addition, feminist criminologists have highlighted how poor responses to victims-survivors of CSA are reflective of deeper institutional cultures and priorities rooted in patriarchy. Death (2018) highlights how responses to CSA within large institutions, including residential care providers have been characterised by disbelief, victim-blaming and the privileging of institutional reputations over the wellbeing of children. Further, she highlights how institutional practices that reproduce harmful narratives of victim-blaming and

individual responsibility for abuse can be re-traumatising for victims-survivors, compounding the barriers they face in seeking justice (Death, 2018).

Cross-examination in child sexual assault trials, is a process that has been long identified as deeply re-traumatising for both adults and children (Alexander et al., 2005; Hayes & Bunting, 2013; Hobbs & Goodman, 2014). Reform in this area, largely at the behest of feminist advocates has seen a shift in the legal evidence requirements for children. A specialist jurisdiction for child sexual assault matters was trialled in NSW in 2003 with the aim of improving the experience of complainants in CSA trials. The jurisdiction allowed for children to provide evidence in innovative ways, such as via video and in private rooms, separate from the offender (Cashmore & Trimboli, 2005). Protections for children providing evidence in criminal trials was subsequently passed into law in the *Criminal Procedure Amendment (Vulnerable Persons) Act 2007 (NSW)*. While these reforms, amongst others have improved legal responses to victims-survivors of sexual abuse, there is clear evidence that the legal system needs further improvement in the way it responds to vulnerable children and young people. A review conducted for the Royal Commission (2016) into the use of alternative measures for eliciting evidence from CSA complainants found the use of such measures had resulted in some improvements in the practices aimed at reducing re-traumatisation for children in the judicial system (Powell et al., 2016). However, several areas of further improvement were identified, including police interviewing practices with children, the ongoing reliance on unfounded stereotypes about victim behaviour and a lack of age-appropriate questioning on behalf of defence lawyers (Powell et al., 2016).

In the context of CSE, there is a need for further research about police practice and avenues for disruption (McVeigh & Heward-Belle, 2024). While there are charges under the Crimes Act 1900 (NSW) relating to child sexual assault, child abduction, or child prostitution provisions, these charges rely on individual criminal act's rather than addressing ongoing exploitation or grooming involved in CSE, which highlights the legal gaps in addressing CSE in NSW. In contrast, legislation in other jurisdictions, such as Victoria, allows police to take a broader range of protective actions without needing to pursue criminal charges, including the use of harbouring notices, intervention orders, and loitering letters, enabling disruption of exploitation and the removal of perpetrators from young people's environments (Victoria Government, 2017; McVeigh & Heward-Belle, 2024).

Further to this, gaps in legal and policing responses toward sexual violence underpinned by social myths about sexual assault continue to proliferate within the legal system, creating barriers for justice for victims-survivors (Morley, 2014). For example, Goodman-Delahunty et al. (2021) described how a lack of corroborative evidence, alongside pre-held juror misconceptions about sexual violence, including relating to myths about victims-survivors resistance and disclosure, continue to correlate with low conviction rates (Cossins, 2009). Further to this, narratives that inform perceptions of victims-survivors and witness credibility continue to be closely tied up with existing racial, gender and age stereotypes that can be used to undermine victims-survivors in child sexual assault trials (Powell, 2016, Whittier, 2016). It may be unsurprising then, that victims-survivors continue to speak about the trauma associated with child sexual assault trials and decide to withdraw complaints to preserve their psychological wellbeing (Cossins, 2020). Considering this, Cossins makes a compelling argument for the inclusion of more trauma-informed practices within legal settings, including the configuration of court rooms to reduce power imbalances, strengthening of pre-trial support for victims-survivors, use of remote rooms and separate entries/exits, as well as the use of more specialist examiners skilled in asking age-appropriate questions (Cossins, 2020). It is clearly evident then, that feminist scholarship and activism has informed legal and policing responses to CSA and CSE. Through drawing attention to the inadequacies within the system, including the proliferation of harmful stereotypes and narratives, the potential for re-traumatisation of victims-survivors and the low rates of conviction, feminists have greatly informed the knowledge base on legal and policing practice toward survivors of CSA and CSE, paving the way for significant reform in this area. Understanding police responses to CSE for young people in care is a key aim of this study, therefore exploring current and historical critiques of legal and policing responses to victims-survivors of sexual violence provides useful context into the issues that shape police responses to young people at risk of CSE.

2.11 Child Rights

Child rights activists and theorists have had a key role to play in addressing the ways in which child rights have been obscured in public discourse, policy and practice responses to CSA and CSE. The following section will provide a review of the literature on child rights approaches relating to CSA and CSE. Child rights are a key framework underpinning this study. Alongside feminist theorising on CSA, child rights activism emerged with the argument that children not only had a right to protection from harm, but also a right to

meaningful participation and a say on matters that affect them. Early theorising and recognition of the importance of child rights dates back to the early 20th century, when the League of Nations (of which Australia was a founding member) adopted the Declaration on the Rights of the Child in 1924 (Sacotte et al., 2023). This early declaration of child rights emerging in the post WW1 era stipulated that all children were owed a right to the means that allow for healthy development, the right to care and protection in times of need and priority in times of relief, as well as to be brought up with a sense of consciousness and duty to others. Importantly, the Declaration also stipulates that “The child must be put in a position to earn a livelihood and must be protected against every form of exploitation” (League of Nations, 1924).

Although written in the context of child participation in labour markets, this signifies one of the first points in which a child’s right to be free from exploitation was recognised by policy makers and governments in international fora. Child rights were expanded upon in the United Nations Declaration on the Rights of the Child in 1959, that again stipulated that children were to be free from exploitation, again in the context of labour markets. However, in the most significant development for the recognition of child rights, the United Nations Convention on the Rights of the Child (UNCRC) presented to the United Nations General Assembly in 1989 and ratified by Australia in 1991, expanded child rights to a list of 54 Articles. Included in the UNCRC, Article 19 specifically refers to a child’s right to be free from “All forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child” (UNCRC, 1989).

Article 20 stipulates that “A child temporarily or permanently deprived of his or her family environment, or in whose own best interests cannot be allowed to remain in that environment, shall be entitled to special protection and assistance provided by the State” (UNCRC, 1989).

Further to this, an optional protocol, adopted in 2002 stipulated that parties should undertake to protect children from all forms of CSE, child prostitution and child pornography. This legislative framework clearly sets out the obligations of governments, legal actors and government appointed agencies in upholding children’s rights, particularly in relation to responding to CSE.

2.12 Children as “Right’s Holders”

Key to a child rights perspective is establishing that children are in fact “right’s holders” and that such rights must be fulfilled in equal consideration to those of adults (Hoffman & Stern, 2020). Children hold rights as human beings, but as children also hold additional entitlements in their rights to protection, which it is the duty of adults to uphold (Liefard & Sloth-Nielsen, 2016). However, notions over what it means to be a “right’s holder” have been subject to debate over time. Embedded within a child right’s perspective are primary notions of rights to protection’, provision and rights to participation. Ideas relating to the protection from and provision for children have underpinned more traditionally accepted conceptualisations of child rights and are less contested across academic and social disciplines. Key principles of a child’s right to protection include their right to be free from abuse, exploitation or denial of access to the fulfilment of basic human needs, rights that are clearly stipulated within the UNCRC. Ideas relating to children’s participation on the other hand are more widely contested, despite being clearly stipulated in the UNCRC under Article 12 which states that:

States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child. (UNCRC, 1989)

And Article 13, that states that:

The child shall have the right to freedom of expression; this right shall include freedom to seek, receive and impart information and ideas of all kinds... (UNCRC, 1989)

Notions of child rights to participation represent an important progression in child right’s theorising and policy making in that they describe the rights of children to be involved in decision-making that affects them (Freeman, 2018). Further to this, participation rights allow children and young people to take an active part in their own life choices, to have agency over their decisions and be viewed as autonomous individuals and rights holders (Hoffman & Stern, 2020). In the prevention of child maltreatment, encouraging children’s voices and participation can play an important and guiding role (Doek et al., 2020)

However, debates in the literature pertaining to child rights have in large part centred on whether children can indeed participate meaningfully in decision-making, and if so whether their right to do so should eclipse the rights of their parents or caretakers (Alderson, 2000). Further, the lack of a consistently applied conceptual framework for practically applying child rights has been a source of contestation in the literature (van Bijleveld et al., 2015; McCafferty 2017). Article 12, in large part, is recognised as the key participation right in the UNCRC and therefore a primary point of debate (Thorburn Stern, 2017). Critiques of children’s participation rights have argued that they are too vague and therefore risk being superseded by adults’ civil and political rights or that they may be interpreted in a way that allows adults to retain authority over children (Quennerstedt, 2009, Tobin, 2018). Participation rights and the implementation of Article 12 specifically, offer a challenge to traditional discourse, policy, and practice as it stipulates that children have a right to exercise influence, with civil political rights as an agentic citizen of a state’s party (Thorburn Stern, 2017). However, the concept of participation itself has been subject to debate and conceptual challenges (Tisdall, 2017, McCafferty, 2017). In relation to child rights, participation can be understood as “the ongoing process, centred in mutual respect of information sharing and dialogue between children and adults that allows children to learn that their views and that of adult’s matter and shape outcomes of such processes” (Thorburn Stern, 2017 p. 48).

Several models of participation have emerged in response to debates about how participation rights as stipulated in Article 12 can be implemented (Hardy, 1992, Lundy, 2007; Shier, 2001). Early models such as those proposed by Hart (1992) conceptualised children’s practical participation in decision-making through a ladder of participation, staggering from non-participation (manipulation by adults) to full participation (child initiated shared decisions with adults). Later, Shier (2001) expanded on this model to include different levels of participation, ensuring children’s voices are listened to and accounted for and that they share power in decision-making. Expanding further, the Lundy (2007) model of participation, that first emerged as a theoretical model for measuring children’s participation in educational settings has more recently been applied to child welfare as well (Kennan et al., 2019; McCarthy, 2016; Toros, 2021). The model involves four components that are essential to implementing the child’s rights to participate, including a safe space to express their view, voice to express this view- including support for children to express their views, an audience to ensure – ensuring that children’s views are heard by the appropriate audience and influence – ensuring that the children’s views are acted on appropriately (Lundy, 2007).

In applying the Lundy model to social work practice McCafferty (2016) found that it offers a useful framework for social workers to actively implement practices supporting children's participation rights. Expanding on the principles from the Lundy (2007) model, Henze-Pedersen and Torbenfeldt Bengtsson (2024) developed a more specific model of participation for children in child-welfare services. Their model, the CPC model, accounts for the social contexts in which child participation can occur, including acknowledging the structural conditions of child welfare services and social work, the relationship between child and practitioner and the role of trust and mistrust in facilitating child participation (Henze-Pedersen & Torbenfeldt Bengtsson, 2024).

Participation rights are integral to the direction of this study as they highlight the importance of children and young people having a say on matters that affect them - as is their right. The concept of participation challenges more traditional discourse that frames children as the property of their parents, with limited agency (Kosher & Ben-Arieh, 2020). In drawing parallels to women's oppression, Weiss (2021) highlighted the historical ways in which children's voices have been subjugated in both private and public domains. She observed that children's voices are too often viewed as not worth hearing, addressing, or recognising and that this silencing of children's voices, represents a form of oppression that mirrors the oppression of women and other marginalised groups (Weiss, 2021). This is reflected in attitudes and perceptions of children who report feeling like they don't have a say on matters that affect them (Mitchell, 2019; Moore et al., 2017). Mitchell, Australia's first children's rights commissioner, in a survey of 22,700 children and young people found that they consistently reported feeling like they didn't have a right to have a say on 'things that are important to them' (Mitchell, 2019, p. 57). Further, Aboriginal and Torres Strait Islander children were consistently less likely to feel as though they had a say in decisions about their lives (Mitchell, 2019). In child protection and residential care settings in particular, children describe not feeling as though they have space to exercise agency or have their voices heard, despite this being one of the most crucial factors in keeping them safe (Moore et al., 2017).

In addition to legal and rights-based framings, the sociology of childhood provides a critical lens for understanding how the category of "the child" itself has been socially constructed and how these constructions shape both policy and practice (Greene, & Nixon, 2023). A core principle in the sociology of childhood literature is that children are not passive dependents defined solely by biological age but that childhood is a social and cultural category that varies across time, place, and power relations (Leonard, 2023). From this

perspective, children are active social actors who construct and interpret their own lives within the constraints and opportunities of social structures and environment (Green & Nixon, 2023). Further, it is argued that traditional narratives that frame children as dependent and vulnerable have obscured children's capacity to contribute to their own social worlds and decision-making (Greene & Nixon, 2023; Leonard, 2023).

Building on this, critiques of CSE discourse highlight how dominant understandings of childhood continue to position young people, especially young women, as inherently passive victims (Brown, 2019, Melrose & Pearce, 2013). Melrose and Pearce (2013) contend that individualised CSE discourse relies on a constructed notion of childhood that emphasises dependency, innocence, and lack of choice, while also framing female childhood through gendered assumptions about vulnerability and sexual morality. They argue that this perspective reproduces partial truths about young people who have experienced CSE, which renders male experiences less visible and overlooks how structural conditions shape lived experiences of CSE (Melrose & Pearce, 2013). Integrating this alongside a child rights perspective helps to explain why tensions between participation and protection arise as dominant constructions of children in policy and practice can undermine agency and obscure the broader contexts within which children navigate risk of CSE.

The following section will provide an overview of the literature on child rights in child protection settings.

2.13 Child Rights and Responding to Child Maltreatment

As previously highlighted protecting children from sexual violence and exploitation is a key tenet of child rights clearly addressed in Article 19 of the UNCRC. Further to this, the Optional Protocol on the sale of children, child prostitution, and child pornography was introduced to strengthen global legal responses to varying forms of CSA in 2002, which Australia has been a party to since 2007. Child rights literature has emphasised the importance of involving children in matters that affect them, including matters relating to child protection and responses to CSA and CSE. The following section will provide a review of the literature on integrating a child rights framework in matters relating to child protection, it will then discuss Australia's progress towards upholding child rights in relation to the UNCRC.

As a state's party to the UNCRC, Australia has a legal responsibility to take all reasonable measures to protect children from all forms of abuse, violence, and neglect. As a

result, the Australian government has introduced legislative measures aimed at protecting children from harm, including the introduction of a National Children's Commissioner in 2013. Particularly salient to this research is the establishment in 2018 of the Australian Centre to Counter Child Exploitation (ACCCE). As a state's party to the UNCRC, Australia is required to report to the United Nations on its progress towards protecting child rights every 5 years (Australian Human Rights Commission, 2018). In the last concluding observations by the United Nations Committee on the Rights of the Child (2019) Australia was identified as being behind in several areas in progress towards upholding child rights, including in relation to CSE. Specifically, it was recommended that Australia strengthen legislative measures aimed at preventing CSE and to increase legislative powers to exercise extraterritorial jurisdiction in response to it (United Nations Committee on the Rights of the Child, 2019). It was also identified that Australia must strengthen measures aimed at preventing online CSE, which has become an increasing area of concern (Australian Centre to Counter Child Exploitation, 2020). Of great significance to the aims of this project, the increasing numbers of children in OOHC was identified as a critical concern in violation of child rights. Issues such as the poor training of staff in OOHC settings, the over reliance on police in managing children's behavioural concerns and children with significant trauma being inappropriately placed, were all identified as major concerns that violated child rights (United Nations, 2019). Further to this, the ongoing over-representation of Aboriginal and Torres Strait Islander Children in OOHC was also identified as another violation of the UNCRC (United Nations, 2019).

Outside of children's rights to protection from CSA and CSE, a child rights framework also highlights the importance of including children's voices in policy, practice and reform that relates to them. Kosher and Ben-Arieh (2020) argue that children's participation is vital to all aspects of responding to child maltreatment. Children can provide meaningful perspectives that differ from adults in defining what constitutes child maltreatment, in measuring the prevalence of it and through participation in efforts at prevention (Kosher & Ben-Arieh, 2020). On a global scale, attempts have been made at integrating children's participation into responses to child maltreatment (Cossar et al., 2014; van Bijleveld et al., 2021). For children involved with statutory child protection services, greater involvement in decision-making about their lives results in a stronger sense of confidence as to the course of action going forward (Woolfson et al., 2010). However, attempts at integrating children's participation in child protection responses has been marked

by challenges. Vis and Fossum (2009) found that even when children in child protection settings are consulted in decision-making, their perspectives only have an influence on outcomes in a relatively small percentage of cases. McCafferty and Garcia (2024) in an umbrella review of the literature found that children's voices are frequently not taken seriously in practice.

One of the major factors influencing children's participation in child protection decisions is the relationship they have with their social worker or case manager (Kosher & Ben-Arieh, 2020, McCafferty & Garcia; 2024; van Bijleveld et al., 2021). Factors such as a child's age and their professional relationship with their case manager influence the degree to which they are able to participate in decision-making (Brummelaar et al., 2018; Karmen Toros & Asgeir Falch-Eriksen, 2023). In addition, case managers' attitudes toward participation, as well as the degree to which they adopt a protectionist approach also influence the degree of participation afforded to children and young people (Karmen Toros & Asgeir Falch-Eriksen, 2021; van Bijleveld et al., 2015). McCafferty and Garcia (2024) also found that as child protection workers move towards a more protectionist approach to child welfare, opportunities for participation are reduced. Likewise, van Bijleveld et al., (2020) recognised that the complex job of case managers and social workers in juggling their legal obligations to act in the best interests of the child, to listen to the child and family, while also prioritising protecting the child from harm presents several challenges in prioritising the voice of the child. This is particularly pertinent given the shift toward neoliberalism and managerialism within the child protection sector, which Morley et al. (2023) argued creates additional barriers for social workers to uphold children's voices, while also managing increased workloads, cost-cutting and risk-averse accountability measures.

It has been long acknowledged that children in care would like to have a say on decisions that affect them but consistently report not feeling that they do (Cashmore, 2002; Moore, 2017; Slaatto, 2023). McPherson et al. (2021) found that children in residential care do not have their participation prioritised in policy or in practice. While some young people report feeling a degree of autonomy over minor everyday decisions in residential care, many report not having a say over major decisions relating to their care, or that their opinion was not given due weight in decision-making (Brady et al., 2019; McCarthy, 2016; McDowall, 2018; Moore et al., 2018). Vis and Fossum (2015) also found that children in residential care settings are less likely to be satisfied with opportunities for participation than children in other care settings. Further, they found that social workers in residential care settings were

more likely to have more stringent attitudes towards participation than those in other child welfare settings (Vis & Fossum, 2015). Tisdall (2016) observed that while some children in child protection settings are over consulted in policy and practice, others who are perceived as “vulnerable” are not consulted at all. Overall, bureaucratic systems and power structures, as well as professional attitudes and perceptions of vulnerability, create barriers to participation for children in care. This is concerning, given the findings from Bessell (2011) that clearly exemplify the extent to which young people in OOHC find value and significance in having their voice heard.

In the Australian context, The Royal Commission (2017c) offered a valuable opportunity for children and young people in residential care to have their voices heard. Following this, the Royal Commission recommended that “children can participate in decisions that are affecting them and are to be taken seriously” (2017c, p. 157). This is essential in improving responses to children at risk of CSE in residential care settings as children are more likely to speak up about matters concerning their safety and wellbeing when they are empowered and educated on their right to participate and be heard (Royal Commission, 2017c, 3, p. 157). Lundy (2019) argued that “vulnerability should not eclipse agency” and that the more a child is at risk of harm, the more important it is that they are given agency and capacity for self-determination. This is especially true for children who have had their “freedom” restricted, for example when they are victims-survivors of slavery or CSE (Lundy, 2019). Even though children have a right to have their voices heard, policy and legislative frameworks that aim to engage children’s voices carry limited weight and child protection frameworks aimed at engaging children in decision-making in Australia have found to be lacking across all states and territories (Australian Centre for Child Protection, 2019; Child’s Rights Taskforce, 2019).

Todres (2017) noted that in the context of preventing CSE, child rights cannot be adequately addressed without the inclusion of children’s voices. Further, that government policy aimed at addressing CSE must ensure children who are at risk are provided the opportunity to participate meaningfully in any practice or policy response to the issue (Todres, 2017). Children and young people can offer valuable insights into their lives and provide a more detailed assessment of risk and vulnerability (UNICEF Innocent Research Centre in Todres, 2017). A child rights framework, underpinned by the principles of the UNCRC offers a useful framework for interrogating institutional responses to young people at risk of CSE. It emphasises the importance of recognising that CSE is a human rights

violation that all levels of governments, service providers and legal actors, including police, have a duty to protect.

2.14 Integrating a Child Rights and Feminist Perspective

This chapter has provided an overview of the feminist and child rights literature and theorising as related to CSA and CSE, and responses to children in residential care. Feminist theorising and activism have long paved the way for CSA and CSE to be placed on the public agenda and directly informed policy and practice responses to it. Feminist theorising has challenged victim-blaming narratives and discourses that serve to shadow the harm caused by men's sexual violence against women and children. Alongside this, child rights literature and activism has demonstrated the need for including children's voices in policy and practice. Ideas from both feminist and child rights theorists and researchers can be drawn together in their shared interest towards dismantling harmful discourses and narratives that perpetuate harm towards children and in their shared interest in promoting the voices of children, particularly those experiencing intersecting oppressions or vulnerabilities. Key theories presented in this chapter informed the direction of this research and influenced the institutional responses to young people at risk of CSE described in the following chapter.

Chapter Three: The Context of Institutional Responses to Young People at Risk of Child Sexual Exploitation

The previous chapter provided an in-depth discussion of the theory and knowledge that has informed responses to young people at risk of CSE, including a review of feminist and child rights contributions toward current understandings of CSA and CSE. As highlighted, children and young people in residential care are significantly overrepresented as victims-survivors of CSE and other forms of CSA. Therefore, to best understand responses to CSE for young people in residential care, this chapter provides an overview of current and historical responses to child protection in Australia and institutional responses to CSE.

As of June 2024, there were 13, 987 children in OOHC in NSW (Talbot, 2024). While the majority are placed in kinship/relative care or foster care, there were approximately 900 children or young people in residential care in NSW (Talbot, 2024). Australia's OOHC system has a tenuous history and has been subject to several reviews. Therefore, understanding the system of care currently provided to young people at risk of CSE is essential in understanding the contexts in which they are responded to. Following this, this chapter will provide a review of the current responses to CSE including key tenets of practice such as disruptive policing, multi-agency working, training and education and responding to young people going missing. Conceptual challenges and debates relating to CSE are also discussed. This chapter starts with a discussion of the historical contexts in which residential care has been provided to children and young people in Australia.

3.1 Context of Residential Care Services in New South Wales

As was critically examined in the Royal Commission into Institutional Responses to Child Sexual Abuse (2017) residential care services provided for children deemed unable to stay with their parents have a long, often shameful history in Australia. During the early 20th century, and up to the post-war period in Australia children whose parents were deceased or were deemed incapable of providing care were placed into orphanages, industrial schools, training homes, or children's homes, all models that adopted an institutionalised approach derived from the English colonial system. These services were predominantly operated by non-government, Catholic and Christian providers, some of whom continue to provide out-of-home-care services today (Death, 2018).

The highly institutionalised, “homes” for children were dominant for a significant period of Australia’s child protection history. Some larger residential institutions saw considerable numbers of children placed into dormitory style accommodation together, while others saw smaller numbers of children placed into more “home-like” cottages (National Museum Australia, 2025). It is estimated that close to half a million children passed through residential institutions in Australia between 1920-1980 (National Museum Australia, 2025).

However, it is also well-established that these institutional settings were environments in which significant harm was perpetrated against children and young people (Royal Commission, 2017d). Thirty-five percent of the accounts of historical CSA reported by victims-survivors to the Royal Commission took place within residential institutions, highlighting the high degree of harm caused to children in such settings, and the failure of successive Australian governments to “protect” them (Royal Commission, 2017d). Additionally, Moore et al. (2017) found that young people in residential care continue to report feeling unsafe and unheard. The Royal Commission further found that children who experienced CSA in residential institutions were blamed, punished and disbelieved, some were labelled as “bad” or “morally deficient” and others were accused of instigating CSA themselves (Royal Commission, 2017d). Further, victims-survivors of CSA within these institutions faced long-standing attempts at silencing, marginalising and neglecting them (Death, 2018, p. 3) In addition to CSA, the Royal Commission further found that children in these settings were subjected to multiple other forms of physical harm, including physical abuse and punishment, nutritional and medical neglect, emotional abuse and neglect, as well as forced labour and exploitation (2017d).

During the 1980s and 1990s, in the context of increasing acknowledgement of the need to adequately care for and protect vulnerable children, including the United Nations Convention on the Rights of the Child (1989), Australia began to move away from utilising larger institutional residential settings as the primary “care” setting for children in OOHC. Several reports and reviews were undertaken during the 1990s and early 2000s with the aim of further reviewing the child protection and OOHC sector (see Cashmore & Paxman, 1996; Clark, 1997; Dalton Report, 1992; Fitzgerald, 2000; Kibble, 2002). These reports consistently found issues relating to the health and education outcomes for children in care, issues relating to understaffing and funding and a need for strengthened relationships between DOCS (now Department of Communities and Justice [DCJ]) and the NGOs contracted to provide services.

One of the most substantial shifts in the child protection and OOHC sector took place following a Special Commission of Inquiry into Child Protection Services in NSW (2008), known as the “Wood Report”. The findings of the inquiry were that the child protection system in NSW needed urgent reform, as it was unable to cope with the increasing demand and burden being placed on it. One major shift that occurred as a result was the transition in the provision of OOHC for children and young persons to NGO services, away from state run OOHC services including institutional settings. This shift, since deemed a failure by the New South Wales Government (2025) is now being overhauled, with key services being returned to direct government delivery through DCJ.

3.2 Permanency Support Program (PSP) and Therapeutic Care

Another major shift in the NSW OOHC sector was the introduction of the Permanency Support Program (PSP). The PSP was rolled out in 2017 in recognition of a need for change across the OOHC sector with a greater focus on stability, security and permanency for children and young people in care (Department of Communities and Justice, 2017b). The PSP was aimed at prioritising the preservation of children with their birth families, or in long-term placements (Department of Communities and Justice, 2017b). The PSP also shifted a focus toward utilising a more individualised and child-centred approach that considered the individual needs of children and families. In addition, PSP reforms strengthened minimum requirements for agencies providing services to children. In particular, it was required that services must practice from a trauma-informed perspective and prioritise children and young people’s participation in decisions that affect them (Department of Communities and Justice, 2017b).

Embedded within the PSP reforms, the Therapeutic Care Framework (TCF) was introduced which prioritised trauma-informed and therapeutic practices for children in all forms of OOHC care. The TCF is described by the DCJ as a: “a holistic, individualised, team-based approach to the complex impacts of trauma, abuse, neglect, separation from families and significant others, and other forms of severe adversity” (New South Wales Department of Communities and Justice & Association of Children’s Welfare Agencies, 2017, p. 1).

The therapeutic care model acknowledges that children and young people in OOHC have often experienced trauma, abuse, neglect and other forms of adversity prior to coming into care (Department of Communities and Justice, 2017a). It aims to embed knowledge from

trauma-informed approaches, attachment theory and neuroscience to provide an environment that is stable, responsive, consistent and predictable for children and young people. Further the TCF sets 16 core principles for services providing therapeutic care to children and young people, aiming to ensure a care environment whereby children and young people's individual needs are met through intensive support, guidance from a therapeutic specialist and evidence-based, culturally safe practice (Department of Communities and Justice, 2017a).

The Therapeutic Care Framework also brought with it changes to the structure of residential care services. The Intensive Therapeutic Care model (ITC), introduced in 2019 formally replaced the residential care model over a 2-year period up to December 2024. The ITC model is a form of specialised residential care grounded in “trauma-informed principles”, aimed at improving outcomes for children and young people in residential care (Department of Communities and Justice, 2017a). Intensive Therapeutic Care is aimed at specifically helping children who have experienced severe forms of trauma, abuse and neglect. The model targets children aged 12 years and older who require more specialised and intensive support and who have been unable to be supported in foster care. More specialised forms of ITC residential care include shorter-term Intensive Therapeutic Transitional Care (ITTC) that facilitates a transition to less intensive forms of care, as well as Therapeutic Semi-Independent Living which supports young people as they prepare to leave placement.

Despite these reforms, an independent system review commissioned by the NSW Government found that significant issues persist (Talbot, 2024). As of 2025, the PSP has been widely critiqued as failing to achieve its intended outcomes, with systemic issues in service delivery, placement stability, and inter-agency coordination prompting plans to reinvent and restructure the program to better meet the needs of children and young people in care (Talbot, 2024; NSW Government, 2025). Talbot (2024) found challenges relating to having 3–4 young people with complex needs and trauma backgrounds coexisting in one ITC home, highlighting ongoing limitations in group-based residential care. The review also identified a need for stronger cross-service collaboration between Police, NSW Health, schools, and non-government organisations to ensure young people's needs are consistently met.

3.3 Criminalisation of Children in Residential Care

Over-criminalisation of young people in care, particularly from police, is an important contextual factor for understanding the responses that young people in care receive. It is well-

evidenced across the international literature that children in OOHC are over-represented in the criminal justice system (Colvin et al., 2018; Gerard et al., 2019; Hayden & Graves, 2018; Hunter et al., 2024; McFarlane, 2018; Turpel-Lanford, 2009). Despite this, limited attention has been paid to the nature of police responses to children in residential care, or consideration given to how their over criminalisation may intersect with police responses to CSE. In NSW children in OOHC face criminal charges at disproportionately high rates, are more likely to have first contact with the justice system at a younger age and face higher rates of custodial sentencing than young people not in care (McFarlane, 2018). Further, upon exiting OOHC this cohort of young people face higher rates of criminalisation compared to the general population, with McDowall (2009) finding that up to 50% of care experienced boys, and 20% of care experienced girls faced warnings, cautions or charges compared to only 0.5% of the general population within the same age bracket (15-21 years old). This is despite several Australian inquiries and Royal Commissions that have explicitly recommended a need for the reduction of police contact with children and young people in care (Australian Institute of Criminology, 2020; Johnston, 1991). Gerard et al (2023) found several factors that contribute toward the over-criminalisation of children in OOHC, including police perceptions of young people, frequent contact with police and spending more time in public, poor multi-agency working and legacies of colonisation. For Aboriginal and Torres Strait Islander children who are over-represented in the OOHC system, the long-standing impact of colonisation, including family involvement in the Stolen Generations, the police involvement in child-removals and the ongoing impact of racism, compounds these issues (Gerard et al., 2023, p. 87, McFarlane, 2018).

Other research out of the United Kingdom has interrogated risk factors alongside adverse influences within care that contributed to involvement in the criminal justice system (Staines, 2017). Staines (2016), in a review on the literature on the criminalisation of children in care, wrote that much of the research into the criminalisation of children in care has focussed on the supposed risk factors for offending that correlate with entering into care, such as substance misuse, poor educational attainment, anti-social peers and mental health challenges (see Logan-Greene & Semanchin Jones 2015; Traube et al., 2012;). Contrary to this, Staines (2016) argues that this may minimise the influence of criminogenic factors related to the care experience that increase risk for offending and criminalisation. Adverse influences associated with being in care, such as peer relationships that reinforce offending behaviour, negative relationships with carers, issues with behaviour management, placement

instability, changes in case manager or social worker and a lack of consistent service involvement can all influence the likelihood of a young person engaging in offending behaviour (Staines, 2016, 2017).

In addition to Staine's (2016) research, recent Australia research has continued to interrogate the factors that contribute toward over-criminalisation of young people in care. Gerard et al., (2023), drawing on 11 interviews with serving NSW Police officers, identified that police had intensive and frequent involvement with children from residential care and were frequently called upon by residential care staff in response to allegations of poor behaviour rather than criminal activity. Police respondents identified having frequent contact with young people from residential care both as a result of being called to their care residence and also in public spaces, such as shopping malls or train stations, where young people are more likely to frequent, potentially due to feeling unsafe in the care home (Gerard et al., 2023; Moore et al., 2017). This may point toward a contributing factor, to explain why young people in care are over-represented in criminal activity as more frequent police attention may result in increased criminalisation (Richards et al., 2019).

Further, reliance on police as a behaviour management tool has also been well identified as an issue contributing toward criminalisation (Gerard et al., 2019). Care-criminalisation, a term coined by McFarlane (2018) refers to the process by which children in OOHC enter into the criminal justice system as a consequence of a system of poorly trained and underpaid staff who are unable to successfully resolve conflict, instead relying on police as a form of behaviour management (McFarlane, 2018, p. 416). The process of care-criminalisation is further evidenced by the fact that children from OOHC are often arrested for minor offences, that would not usually merit a police response for children not in care (Gerard et al., 2019; McFarlane, 2018, p. 416). The process of "care-criminalisation" was also discussed by Gerard et al (2023) who found police were frequently being called to respond to minor disturbances, resulting in young people being charged with criminal offences for behavioural issues that would not usually necessitate a police response. In Gerard et al.'s (2023) study, one police officer described feeling as though police were being called to perform a parenting or disciplinary role rather than to respond to criminal activity; this in turn had a criminogenic effect.

Another major theme that emerged out of Gerard et al.'s (2023) study was the impact of police attitudes and perceptions. It has been well-researched that police tend to hold more negative and stigmatising attitudes toward young people than the general population (Richards et al., 2019). This was corroborated by Gerard et al. (2023, p. 94) who found that police held highly stigmatising views of young people in residential care, including describing them as "shit kids". These views are not only highly problematic, but they are also potentially highly criminalising as it has been evidenced that once a young person is cast as a "usual suspect" within the justice systems their attempts at reduced offending are often inhibited (McAra et al., 2010). The impact of such negative perceptions is also stark in view of the ways in which police discretionary powers and diversionary mechanisms are typically applied in criminal cases involving children from care. Gerard et al. (2023) found that children from OOHC are more likely to receive punitive approaches, such as being charged rather than cautioned. This suggests that they are less likely to benefit from police discretion than other groups of children or young people. For Aboriginal and Torres Strait Islander young people in care, the impacts of institutional racism, discriminatory practices, increased surveillance and the ongoing impact of colonialism and dispossession further compound these issues, resulting in even higher rates of criminalisation amongst Aboriginal and Torres Strait Islander young people (Aboriginal Legal Service, 2023).

Understanding the over criminalisation of young people from residential care is also important as there is evidence that girls who have experienced CSE also face over criminalisation. Therefore, young people who experience CSE and live in residential care face compounding forms of over criminalisation. Cockbain and Brayley (2012) in reviewing data from a United Kingdom CSE and youth offending team found that 40% of young people who had experienced CSE had criminal records, and that recidivism rates were high. Also of great importance are Cockbain and Brayley's (2012) findings that young people were usually identified as offenders prior to being identified as victims-survivors of CSE. Further to this, there is evidence that young people who experience CSE may also be criminally exploited by organised crime networks and gangs who coerce them into engaging in criminal activity (AUSTRAC, 2022). Research into the criminalisation of sexually exploited young people is limited, particularly in Australia, however there is some evidence that trauma responses associated with CSE may result in behaviours such as anger (Gilligan, 2016). It is clearly evidenced that young people in care are a group who are highly criminalised, an issue that likely intersects with the responses they receive in relation to CSE.

3.4 The Joint Protocol

In response to the over-representation of young people with care experience in the criminal justice system, the NSW “Joint Protocol to reduce the contact of young people in residential out-of-home-care with the criminal justice system” (the Joint Protocol) was introduced in 2016. The Joint Protocol was developed collaboratively between NSW Police, DCJ and several non-government organisations and aims to reduce criminalisation through a multi-agency approach (NSW Ombudsman, 2019). Included in the protocol is guidance for residential care providers on upskilling staff to use a trauma-informed lens and reduce reliance on police for behaviour management, instead encouraging the use of behaviour support plans amongst other strategies for managing challenging behaviour in-house. In addition, the protocol aims to enhance the use of police discretionary powers to divert young people away from the criminal justice system. Specifically, the protocol guides police not to pursue criminal charges against young people for minor offences if other, less punitive options such as warnings or cautions are available and, if charges are pursued, the police are encouraged to utilise youth justice conferences where appropriate.

McFarlane et al. (2019) explored perceptions of front-line professionals involved in the roll out of the Joint Protocol, including officers from NSW police and workers from statutory child protection services, OOHC service providers, juvenile justice and legal aid. Overall, respondents had a positive outlook on the potential for the protocol to reduce the criminalisation of young people in care, however it was also acknowledged that the success of the protocol would rely heavily on all agencies upholding their ongoing commitment to training of staff in use of the protocol and effective interagency collaboration. Unfortunately, to date, there is no publicly available comprehensive review or analysis of the effectiveness of the Joint Protocol. However, Gerard et al. (2023) in interviewing NSW police officers about responding to young people in care described overall positive feedback about the effectiveness of the Joint Protocol. One police officer stated that the Joint Protocol had resulted in a minimum 40% saving in their resources and improved relationships between police and residential care staff (Gerard et al., 2023).

Interestingly, despite the intersection between criminalisation and CSE for young people in care, the NSW Joint Protocol does not address the need to consider CSE or criminal exploitation as a factor relating to criminalisation and offending. In contrast, Hunter et al.

(2024) in a review of similar local protocols from the United Kingdom found that most of them also addressed the intersection between criminalisation and CSE for young people in care. This is important in acknowledging that this cohort of young people are not only at a heightened risk of CSE, but they are also more likely to be criminalised as a result (Fitzpatrick et al., 2023). In addition, several of the protocols also addressed the links between behavioural challenges and experiences of victimisation, again drawing attention to CSE as a potential precipitator for offending that may result in criminalisation (Shaw & Greenhow, 2020). Evidently then, while the NSW Joint Protocol is an important policy step toward reducing criminalisation of young people in care, further consideration of the overlap between criminalisation and CSE and criminal exploitation would allow for a more comprehensive assessment of the factors that contribute toward the issue.

3.5 Identifying Risk Factors

As it has become increasingly recognised that CSE is a form of CSA, attention has been paid toward identifying risk factors and bolstering prevention and responses. To date, prevention efforts pertaining to CSE have largely centred on identifying risk factors that “push” and “pull” young people into CSE. The following section will discuss what is known about risk factors for CSE, including those that specifically apply to young people in OOHHC.

Laird et al. (2020) in a scoping review and meta-analysis of risk factors relating to CSE found that both internal and external factors placed children at risk. The most significant factor consistently identified with an increased risk of CSE is experiences of earlier trauma and CSA (Franchino-Olsen, 2021; Fredlund et al., 2018; Laird et al., 2020). Franchino-Olsen (2019) also found that prior experiences of abuse, including sexual, physical, and emotional abuse are a primary risk indicator for CSE. Lavoie et al. (2010) in a sample of 814 adolescents engaged in high school education in Canada, found that 4% reported having “sold sex”, in exchange for money, drugs or tangible items and within this group there was a higher incidence of past CSA and stressful life events, as a primary risk factor for “selling sex”. Further, Fredlund et al., (2018), in a population based study, found 0.9% of young people had a history of “selling sex” and in investigating motivations for young people “selling sex” found that young people who identified emotional reasons for doing so including wanting closeness, feeling appreciated, feeling mentally unwell and being persuaded by the “buyer” were more likely to have experienced CSA in the past (Fredlund et al., 2018, p. 293). The

terminology used by Fredlund et al. (2018) in this study such as “sold sex” implies agency and choice on behalf of the young people. However, the exploitative nature of these exchanges is clear, as the supposed emotional reasons described in the study are all basic, unmet emotional needs that are known to increase risk for CSE.

Laird et al. (2020) found that risk of CSE increased four-fold for young people with past histories of CSA. Naramore et al. (2017) in a U.S. study on youth offending, found that young people who have been arrested for sex-trafficking related offences have higher adverse childhood experiences (ACE³) scores, than youth arrested for other criminal activity. Further to this, girls and Black young people were over-represented in the cohort of those criminalised for sex-related offences (Naramore et al., 2017). This suggests clear failures in the response to child maltreatment, as it indicates children who have been abused are not only more likely to be re-victimised, but they are also more likely to be criminalised. Further, it highlights the role of interlocking systems of oppressions on young people coming into contact with the criminal justice system. The correlation between past histories of abuse, racism, sexism and poverty and CSE, may also be exacerbated because children who have been abused in their homes and exposed to intersecting sources of marginalisation are at a heightened risk of running away, which increases their risk of being exploited (Franchino-Olsen, 2019; Naramore et al., 2017). Evidently then, young people who have experienced past child abuse or neglect are at a heightened risk of CSE. Correlated with this, it has been well documented over several decades that young people who are involved in the care system are at increased risk of CSE or “prostitution” as it was previously referred to (Cusick, 2002; Laird et al., 2020; Naramore et al., 2017; Salisbury et al., 2015). While it has been well-established that being in care correlates with risk for CSE, much of the research to date has focussed on the correlating factors that contribute to young people being in care in the first place, and less so on how the care and child protection system itself might correlate with CSE (Hallett, 2016).

Hallett (2016), in interviewing young people with experiences of CSE found that it was factors relating to being in care that made them feel vulnerable. Several young people spoke

³ Adverse Childhood Experiences (ACEs) are measures used to identify exposure to stressful or traumatic events during childhood that can negatively impact health and development. ACE indicators may include but are not limited to physical, emotional, or sexual abuse, neglect, domestic violence, substance abuse, mental illness, parental separation and family member incarceration.

about feeling powerless, having a sense of instability and being “unlike” normal children (Hallett, 2016, 2141). Further, young people described how a lack of care, attention and connection to others within the care system was at the very root of the problem of CSE, as perpetrators preyed upon children’s unmet physical and emotional needs. Young people also spoke of experiencing a sense of powerlessness within the care system, and an overall mistrust of adults, both those who exploit them and those who are there to “care” for them. Hallett’s (2016) research is of particular relevance to this study, as she prioritised young people’s voices to explore their perceptions of the problem of CSE. In doing so, she exposed the contradictions present in the care system, uncovering implicit ways in which it is intricately bound with the issue of CSE (Hallett, 2016). Hallett (2016) problematises the tendency for CSE to be framed as an inherently individual problem that only “vulnerable” children are at risk of.

3.6 Push and Pull Factors

As greater knowledge and awareness of risk factors for CSE have developed, the situational and personal factors that contribute toward risk have been conceptualised into “push” and “pull” factors (Jackson, 2014). Push factors are those that drive children and young people to detach from safe adults and environments towards CSE, while pull factors are the things, or person “pulling” or attracting the child or young person into CSE (Jackson, 2014). Research emerging out of Barnardos in the United Kingdom (Jackson, 2014) has made a significant contribution toward theorising push and pull factors, that has been adapted into the Victoria Government’s, “Child sexual exploitation practice guide for Child Protection” (2017), it should be noted there is currently no equivalent available in NSW. The Victorian guide offers a robust account of push factors including:

- Being bullied at school or home/placement by peers or siblings
- Experiencing overt or implied rejection by family, friends, carers or teachers; this can be the absence of affection
- Lonely, looking for someone who notices them
- Threats of, or actual physical, sexual or emotional abuse and neglect
- Exposure to violence, including family violence and violence by others in placement
- People at home using alcohol or other drugs

- Hunger, cold and need for shelter
- Shame and low self-esteem
- Poverty and ‘going without’
- Avoiding an event such as court cases or a difficult conversation
- Being labelled and stigmatised by others (for example: ‘you’re a resi kid’, ‘slut’, ‘loser’); labels given by the system, such as ‘high risk’ or ‘complex’, can also be stigmatising
- Poor-quality care in placement
- Changes of placement
- Lack of positive culture in placement

Push factors include a range of both internal and external factors that may “push” young people into unsafe situations where they are sexually exploited. Importantly, the guide also offers several push factors specific to young people in residential care, including stigmatising language attributed to them by peers and professionals and the quality of care provided. Other push factors specific to young people in residential care include peers acting aggressively; and not being able to see friends and family freely (McKibbin et al., 2020). Further, the Victoria Government (2017, p. 13) includes detailed pull factors that coerce young people into CSE:

- Alcohol and/or other drugs – direct access or funds to purchase them
- Access to money and other resources
- Someone says he will love and protect me and that I can trust him (counterfeit attachment)
- Being coerced, lured or enticed by a boyfriend, girlfriend, friends or family members
- Sense of belonging and having a shared identity
- Involved with peers in committing crimes
- Perceived glamour and excitement
- Parties and other opportunities to be with others
- Illusion of power and control
- Illusion of safety

(Victoria Government, 2017, p. 13)

The conceptual model of push and pull factors offers a useful insight into the complex interplay of conditions that contribute toward risk of CSE. However, further analysis of push and pull factors specific to children in care environments, as well as consideration of interlocking systems of oppressions, including racism, sexism, ableism, classism, heteronormativity and other forms of systemic structural disadvantage would be of further value. For example, having a “sense of belonging and shared identity” may be directly related to the sense of marginalisation experienced by children of diverse cultural backgrounds, sexualities and genders, as well as those who are ostracised because of being in care. Further to this, Hallett (2016) in speaking with young people about their experiences of CSE found that it was often systemic factors, associated with being in care, such as feeling disconnected from others, and not having emotional needs met that pushed them toward CSE.

3.7 Conceptual Shifts in Responding to Child Sexual Exploitation

As highlighted in Chapter One, conceptual challenges and lack of a consistent definition of CSE have brought complex challenges to responding, further exacerbated by the increasing use of online platforms, and inconsistent legislation across jurisdictional bounds. Despite this, research, policy and practice emerging out of the United Kingdom has made vast contributions to the evidence-base for preventing and responding to CSE. Within the Australian context, responses to CSE have arisen more recently and emerged largely in response to the Royal Commission (2017). As addressed in the previous chapter, CSE has not always been viewed as a form of abuse, and historical, outdated narratives about “child prostitution” have continued to shape institutional responses to it. Therefore, this section will provide an overview of what is known about responding to and preventing CSE, in consideration of the conceptual shifts that have occurred over recent decades. The issue of CSE as a distinct form of CSA gained increasing recognition following the turn of the 20th century, when child protection practitioners, researchers and advocates successfully fought to shift focus toward the abusive nature of “child prostitution”, a term previously used to describe CSE (Beckett et al., 2018). Although “child prostitution” had emerged as an issue of public concern at times throughout the 19th and 20th centuries, it was not at the time conceptualised as a form of child abuse. Instead, the focus was primarily on the perceived behavioural challenges and criminal offending of the child (Hallett, 2017,12).

Early studies into young people's engagement in "prostitution" was largely underpinned by psychoanalytic and Freudian perspectives whereby the focus was largely on individual pathology and perceived psychological deficits that predisposed young people to "prostitution", such as low intelligence and poor self-image (Coombs, 1974; Davis, 1971). These perceptions placed a high degree of blame on "child prostitutes" propelling narratives of deviance and "othering" and therefore providing limited space for consideration of the situational oppressions that forced young people into "prostitution" (Hallett, 2017). Later, factors such as parental separation, maternal promiscuity, childhood abuse or neglect, early sexuality and family socioeconomic status were identified as correlating with entry into "prostitution" (Cusick, 2002; Widom & Kuhns, 1996).

Early narratives highlight the historical context in which children who were sexually exploited, criminalised and blamed, rather than viewed as victims of CSE, which allowed limited attention to be paid to perpetrators. However, as discussed previously discourses relating to "child prostitution" began to shift during the late 20th century as greater recognition was given to other social indicators that potentially increased risks of "child prostitution". Nadon et al. (1998) found that "running away" from home significantly increased the likelihood of engaging in "prostitution", as it was framed at the time. With this shift came increased attention to complex factors and circumstances that intersect with "prostitution", including relating to choice and agency (Hallett, 2017). Although young people may have supposedly made a choice to engage in "prostitution", multiple factors, including poverty and trauma may intersect to impinge upon their capacity to "freely choose" (Hallett, 2017, p. 17). Further, with the acknowledgment that children could not necessarily "choose" to engage in prostitution came greater attention to grooming tactics used by older men to coerce children into it (Hallett, 2017, p. 17).

As such van Meeuwen et al. (1998) conceptualised "child prostitution" as a form of child abuse and a violation of child rights. They also increased understanding of perpetrator behaviour including grooming, whereby they gain power over young people through a four-stage model of ensnaring, creating dependency, taking control and eventually total dominance (Van Meeuwen et al., 1998, p. 12). Van de Vijver and Harvey, (2019) also commented on the grooming behaviours of perpetrators, highlighting how they manipulate young people into the belief that they are at least in part, willing participants and decision-makers who are consenting to sexual contact (Van de Vijver & Harvey, 2019). This, in turn inhibits them from

disclosing abuse they have experienced, as they view themselves as willing participants, even if they did not feel like they were able to refuse (Van de Vijver & Harvey, 2019)

As mentioned, one of the first to conceptualise CSE with a “puppet on a string” model was van Meeuwen et al., (1998). The “puppet on a string” model, offered various categories through which abusers were able to groom and exploit young people (van Meeuwen et al., 1998). The model, subsequently adopted by the Victorian Government in their practice guide on CSE (2017), breaks down CSE into five categories. These categories highlight the different strategies perpetrators utilise to groom and exploit young people. Firstly, the “inappropriate relationship model” involves an older, usually trusted person inappropriately using their power to coerce a child or young person into sexual activity. Secondly, the “boyfriend or loving relationship model” occurs when a person grooms a child or young person into believing they are in a loving relationship and then subsequently exploits this relationship to force or coerce the child to have sex with others. Thirdly, the “organised model” involves networks of perpetrators trafficking children and young people across varying locations whereby they are sexually assaulted by multiple perpetrators (Victorian Government, 2017). Additional models of CSE include the “peer model” whereby children are lured into CSE by a friend or peer and the “betrayal model” whereby a trusted adult forces the child into CSE in exchange for goods or power (Victorian Government, 2017).

Relating to young people in residential care specifically, Beckett et al. (2013, p. 74) proposed that CSE primarily took three forms. Firstly, abuse through so called “prostitution” whereby a young person receives something, including monetary reward for sexual activity. Secondly, and most commonly was a “party house” scenario that involved perpetrators encouraging young people to spend time at their house, providing them with “free” drugs and alcohol but ultimately grooming, coercing or forcing them into sexual activity (Beckett et al., 2013, p. 74). Thirdly, through a “relationship model” whereby an adult groomed a young person under the age of consent into the belief that they are in a relationship with a much older person, with the young person often receiving more intangible things of value such as attention, affection and a sense of belonging (Beckett et al., 2013, p. 74). It is clear then, that although the terminology and conceptualisation of “child prostitution” and CSE has changed over time, the factors that directly correlate with CSE have been consistently documented.

As has been mentioned, another issue that directly correlated with conceptualisations of CSE and continues to affect institutional responses is criminalisation. A strong body of literature emerging out of the United Kingdom heavily criticised the criminalisation of young people in “prostitution”, arguing that doing so resulted in further marginalisation (Barett, 1997; Lea & O’Brien, 1995). Accordingly, the United Kingdom government adopted policy changes in the early 21st century that focussed on de-criminalising children engaged in “prostitution”, shifting discourses toward the abuse experienced through forced prostitution (Beckett et al., 2018). In the Australian context, Martyn’s (1998) enquiry into the commercial sexual exploitation of children and young people in Australia, represented the first large-scale government-initiated report into CSE. The findings demonstrated that CSE was a widespread issue across Australia and found that there was an urgent need for legal reform that better protected victims-survivors and addressed the offending of the perpetrators (Martyn, 1998). As a result, policy change relating to the criminalisation of child prostitution occurred across all Australian states and territories during the late 20th and early 21st century. In NSW, the *Children and Young Persons (Care and Protection) Act 1998 (NSW)* recognised the need to protect children engaged in prostitution rather than criminalise them. Concurrently, the *Crimes Amendment (Child Prostitution) Act 1998 (NSW)* criminalised adults who procured, groomed or exploited children for commercial sexual purposes. These reforms were most significant in spearheading the shift from a juvenile justice to a child protection response to “child prostitution”, clearly differentiating between who was an offender and a victim (Beckett et al., 2018). Notably, despite these protections, the legislative language continues to employ the term “child prostitution”, including in the *Crimes Act 1900 (NSW)* reflecting the historical framing of CSE and its persistence in legal discourse, which has implications for contemporary policing and policy responses.

3.8 Structural Conceptualisation of Child Sexual Exploitation

Further shifts in the literature have occurred in relation to recognising the structural conditions in which CSE occurs. Pearce (2009) conceptualised how CSE occurs in conditions where young people’s most basic needs for safety and stability are not being met and argued that the needs of individual children must be viewed within the contexts in which they live. Building on this, Melrose and Pearce (2013) argued that dominant CSE discourse remains highly individualised, which reduces young people’s involvement to issues of personal behaviour, perceived morality or vulnerability, which in turn obscures the social, economic and cultural conditions that underpin CSE. They argue that such individualised framings

divert attention away from structural factors including poverty, socio-economic disadvantage, and unmet material and emotional needs, despite evidence that these structural conditions may increase young people's exposure to CSE (Melrose and Pearce, 2013)

Also drawing on a structural lens, Brown (2019) argued that CSE cannot be adequately understood through individual vulnerability or risk alone. Instead, she situates CSE as occurring within broader social and institutional contexts, including poverty, classism, gendered violence and involvement in child protection systems (Brown, 2019). Further, she highlights how behaviours often labelled as "risky" should be better understood as survival strategies utilised by young people within severely constrained conditions (Brown, 2019).

This is aligning with Hallett's (2016, 2025) work which highlights how structural factors, including those relating to the care system itself can contribute toward CSE. Her research, drawn from interviews with young people suggests that young people who lack care, recognition, and meaningful participation in decisions about their support needs are particularly exposed to exploitation. Adult caregiving and child protection practices, even when designed to prevent CSE, may inadvertently compound risk by failing to address underlying needs and by restricting young people's agency (Hallett, 2016). These insights highlight the importance of considering structural and institutional contexts, alongside individual factors, in understanding and responding to CSE. Recently, Hallett (2025), drawing on interviews with Australian child protection practitioners further emphasises the broader structural and institutional conditions that can increase vulnerability to CSE. Within this framing, young people's involvement in CSE is linked to their unmet material and emotional needs, including basic needs for safety and stability (Hallett, 2025). Placement instability, lack of continuity of care, and limited opportunities for meaningful adult relationships are found to be key structural factors that can exacerbate vulnerability (Hallett, 2025). Residential care, in particular, was described as a context in which these structural factors are exacerbated as care environments are described as impersonal or lacking "homeliness", and high staff turnover can limit the development of consistent, supportive relationships (Hallett, 2025, p. 924). This is consistent with research engaging directly with young people, which highlights how structural factors within the care systems including placement breakdowns, inconsistent staffing, limited trusting relationships with adults, and punitive responses to behaviour can increase vulnerability to CSE (Hallett, 2016, 2017; Pereda et al., 2022)

3.9 Tensions Between Agency and Vulnerability

Although it is now widely accepted that CSE is a form of CSA, conceptual challenges continue to shape understandings of and responses to it. Evident within the literature about responding to CSE are tensions between acknowledging the presence of agency and choice amongst young people who have experienced CSE without masking victimhood and vulnerability (Beckett & Pearce, 2019, Brown, 2019; Hallett, 2017). Understandings and responses to CSE have been informed by conceptualisations of CSE that focus primarily on the vulnerability of the young person, such as Barnardos “puppet on a string” model (Barnardos, 2011) Such conceptualisations focus on the young person’s vulnerability to being entirely controlled and manipulated by external people or groups where they are perceived as being helpless, passive and in need of rescue (Beckett et al., 2018) and can be well understood in consideration of the historical contextual framing of CSE as “child prostitution”, a label that was associated with deviance and criminalisation on behalf of the young person. Given the significant advocacy needed by child protection lobbyists to reframe the issue to one of abuse, the reluctance to acknowledge any degree of agency by the victim is understandable.

Beckett and Pearce (2019) however suggested that simplistic conceptualisations of CSE, focussed on binary constructions of “victimhood” and “agency” fail to account for complex power dynamics and contexts in which it occurs. They argued that for young people who experience CSE, there is often a degree of agency or choice being exercised by them, however the circumstances in which these choices are made are often constrained (Beckett & Pearce, 2019). This was similarly described by Montgomery-Devlin (2008) who observed that young people may initially present as having choice and agency, however with further exploration these choices are often constrained by their circumstances, for example, trying to meet a basic human need. However, the presence of choice, in circumstances that are uniquely constrained, and often influenced by external factors outside of the young person’s making does not equate to accountability and should not negate the abusive, manipulative and harmful acts of the perpetrator (Beckett & Pearce, 2019).

Hallett (2016) argued that responses to CSE that solely focus on the issue of “protection” have the potential to overlook systemic structures that contribute toward abuse. This includes the role that the child protection system plays in reinforcing a sense of

powerlessness, instability and invisibility for young people in care, that then contributes toward their vulnerability by leaving them with an unmet social, or emotional need that they may seek to fill in relationships with others. Therefore, leaving them vulnerable to the exploitative tactics of perpetrators who position themselves as able to meet their needs. Importantly, Beckett and Pearce (2019) argued that in ignoring the presence of agency and choice amongst young people who have experienced CSE, there is the potential for harm to be overlooked when young people appear to feel “in control”. This is of great significance when considering the ways in which professional perceptions of young people’s perceived choice and agency influence responses to them. This was evident in one case, whereby a 13-year-old girl who had been groomed and sexually exploited was described as “predatory” by the prosecution, and when her “behaviour” was considered as a precipitating factor during sentencing (Nelson, 2016).

Therefore, there is a careful balance needed in conceptualising and responding to CSE in a way that acknowledges the potential for choice and agency on behalf of the young person, without placing blame or responsibility on to them. Instead, responsibility must be shifted toward the perpetrator, who is making abusive and exploitative choices to harm the young person. Further, partnering with young people in a way that acknowledges them as agentic beings may allow for a much richer understanding of the issue

3.10 Going Missing

In addition to the identified “push” and “pull” factors that have been discussed, the single most important indicator that has been consistently linked with CSE is new or emerging patterns of running away, or going “missing”, an issue particularly prevalent amongst young people living in residential care (Beckett, 2011; Jackson, 2014; Karam & Robert, 2013). Findings from the Independent Inquiry into Child Sexual Exploitation in Rotherham (1997-2013) demonstrated that most children who had been sexually exploited had frequent missing episodes (Jay, 2014). Further, a child or young person who is frequently missing from care is at an increased risk of not only CSE but also other forms of harm including criminal exploitation, that often overlaps with CSE and health related harms (Boulton et al., 2023; Beckett, 2011).

The terms “push” and “pull”, used in risk assessment for CSE are also interchangeably used to describe the reasons that young people might leave placement and many overlap with

push and pull factors that correlate with CSE. These include difficulty with placement, exposure to violence as well as a desire to see friends, family or embark on a relationship (McFarlane, 2021, Victoria Government, 2017). Beckett (2011) argued that the reasons children and young people may go missing from care and become vulnerable to CSE can correlate with their pre-care life experiences such as previous CSA, absence of nurturing relationships and absence of carers who assist them to develop boundaries. For some children and young people, the residential care experience can compound, rather than alleviate pre-existing vulnerabilities (Beckett, 2011). Further to this, structural factors within the care environment may contribute toward young people going missing, including a lack of supervision, feeling rejected, seeking connection with others simultaneously increase exposure pathways to CSE.

McFarlane (2021) in a review of literature and analysis of Australian police data on young people missing from OOHC found that young people in OOHC went missing at a rate twice as frequently as those not in care. It was identified that one in five young people in OOHC have at least one period of “going missing” each year (McFarlane, 2021). Further, of total missing persons reported to police across Australia over a 30-day period, children in OOHC represented 30% of all reports (including adults and children). This was even higher when broken down into the sub-categories of “youth” and “child” reports, whereby 77% of reports about missing youth (13-18 years old) related to young people from OOHC and 72.5% of missing persons reports relating to children (12 years and under) were from OOHC (McFarlane, 2021). The enquiry further found that the peak age at which children or young people went missing was 14 years old, which is consistent with other literature on the issue (McFarlane, 2021).

Concerningly, there is also evidence that going missing is another avenue through which young people from care are criminalised. Young people who are missing, may face additional risk of criminalisation due to involvement in survival offending or due to criminal exploitation (Jay, 2014). However, young people from care are also criminalised for simply going missing at all. Colvin et al. (2018) found that NSW police were unable to differentiate between going missing and offending, citing “going missing” as an offence commonly committed by young people in care. Further, it was also evident that police viewed attending to call outs relating to missing young people as burdensome on police resources with one officer describing being called out to a residential care home every shift (Colvin et al., 2018,

235). Importantly, police attitudes toward young people also influenced the response the young people received, as several officers used language that implied delinquency and trouble, overlooking the vulnerability experienced by young people missing from care. This is of interest when considering the findings from Beckett et al. (2016) who found that young people who had instances of going missing in the United Kingdom described being dissatisfied with the way police responded to them. Several young people described being treated in a punitive manner and having their vulnerability overlooked (Beckett et al., 2015, p. 53). Overall, the findings from Colvin et al. (2018) alongside those from Beckett et al. (2016) suggest that young people who go missing from care are likely to be met with responses by police that not only criminalise them but also deny their vulnerability (Beckett et al., 2016; Colvin et al., 2018). The high rates of young people going missing from care environments further points toward the influence of structural conditions contributing toward CSE risk, as young people describe ‘running away’ as a response to unstable care conditions (Pereda et al., 2022) and to being further marginalised in response (Beckett et al., 2016).

3.11 Keeping Young People in Care

Considering the above, reducing instances of young people going missing is important, not only in terms of reducing risk for CSE, but also for reducing potential criminalisation. Recognising this, practice responses have in large part focussed on reducing instances of young people going missing. In the Australian context, the Power to Kids framework for responding to harmful sexual behaviors and CSE in residential care has developed a missing from home strategy aimed at responding effectively when young people are away from placement and ensuring the residential care environment is a safe and supportive environment for young people (McKibbin et al. 2020). The missing from home strategy specifically focusses on strengthening relationships between young people and workers, as this has been identified as a protective factor against going missing. In addition to being allocated a key worker and other sub-key workers, the strategy provides young people with a phone to ensure contact can be maintained between them and their carers when they are away from placement (McKibbin et al., 2020).

Another practice approach aimed at addressing risk when young people are away from placement is the utilisation of return to care interviews. The returning home interviews (RHI) are an approach commonly utilised in the United Kingdom, with the purpose of assessing

why the young person went missing and potentially addressing any of the factors that may have contributed (Pona et al., 2019). Further, the returning home interview offers a potential avenue for addressing risk factors and identifying potential strategies for reducing harm (Pona et al., 2019). While returning home interviews are a statutory requirement in England, policy requirements differ within the Australian context. In NSW the Permanency Support Program (PSP) Events Policy specifies that PSP providers have a responsibility to talk with children/young people when they return about where they have been and make appropriate mandatory reports if required. The policy does not specify, however, what questions should be asked or the level of detail required. Boulton et al. (2023) in a review of returning home interviews conducted in England noted that they were frequently not conducted within the designated time frame (72 hours), and the questions asked were inconsistent across jurisdictions and individual incidents.

Further to this, while strategies such as return home interviews and missing from home policies are designed to reduce missing episodes these interventions may not address underlying structural conditions that contribute to young people going missing. As has been highlighted, factors such as placement instability, restrictions on agency, inconsistent caregiving, and unmet material and emotional needs, which can increase their vulnerability to CSE and other harms (Beckett, 2011; Hallett, 2016; Brown, 2019). In this context, going missing may also be understood by young people as a protective or survival strategy, allowing them to meet immediate needs, avoid conflict, or seek safety outside placement (Pereda et al., 2022; Jackson, 2014). Therefore, returning home interviews and other risk assessment frameworks that focus on individual missing episodes may not account for the complex structural conditions that drive young people away from placement.

Within the Australian context, NSW police approaches toward young people missing from care have involved the development of a “missing person pack” developed alongside the Joint Protocol and the DCJ permanency support program critical events policy. The missing person’s pack is a document that provides police with key information about the missing young person, including a photo, other identifying information, information about health, disability, drug and alcohol use, friends, school engagement and last known whereabouts. Importantly, the document also addresses concerns about new, or frequent patterns of going missing and any concerns relating to potential CSE. These questions demonstrate appropriate consideration to the risk of CSE when young people go missing,

however it is unclear how consistently the missing person pack is utilised by police in different local area commands.

The critical events policy also specifies that children who have been missing should have their case plans reviewed, and consideration given to any changes needed following the missing event. However, as per the critical events policy, a young person is not deemed “missing” unless they have been away from placement for a period longer than 5 days, or unless they have been abducted and/or there are serious concerns for their welfare, meaning that children who are “missing” for shorter periods of time may not be met with the same response or level of urgency. While this may also serve to reduce police contact with young people in care, a known factor that reduces criminalisation, there is also the potential that children who have shorter “missing” episodes may not be perceived to be at risk.

3.12 Policing and Disruption

Pivoting toward law enforcement responses to CSE, disruptive policing has been increasingly acknowledged as a key tenet of a multi-agency response to CSE. In the United Kingdom, some police jurisdictions have dedicated CSE teams, or sexual violence teams and child abuse investigation teams. In the NSW context, the policing response to CSE is overseen by the Child Abuse Squad (CAS) that aims to prevent, disrupt and respond to offences of child sexual assault and abuse (New South Wales Police, 2025). In addition, the Joint Child Protection Response Program (JCPRP) is a tri-agency program between Police, DCJ and NSW Health aimed at responding to and prosecuting cases of CSA and CSE. The CAS also includes a “Child Exploitation Internet Unit” that specifically investigates CSE that is facilitated through the use of the internet and telecommunication systems. However, there is no publicly available operational or standardised definition of CSE used by the NSW police force or explicit reference to CSE in the *Crimes Act 1900* (NSW).

Disruptive policing has emerged as a law enforcement approach that offers a flexible and dynamic approach to policing that can be used to target offenders of CSA and CSE (Wager et al., 2021). Disruptive policing refers to the activities taken by police to stop a criminal activity from occurring or reduce consequences if it does (Innes & Sheptycki, 2004). Importantly, disruptive policing shifts the onus away from children as being an evidentiary source and on to professionals to take active measures to stop abuse from occurring (McVeigh & Heward-Belle, 2024).

Disruption relies on the use of ethical and legal means to make offenders environments more hostile, therefore making it harder for a suspect to commit CSA offences, while simultaneously targeting associated offending behaviour (Kirby & Snow, 2016). Disruptive policing strategies are a more proactive policing measure that have historically been used primarily in the context of disrupting organised crime, however in recent years have also been utilised in the context of disrupting CSE and CSA (Tilley, 2016). Examples include enforcing other minor offences, use of exclusion orders and high-visibility policing of known “hotspots” (Wager et al., 2021).

Overall, there is a paucity of academic literature available on disruption, however the concept has emerged in multiple policy documents, case reviews, government and council reports, policing policies and procedures relating to exploitation in the United Kingdom (McVeigh & Heward-Belle, 2024). McVeigh and Heward-Belle (2024) in a scoping review embedded within the broader DICE project, analysed the available literature on policing approaches to disrupting CSE. They found that disruption strategies could be split into multiple categories, including legislative powers, police powers under legislation, service delivery models of police response, multi-agency approaches, relationships with young people and trauma-informed training (McVeigh & Heward-Belle, 2024).

The Victoria Government practice guide for child sexual exploitation (2017), the only of its kind within the Australian context directly specifies “disruption” as one of five strategies for addressing CSE. Specifically, the guide identifies “disruption” as an essential element of practice in response to CSE, stipulating that all practitioners involved in the care of a child or young person can contribute toward disruption through evidence gathering and monitoring of information and safety when a young person is deemed at risk of CSE, fitting with the “multi-agency” approach to disruption (McVeigh & Heward-Belle, 2024). This also aligns with the findings from Wager et al. (2021) who asserted that in the context of CSA, disruption is a safeguarding tool that may involve multi-agency working and information sharing across agencies. While multi-agency working may involve close collaboration between key agencies including child protection and police, it may also involve creative involvement from other agencies, including housing providers, fire and rescue, and other local authorities such as those involved in community safety, licensing and trading (McVeigh & Heward-Belle, 2024).

In addition, police may use legislative powers or “police powers under legislation” to disrupt CSE (McVeigh & Heward-Belle, 2024). In the United Kingdom, a range of legislative options have been identified as potential avenues for disrupting CSE, including the use of child abduction warning notices, a legislative avenue that has consistently been identified as an essential element of disruption (McVeigh & Heward-Belle, 2024). Further, the Victoria practice guide also describes the use of legislation and “police powers under legislation” to disrupt CSE and remove the perpetrator from the young person’s circle of influence, including the use of intervention orders (IVOs), traffic offences and drug offences (Victoria Government, 2017). Additionally, it stipulates that police may serve a person of interest with a “harbouring notice” or “loitering letter”. The harbouring notice can be served on a person who is “concealing”, “counselling” or inducing a child to be absent from their placement and offers an important avenue for police in Victoria to “disrupt” CSE from occurring without pursuing criminal charges (Victoria Government, 2017). There is currently no equivalent in NSW, outside of child abduction which is a criminal offence under the Section 87 of the *Crimes Act 1900* (NSW) that requires police to bring about criminal charges. Other avenues for disruption may include strengthening police relationships with young people and trauma-informed policing. This is important, particularly in responding to children from residential care as it has been clearly indicated that young people from care and police have historically fractured relationships (Gerard et al., 2023).

3.13 Training and Development

In addition to disruption strategies, there has been a recognition of the need to upskill front-line professionals in identifying risk factors for CSE and responding accordingly. In a scoping review of the literature on preventing CSE and harmful sexual behaviour in residential care, McKibbin (2017) found that upskilling residential care workers on identifying and responding to CSE was a key tenet of an effective prevention agenda. However, the high turnover of staff and casualisation of the industry has resulted in a situation whereby residential care workers may not be equipped with the skills or knowledge to identify and respond appropriately to CSE and other forms of CSA (Bath, 2015; Death et al., 2021; McKibbin, 2017; Moore et al., 2016; Moore et al., 2018). Death et al. (2021) in interviewing young people about sexual safety in residential care, even found one instance whereby a young person described being encouraged by a staff member to enter into an exploitative relationship with an unknown adult. Importantly, Death et al. (2021) also

highlighted that although young people in residential care had strategies for negotiating risk to their sexual safety, they were not well supported by their care environments, particularly when staff were under skilled or poorly trained. Hallett (2023) too found that while Australian child protection workers had an awareness of CSE, their practice contexts did not provide them with the support, knowledge or an adequate framework to assess for CSE and respond appropriately.

Across Australia, few training programs and resources have been developed that aim at addressing sexual exploitation against children and young people in child protection, and the overall knowledge about it is limited (Hallett, 2023) McKibbin et al. (2019) offer a three-tiered (primary, secondary and tertiary) prevention strategy based on a public health model for preventing and addressing CSE and harmful sexual behavior in residential care homes. Prevention strategy one involves “whole of house respectful relationship and sexuality education”. This includes upskilling workers to create a home environment that supports gender equality and respectful relationships and to have more educative and proactive “brave conversations” with children about sexual and relationship safety (McKibbin et al. 2019). The second strategy, “the missing from home” strategy, aims to counteract “push” and “pull” factors related to CSE, using a key-worker program to foster practice partnerships between children and workers. Finally, the sexual safety response strategy involves multi-agency working including disruptive policing to target perpetrators and therapeutic interventions for children and young people to exit them from exploitation (McKibbin, Halfpenny & Humphreys, 2019).

The pilot implementation of this prevention model across three residential care homes through the “Power to Kids, Respecting Sexual Safety” action research project demonstrated measurable reductions in the risk of CSE, harmful sexual behavior and dating violence across the residential care homes (McKibbin et al., 2020). Since then, the Power to Kids training model has been rolled out across 45 OOHC providers and was identified in the 2024 System Review into OOHC as an approach offering good relational practice that should be increased across the sector (Talbot, 2024).

Similarly, Project Paradigm (2025) offers a range of tools and training packages that support professionals to respond to CSE, including the development of a comprehensive risk assessment tool. The Sexual Exploitation Risk Assessment Framework (SERAF) was first

established as a Wales-wide child protection response and subsequently adopted across the other UK nations. However, a statutory review of its use in 2017 identified limitations in its application and effectiveness, prompting some local authorities in the UK to move away from structured risk frameworks toward broader care and support needs assessments (Hallett et al., 2019; Welsh Government, 2017). Despite this, elements of its structured risk-assessment model continue to inform practice in other jurisdictions, including in Australia whereby practice responses to CSE are less well developed (Hallett, 2025; Hallett et al., 2019).

An important component of reducing risk for CSE and a key recommendation out of the Royal Commission into Institutional Responses to Child Sexual Abuse is increasing children and young people in OOHC's knowledge of sexual health and relationship safety (2017b). For several reasons, children living in residential care may be less well equipped than other children to identify behaviours that are sexually exploitative or manipulative (Gatwiri et al., 2020). This vulnerability may be related to their past histories of trauma, severed attachments or intellectual impairment (Parkinson & Cashmore, 2017). It may also be related to perpetrator grooming behaviours, whereby perpetrators select children or young people that they detect to be vulnerable to manipulation and exploitation. It is further exacerbated by their likely disengagement from school or disrupted education, meaning they have not had the same access to sexuality and relationship safety education as other children (McKibbin, 2017; Moore et al., 2017). Considering this, Moore et al. (2016) argued that improved sexuality and respectful relationship education for children in residential care is a key component of preventing CSE. In addition, particularly within the Australian context there is a need for greater focus on the behaviour and offending of perpetrators of CSE as another strategy for preventing CSE, as evidently there continues to be a large focus on the behaviour of children and young people.

3.1 Multi-Agency Working

Another approach toward addressing CSE that was recommended by the Royal Commission is multi-agency working (2017b) McKibbin et al. (2020) identified that key to preventing and responding to CSE was close collaboration between police, child protection workers, and health and residential care workers, however this form of collaboration is underdeveloped within the Australian context (Hallett, 2023). Multi-agency, collaborative responses to CSA more broadly have been identified as critical for identifying high risk

situations and improving child safety and wellbeing (Cameron et al., 2015; Herbert et al., 2021; Pearce, 2014). In the context of CSE, Cameron et al. (2015) in a scoping review of responses to CSE globally, identified that multi-agency working was recognised as an essential component of the prevention agenda, but approaches to multi-agency working are often underdeveloped. Within the Australian context, there is a paucity in research that examines the effectiveness of such an approach, although findings from the Power to Kids project suggest cross-collaboration is key to effective prevention and response (McKibbin et al., 2020). Interestingly however, challenges with multi-agency working within the NSW context were identified by Gerard et al. (2023), including significant antagonism between key stakeholders, including residential care providers and police. While this study focusses on care-criminalisation, both stakeholders also play a key role in working collaboratively to disrupt CSE.

Challenges with interagency collaboration may arise when there is unclear reconciliation of the different roles and mandates of police, child protection workers and other key workers (Herbert et al., 2021; Herbert & Bromfield, 2019). Further in the context of responding to CSE, Gatwiri et al. (2022) asserted that ongoing training and education of staff, particularly in identifying triggers and behaviours associated with CSE is essential in strengthening multi-agency working. Similarly cross-agency education and training that allows collaboration between different services has been identified as an important strategy for overcoming these challenges and improving the effectiveness of a multi-agency response to CSA and CSE (Herbert et al., 2021). Strengthening of multi-agency working in response to CSE was a primary aim of the broader DICE project, and as such the project has brought with it several cross-agency training workshops, of which the results are currently under review.

3.15 Relationship Building

Another key tenet of responding to and preventing CSE is strengthening relationships between young people, residential care workers, case-managers and other trusted adults. Strong and trusting relationships between children and young people in care and frontline workers has been demonstrated to not only be an indicator of quality care but also to increase the sense of safety that children in residential care feel (Death et al., 2021; Duppong et al., 2017; Hallett, 2023; Schofield et al., 2016). Moore et al. (2016) in their qualitative study for the Royal Commission interviewed 27 children and young people living in residential care. In

speaking to the participants about safety, they identified that having at least one trusting, consistent and reliable relationship with an adult worker was of great importance in helping them to feel safe while in care (Moore et al., 2016). Further to this, participants felt that their needs were best responded to when they were able to build trusting relationships with workers who recognised the risks for young people in residential care and were available to talk, persisted during tough times, showed they cared and made time to hang out with them in a “relaxed way” (Moore et al., 2016).

Trusting and supportive relationships between children and young people in care and both front-line and professional workers were also identified by Timmerman et al. (2017) as a key strategy in responding effectively to the risk of CSA and CSE. Moore et al. (2018), argued that speaking directly with children and young people in residential care, provides important insights into what they value when it comes to an effective and supportive service response to their needs. Further, Beckett et al. (2016) found that in preventing and responding to CSE, relationships that are developed consistently and over time are essential. Strengthening relationships between young people and professionals is important as it not only reduces the risk of them “going missing” and therefore being exposed to CSE, but it also ensures that they have a trusted professional that they can talk to, and someone who is able to identify risk factors.

Young people also report that trusting relationships and having someone to support them was essential in addressing CSE (Hallett, 2017). Hallett (2017) found that young people clearly differentiated between workers who were truly invested in relationship building, and those who were just there to “do the job”. To feel “cared” for and supported, young people describe needing a reciprocal relationship with professionals, whereby they felt a mutual investment in the care relationship. Hallett’s (2017) findings also pointed toward the importance of young people having someone to talk to which relies on a degree of openness and mutuality, allowing for a sense of shared meaning-making that provides space for young people to make sense of their experiences. Acknowledging this, Lloyd et al. (2018) proposed a model of “detached youth work” in preventing CSE that refers to the involvement of a consistent professional in young people’s lives who can meet with the young person, in a location of their choosing, and importantly outside of statutory requirements. This allows for the professional to better understand the contexts in which the young person lives their life,

and through the strengthening of their relationship, identify and respond to concerns (Lloyd et al., 2018).

Interestingly, participants in Moore et al.'s (2018) study also identified barriers that impeded ability to form strong, positive relationships with workers. Participants felt that placement instability and unavailability of workers due to competing demands were key barriers in responding to their needs (Moore et al., 2018). Issues such as high staff turnover, low personal involvement by staff and administrative issues were counterproductive to forming trusting, positive relationships (Degner et al., 2010; Moore et al., 2018). Further to this, studies have found that as knowledge about CSA in residential care increases, so too do risk-averse policies and procedures that restrict relationships between workers and the children and young people in care (Timmerman & Schreuder, 2014; Timmerman et al., 2017).

3.16 Summary

This chapter has provided an in-depth review of the contexts in which young people in residential care have experienced “care” and the shifts that have occurred in residential care over recent decades. Further, this chapter has provided a review of what is currently known about responses to CSE. Together with the review of feminist and child rights literature that was covered in the previous chapter, this provides a more robust picture of the current nature of responses to CSE, as well as theory and knowledge that informs responses. A large amount of theorising on CSE has emerged out of the United Kingdom, and practice responses to it in Australia, and NSW are in a relative infancy. Despite this, there is increasing recognition of the importance of taking a multi-faceted approach to addressing CSE, including addressing risk and push and pull factors, responding to young people going missing, utilising a disruptive policing approach, upskilling staff and strengthening relationships. Other factors that must be considered in addressing CSE against young people in care include the legacy of victim-blaming narratives relating to “child prostitution” and the intersection of care-criminalisation. Although feminist and child rights theorists have challenged narratives that place blame on to children and young people for being abused, evidence of this persists, particularly within legal settings. This chapter concludes the literature review section of this thesis; the following chapter will move into a discussion of the research methodology employed in the study.

Chapter Four: Methodology

4.1 Introduction

This chapter provides an overview of the methodological scaffolding of this study, including the research aims, research questions and the conceptual framework used in the research process. There is a focus on the application of feminist and child rights approaches and how a discussion of how these informed the methods chosen. Aligning with the feminist underpinnings of the study, my own positionality as a researcher is highlighted. The ethical challenges that arose throughout the research and the approaches taken to address them are also discussed, as are the approaches to recruitment and data analysis. Finally, the limitations of the study are also included.

4.2 Research Aims

The overall aim of this research is to contribute to knowledge on CSE to better inform institutional responses to it. Although research undertaken overseas has engaged with young people's perceptions of responses to CSE (Dierkhising et al. 2020; Hallett, 2017; Pereda et al., 2022) there is a dearth of research that includes young people's voices from the Australian context. Therefore this enquiry aims to amplify the voices of young people who have experienced or been exposed to CSE within residential care in Australia, to better inform institutional responses to them. Given that young people in residential care are a group considered at particularly high risk of CSE, they are in an excellent position to provide ideas for how to improve institutional responses. In addition, the research provides important insight regarding the current nature of policing responses to young people who have experienced CSE within NSW. The inclusion of police in the enquiry provides is important as police play a critical role in shaping how children and young people affected by CSE are identified, supported and responded to (Mitchell et al., 2010).

4.3 Research Questions

In addressing the aims of this study, this enquiry has been informed by the following research questions:

- How do young people who have been exposed to, or directly experienced CSE in residential care describe being responded to by professionals?
- What can young people in residential care tell us about risk and protective factors relating to CSE?

- How do NSW Police describe their interactions with and responses to children and young people in care and at risk of CSE?
- How do NSW police officers understand CSE?

4.4 Epistemological Underpinnings

This research is underpinned by feminist frameworks and is situated within feminist and child rights epistemologies. Epistemology is the branch of philosophy concerned with knowledge production and the underlying theories or assumptions that underpin the knowledge building process (Gringeri et al., 2013). As Hothersall (2019) explained, a central tenet of knowledge creation must include consideration of underpinning theoretical and philosophical constructs. Therefore, knowledge can be described as a system of beliefs that inform our actions (Hothersall, 2019). In research, epistemology can be viewed as the theories or assumptions that actively or consciously justify the researcher's approach to the knowledge building process (Carter & Little, 2007). These assumptions can inform all stages of decision-making relating to research, including our topic, research question, data collection and methods and analysis (Carter & Little, 2007). For researchers, holding an understanding of the ways in which our own social location informs our approach to knowledge building is essential to maintaining epistemological integrity (Gringeri et al., 2013). This includes considering the ways in which our assumptions and biases have shaped our approach to knowledge creation.

Feminist scholars have long criticised the androcentric underpinnings of the sciences, exposing how supposedly “objective” forms of knowledge creation have been a disservice to marginalised groups (Wigginton & Lafrance, 2019). Empirical branches of epistemology have relied on ostensibly objective forms of knowledge creation, involving observations of replicable conditions, allowing an observer to make a propositional claim about an observed item (Code, 2014; Hothersall, 2019). This is based on the belief that direct observation within controlled conditions is the most reliable approach to knowledge building. Verifying or testing claims has long been used in mainstream, empirical epistemology to form basic foundational principles that can in turn be used to form more complex and wide-reaching theories of scientific and social scientific knowledge (Wigginton & Lafrance, 2019). The empirical model of epistemology allows for objective certainty that continues to be the desired result of mainstream epistemologies and sciences (Code, 2014). However, the

supremacy of empirical knowledge and the emphasis placed on a mainstream generic and replicable “knower” has been widely criticised, by feminist, post-colonial, and anti-racist epistemologists because historically, in dominant areas of knowledge enquiry the knower has been a white, able-bodied, middle-class man (Nadar, 2014). This created a situation whereby (white) men were considered the “norm” and women and other non-dominant groups considered “the problem” (Magnusson & Marecek, 2017; Wigginton & Lafrance, 2019). To consider that empirical knowledge may be swayed by emotions, or the subjectivity of the knower, be it their sex, gender, age, race, age, class or cultural location, challenges the ubiquitous and highly esteemed status of objective epistemology (Nadar, 2014). While this does not critique empirical research methods, it challenges epistemological claims to neutrality and objectivity.

Given the complex nature of human life experience, mainstream epistemology has been challenged by feminist and other critical theorists for its inability to account for the complexity of diverse lived experience, particularly for those who sit outside the hegemonic norm perpetuated by mainstream epistemologies (Rooney, 2011). In response, feminist and other critical epistemologies emerged in the 1980s offering an alternative analysis of human life that challenged the androcentricity of philosophy itself, scrutinising how the absence of women in philosophical inquiry upheld unchallenged suppositions about human experience, practices, and values (Haraway, 1988).

This research has been underpinned by feminist epistemology and child rights perspectives consisting of several intersecting theories and practices aiming to address the gap in knowledge that relates to everyday experiences of marginalised groups, including women and children (Wigginton & Lafrance, 2019). Although initially concerned with the inclusion of women in philosophy primarily, feminist epistemology has developed into a well-established mode of knowledge creation, whereby taken for granted assumptions are challenged, and knowledge arising from marginalised groups, including women and children, is prioritised (Denzin & Lincoln, 2013). Aspects of identity that influence social relations including gender, class, culture, age and so on are all interwoven and relevant to epistemological enquiry. A central tenet of feminist epistemology is the interrogation of sexist, racist, ageist and colonial presumptions that have underpinned empiricism in the sciences and social sciences (Nadar, 2014). Creating new knowledge in this way aids the feminist agenda of dismantling systems of oppression and privileging knowledge about everyday experience of marginalised groups.

In addition, a child rights framework informed the epistemology of this research in that it challenges ageist assumptions about children and young people that have been used to exclude their voices from knowledge production. Weiss (2021) argued that the silencing of children in public and private domains is a form of oppression that demands active disruption through research. Alongside this, feminist epistemologies have made a significant contribution to promoting subjugated knowledges, in challenging dominant stories as normative, and insisting on the voice of marginalised people or groups being heard, which fits with the aim of this research in amplifying the subjugated voices of young people exposed to CSE in residential care (Fraser & MacDougall, 2017). Holding an understanding of power relations, the ways in which they interact with knowledge creation and affect dominant discourses, policy and practice, is key to feminist epistemologies (Wigginton & LaFrance, 2019). Importantly, this research explores knowledge about highly marginalised young people alongside another group, the police whose voice and position in society hold both implicit and explicit power.

4.5 Feminist Standpoint Theory

This study has employed ideas from feminist standpoint theory, a dominant feminist research theory and epistemology that places women and other marginalised group's concrete experiences at the centre of the research process (Gurung, 2020). The focus on lived experience acts as a starting point for knowledge building, acknowledging that oppressed people's voices have historically been omitted from multiple public arenas including public policy, research, and legislation as well as in the sciences, social sciences, and humanities (Brooks, 2006). Feminist standpoint theory challenges societal discourses to uncover and better understand the world through the eyes of oppressed women and other marginalised groups and uses this knowledge to bring about social action and change (Hesse-Bieber & Leavey, 2007). Harding (1983), Hartsock (1983) and Collins (1992) challenged the idea of the "universalised woman", arguing that women were situated with knowledge and unique experiences specific to their place within systems (Denzin & Lincoln, 2015)

Harding (1982) in her seminal work "The Science Question in Feminism" posited that feminist theorists should critically examine the androcentric nature of knowledge production, particularly within the sciences whereby traditional ways of knowing and thinking have been inherently patriarchal. Harding (1982) also argued that women and other marginalised groups can offer a unique perspective in knowledge production that can provide an alternative, enriching perspective. Hartsock's (1983) theorising on feminist standpoint theory in relation

to Marxist ideas on social and economic reproduction and power relations introduced the influential concept of “epistemic privilege”. Epistemic privilege is the concept that perspectives from individuals from oppressed and subordinated groups hold an epistemic advantage relating to social and political topics connected to their subordination over perspectives from more dominant groups who contribute to their subordination (Hartsock, 1983, Sweet, 2020). Harding (1998) argued that epistemic privilege is produced by individuals from oppressed or marginalised social positions who can generate more accurate knowledge about their lived experiences (Collins, 2000; Harding, 1998). Epistemic privilege highlights the complex, hierarchal relations that exist within the social world (Rodriguez-Muniz, 2015) and argues that by producing knowledge grounded in marginalised lived experience there is an improved possibility for seeing the true realities of this social world (Sweet, 2020). Through a feminist standpoint perspective, epistemic privilege is generated through the representation and critical analysis of knowledge that sits outside the bounds of mainstream experience (Gurung, 2020).

Although feminist standpoint theory was initially concerned with women’s experiences and was critiqued by some postmodern and intersectional feminist theorists for holding an essentialist understanding of gender (LaFrance & Wigginton, 2019) it has since developed into a more robust epistemological approach. It now accounts for diversity including age, sexuality, race and class and other intersecting identities that are recognised as key to shaping individuals' perspectives and experiences (Harding, 2004). Through embracing and privileging the voices of marginalised groups, feminist standpoint theories challenge the notion of impartiality, particularly in research and knowledge creation and assert that perspectives of marginalised groups are valid and key to knowledge production. This research has been informed by feminist standpoint approaches through the interrogation of knowledge and power and by privileging perspectives or “standpoints” of a marginalised and vulnerable group of young people.

4.6 Postmodern Feminism

This research was also informed by a postmodern feminist approach, challenging modernist ideas relating to objectivity, knowledge, and power relations. Postmodernism emerged in response to the limitations of grand theories and metanarratives put forward by modernists (Leavy & Harris, 2018). Lyotard (1984) denoted the self-legitimising claims of modernist grand narratives that repeated in a discursive manner and went unchallenged, thus becoming accepted parts of social reality. Modernism’s self-fulfilling grand narratives did not

attend to difference and exclude ideas that challenge modernist theories or ideas (Lyotard, 1984). In contrast, postmodernist enquiry highlights the social construction of reality and interrogates who is benefitting from these constructions (Layton, 2013). Postmodern and feminist theories intersect through their shared interrogation of how marginalisation is reproduced because of grand narratives that do not account for difference or diversity, nor challenge dominant assumptions on which these grand narratives are built (Leavey, 2006).

Foucault's (1978) poststructuralist theorising on power and knowledge was also greatly influential in the development of a feminist, postmodern perspective. Foucault (1978) theorised that power and knowledge are inextricably linked in a complex web of relations that are contextually bound. Foucault's work addresses how "social power is exercised and how relations of gender, class and race might be transformed" (Weedon, 1997, p. 22). The relational nature of power through a Foucauldian lens, highlights the existence of both dominant and non-dominant groups whose worldviews are either reinforced or marginalised through hegemonic discourse (Leavy & Harris, 2018). Researchers must interrogate the ways in which hegemonic discourses reflect unequal power relations between dominant and non-dominant groups. Specifically, in keeping with a postmodern feminist framework, this enquiry seeks to interrogate the ways that knowledge and power are reflected within the accounts of marginalised young people, alongside the accounts of a dominant group, the NSW police, taking note of the ways that language reinforces hegemonic power structures.

Building on a Foucauldian analysis of power and discourse, Butler (1990) has been seminal to postmodern feminist theorising, particularly in addressing the role of gender. Butler (1990) conceptualised that gender is performative, not a fixed or innate identity but constituted through repeated, socially regulated practices that are enforced through normative power relations. Further to this, Butler (1990) extended Foucauldian understandings of power by demonstrating how gendered expectations are produced and maintained through discourse. Butler's (1990) work on gendered performativity provides important conceptual background for understanding how gendered norms influence how agency, victimhood and credibility is viewed, including in relation to CSE.

Postmodern feminist theorists resist the notion that language is fixed or stable, instead they highlight the fluidity and subjectivity of language and ways in which it can be used to both maintain and challenge power structures and relations (Hesse-Biber & Leavy, 2006). Importantly, postmodernism highlights that language, particularly within institutional settings

can be used as a form of oppression and dominance. However, postmodern theorising also highlights that language can be a tool of resistance and empowerment, particularly for marginalised groups who can use language to resist and challenge dominant narratives, deconstruct oppressive discourses, and offer alternative, more accurate accounts of their experiences (Leavy & Harris, 2018). Postmodern feminist concepts have informed all stages of this research from the design to data analysis. This research draws on the experiences, language, and discourses of two interrelated groups, one of whom holds implicit power and dominance in all facets of the public domain and the other which has been systemically silenced and marginalised from public discourse. Drawing on theoretical ideas from feminist postmodernism, it was important for this study to employ an approach that allowed for the marginalised voices of young people at risk of CSE to be placed at the centre of the enquiry, thus challenging the dominant narratives pertaining to their lives.

4.7 Intersectionality

An intersectional lens, as previously described, interrogates the ways in which women's experiences are shaped by complex social identities and within complex social divisions, including but not limited to race, ethnicity, class, and sexual orientation (Crenshaw, 1991, Letherby, 2003). Intersectional approaches have gained increasing attention in both research and practice with marginalised groups, informed by a view that social problems faced by marginalised groups cannot be understood or responded to in isolation from one another (Collins et al., 2021). Key to an intersectional perspective is the recognition that multiple categories of oppression reflect power relations at multiple levels (Damant et al., 2008). Collins and Bilge (2016) explained that intersectional approaches must also consider the "domains of power" including those that are "structural, disciplinary, cultural and interpersonal" that intersect with other power relations such as sexism and racism.

Further, contemporary feminist intersectional research maintains focus on marginalised groups, including children and young people, and gives recognition to both collective and individual identity and considers how research can be used to bring about social change, aligned with social justice (Dill-Thornton & Zambrana, 2009). As addressed in Chapter Two, children and young people who live in residential care are likely to have experienced significant adversity in their lives, are more likely to be from diverse backgrounds and to have experienced intersecting forms of systemic oppression (Australian Institute of Health and Welfare, 2021; McLean et al., 2022; Moore et al., 2017).

It was therefore important for this research to take an intersectional approach as it acknowledges the impact of the overlapping oppressions on young people in care, as well as the function of intersecting power relations that shape responses to them. For young people in care, their complex identities and backgrounds can already be a source of marginalisation. Experiences of marginalisation, including but not limited to sexism, ageism, racism, ableism, heteronormativity and classism may be intertwined with past experiences of trauma, histories of abuse, neglect and separation from family and culture that further marginalise and oppress them. Compounding this is structural and cultural power that is inherent within legal and care institutions which can act as an additional source of marginalisation for young people, particularly those who have experienced CSE. Therefore, taking an intersectional lens to understanding the impact of intersecting forms of oppression, particularly in relation to young people's experiences of institutional responses, is at the core of this research.

4.8 Child Rights

This research was also informed by an epistemological approach grounded in child rights perspectives that challenge dominant, adult centred approaches to knowledge production. From a child rights perspective, this research asserts that children are rights holders who are not only entitled to protection but also participation in decision-making and in research relating to them (Hoffman & Stern, 2020; Liefard & Sloth-Nielsen, 2016). The right to participation, articulated within the UNCRC (1989) is an epistemological commitment that informs this study, as children and young people are viewed experts in their own lives, best positioned to inform knowledge creation about them (Freeman, 2018; Thorburn Stern, 2017). Accordingly, this research seeks to amplify young people's voices to better inform institutional responses to them (Freeman, 2018; Thorburn Stern, 2017). Child rights perspectives also interrogate the processes by which knowledge is produced and legitimised. Accordingly, participation frameworks such as those proposed by Lundy (2007) and Henze-Pedersen & Torbenfeldt Bengtsson (2024) offer conceptual models to structure this epistemological commitment by highlighting the importance of space, voice, audience, and influence in the production of knowledge which has influenced the methodological choices for this research that are discussed below.

Historically, children's voices have been dismissed as unreliable, which has been used as justification to exclude their voices from research, policy, and practice (Quennerstedt, 2009; Weiss, 2021). This is of particular significance for the young people in this study who

had experienced multiple forms of marginalisation such as racism, sexism, ableism and classism, amongst others, as well as past histories of trauma and vulnerability used to further exclude their voices within the statutory child protection system (McCafferty & Garcia, 2024). It is argued then, that the silencing of children's perspectives, particularly in care and protection systems, is an additional form of structural oppression (Weiss, 2021). Therefore, this research centres on the lived experience of young people who have experienced or been exposed to CSE within residential care. It is argued that institutional responses to CSE can only be improved through direct consultation with the children and young people who have experienced or have been exposed to it.

4.8 Methodological Considerations

Influenced by feminist theories and child rights perspectives, it was essential that this research took an approach that allowed for the marginalised voices of young people who may have experienced or been exposed to CSE to be at the forefront. Equally, methodology that did not allow for direct attention to the needs of participants, and that reinforced power imbalances was rejected. It was essential that participants were able to freely use their voices to make sense of their experiences and help guide the direction of the research.

The methodology also had to allow for a critical approach toward taken for granted assumptions informing NSW police practice approaches in their interactions with young people at risk of CSE. Further, considering how the operation of power was reflected in language was also a key consideration. Another important methodological consideration in formulating the research design was how to ethically explore the phenomena of CSE with young people without relying on self-disclosure of victims-survivors, which would have presented a range of ethical and legal issues and challenges. This was addressed through using a trauma-informed vignette that is discussed further below.

4.9 Methodology

In consideration of the above theoretical frameworks and perspectives, a qualitative approach, employing principles of phenomenology alongside postmodern, feminist and child's rights approaches was applied. Phenomenological approaches are underpinned by a drive to explore the lived experiences of individuals and the meanings they attribute to them and are commonly employed when there is a limited knowledge about the field of research. (Creswell, 2007). From a phenomenological perspective, emphasis is placed on exploring lived experience and understanding of a shared phenomenon by a distinct group or groups

(Islam et al., 2022) In undertaking research with young people who have experienced or been exposed to CSE, it was important to employ a methodological approach that valued their lived experience and viewed them as experts in the phenomena. Therefore, employing a phenomenological approach alongside feminist and child rights frameworks was an appropriate methodological choice as it allowed for the lived experience and perceptions of young people to be explored without obscuring gendered social systems and power structures within which these experiences take place. This was essential, as adopting a purely phenomenological approach in studies with young people and other marginalised groups has been criticised for obscuring the social context of these experiences (Pihl et al., 2015). By integrating these perspectives, I remained attentive to not only the ways that participants described their experiences, but also aware of the gendered and social systems that these experiences occurred in, for example reflecting on the impact of dominant victim-blaming narratives and the over criminalisation of young people in residential care during the process of data collection and analysis. This research also employed a postmodernist approach in interrogating distinct power relations between police and young people and resisted hegemonic discourses by amplifying the marginalised voices of young people at risk of CSE.

Qualitative approaches to research can provide social work researchers with rich insights into the lived experiences of research participants (Thyer, 2012). Through qualitative methodologies, the researcher can help amplify the voices of marginalised groups to build knowledge about their experiences (Thyer, 2012). Accordingly, this research employed semi-structured interviews using anchor points with both the young people participants (Appendix A) and police participants (Appendix B) as this allowed for an in-depth exploration of their experiences and for the researcher to be guided by them.

As previously highlighted, a major methodological consideration was how to explore the topic of CSE with young people who may have experienced it or been exposed to it within residential care. It was essential to employ a methodological approach that allowed the young person autonomy and control over the information that they chose to share with the researcher. After giving significant thought and consideration as to how to ethically discuss CSE with young people, the researcher opted to use a vignette to explore the young person's perceptions of a professional's responses to a young person at risk of CSE, rather than asking them direct questions about it. This decision was made in consultation with the PhD supervisory team and informed by empirical research that found that vignettes offer an ethically sound approach to seeking participants' perceptions about a subject matter without

necessarily requiring them to draw on their own life experience (Barter & Renold, 2000; Holmstrom et al., 2020).

Although attempts were made to consult with young people about the development of the vignette through relevant children's peak bodies in NSW and Australia this was not successful. Further, time limitations ultimately impeded the capacity to do engage with children and young people through other means that would have required ethics approval. Although it was not possible to directly consult with young people about, the author instead developed the vignette based on a review of the literature that examined the experiences of young people in residential care who had experienced CSE. The draft vignette was presented at a NSW DICE Operational Group meeting in October 2022. The meeting was attended by an expert team of social work academics, senior NSW police officers, senior DCJ staff and senior team members from a primary NSW residential care provider. Feedback on the vignette was received and recommendations to refine the draft were implemented accordingly to ensure the vignette was as accurate and trauma-informed as possible.

4.10 Reflexivity and Positionality

A key tenet of feminist research methodology is reflexivity. Consideration of my own positionality is essential as the circumstances of my life, consciously or not have shaped epistemic choices for this research. Firstly, my privilege as a white, middle-class woman who grew up in a close-knit family must be acknowledged as it is undeniable that my childhood experiences are in many ways distant from the experiences of the young people interviewed for this study. Another aspect of my identity that I feel compelled to acknowledge is my lived experience as a survivor of sexual violence as a young person. Inclusion of this part of my identity in the thesis is a choice that I have contemplated for some time, however ultimately felt was important to acknowledge as it is this lived experience that drove me toward social work and instigated a passion for addressing sexual violence more broadly. I have aimed to be reflexive about my own positionality throughout the entire research process, which has involved stepping back at times, engaging in conversations with my supervisor and asking myself honest questions about my own views as I approached the research.

The process of reflexivity requires a conscious effort from the researcher to be attuned to their own reactions, to elucidate the effects of their own biases, assumptions and contexts on the research processes or findings (Berger, 2015). Engaging in reflexivity is a core tenet of social research, particularly with vulnerable or marginalised groups, however there are many

varieties of reflexivity in use (Whitaker & Atkinson, 2021). For this research, I employed a mode of “co-reflexivity” that seeks to redress the power imbalances between participants and researchers, particularly with children and young people (El Gemayel & Salema, 2023). As children and young people’s participation in research becomes more common, it is vital for researchers to engage in critically reflective practice to avoid reproducing essentialising processes (Gemayel & Salema, 2023). In acknowledging that researchers hold multiple positions of power throughout the research process, engaging in reflexivity ensured I was better able to advocate for a marginalised group and make space for “alternative claims to power” (Takacs, 2003, p. 83).

El Gemayel and Salema (2023) argued that co-production of knowledge can only be achieved with marginalised young people if unequal power dynamics between them and the researcher are addressed. Engaging in co-reflexivity by providing young people with choice and control over the direction of the interview was key to this process. By recognising young people as agentic meaning makers able to exercise power over the information and experiences that they were willing to share, they were empowered to shape the research conversation and express authentic perspectives (El Gemayel & Salema, 2023).

As the researcher, it was essential for me to recognise my own thoughts, feelings and assumptions before and during the interview. This was particularly evident to me when young people described experiences that were potentially exploitative. While I held overwhelmingly negative feelings towards these experiences, allowing this to come across in my interviews would have shifted me into the role of social worker, reinforcing power imbalances between myself and the young person. As a researcher, it was essential for me to balance my professional role and obligations around safety, judgement, and power as a social worker in these conversations, moving away from my desire to respond as a social worker to the young participants and instead recognise the meaning and knowledge being shared by them about their own life experiences.

Throughout the interviews, multiple moments of collaboration were shared. In many instances, the research discussion was guided into directions that I would not have anticipated or known to ask about had I used a more prescriptive methodological approach. Further, during discussions with the young people some made suggestions for how to engage with other young people, including suggesting other services I should contact. Three of the young people offered to be contacted again for another interview if needed, and one even requested

to share information about the research project with her previous case managers. These instances represent important moments in which the young people were able to feel empowered enough to express agency and engage as active participants who were not only able to have power over their interview but also the direction of the project more broadly. All instances of co-reflexivity were integral to the research process and to redressing the power imbalances between me as the researcher and the participants (El Gemayel & Salema, 2023)

4.11 Ethical Considerations

This research was approved by the University of Sydney Human Research Ethics Committee (HREC) [Protocol 2023/294] (Appendix C) and undertaken in accordance with the HREC requirements. It was also undertaken in accordance with the Australian Association of Social Workers Code of Ethics (2020). Ethical principles such as ensuring participants gave informed consent and assent, were key to the research. In addition, beneficence and reducing potential distress and confidentiality were integral to all stages of the research design and completion. Prior to all interviews each participant gave informed consent to participate in the research and the parameters of confidentiality and privacy were discussed, including my role as a mandatory reporter under the *Children and Young Persons (Care and Protection) Act 1988* (NSW). The nature and structure of interviews were discussed with participants before starting, including reaffirming the voluntary nature of their participation. Strategies were utilised to equalise power imbalances between the researcher and participant to promote safety, respect, and autonomy for the participant, and these are discussed below.

4.12 Consent and Assent

Informed consent and assent were considered at all stages of the research. Consent was obtained at multiple stages throughout the research process, and this was key to the initial research design. The importance of informed consent is a universal ethical principle across all domains of social research, a key tenet of ethical conduct is that participants in social research can provide voluntary and informed consent (Gallagher et al., 2010). As per the National Statement on Ethical Conduct in Human Research (2023) consent to participate in research must be voluntary and based on sufficient information and adequate understanding of both the proposed research and the implications of participation in it. Also, informed consent requires that participants understand the essence of the research, the objectives and aims as well as any potential risks and outcomes. It is only with this solid understanding that

participants can agree to participate knowing that informed consent can be withdrawn at any time (Gallagher et al., 2010). Assent refers to the ongoing process whereby the researcher is vigilant and responsive to the child or young person throughout the whole research process (Dockett & Perry, 2010). This included frequently checking in with the participant and being aware of any indicators that may have signified they no longer wished to participate. A more detailed account of the approach to consent and assent is described below and, in the distress, and disclosure protocol described in Appendix J. As a social worker with years of experience responding to the verbal and non-verbal cues of others, I was well-placed to attend to the needs of the participants.

Negotiating informed consent with vulnerable groups including children and young people can be particularly challenging. Long-held debates have centred around whether children and young people have decision-making capacity to provide informed consent, and if they do not, who can provide consent on their behalf (Hein et al., 2015). In some cases, gaining parental or guardian consent for a child or young person's participation in research is necessary and beneficial. However, when the research is of a sensitive or private nature this can create further challenges and act as a barrier for participation for some young people (Kennan et al., 2019). Further, when research involves young people from institutional settings, gaining informed consent is further complicated by issues relating to organisational constraints and professional or institutional gatekeeping (Chabot et al., 2012).

Heath et al., (2007) wrote that power imbalances between researchers, participants and gatekeepers within institutional research settings can result in the denial of individual agency and autonomy, particularly for children who may be constructed as incompetent to make informed decisions. Researchers must be particularly cognisant of becoming complicit in the denial of choice and autonomy to young people within institutional settings.

Considering such challenges was key to the research design and to the process of navigating informed consent with young people. From a child rights perspective, it is argued that children have a right to agency and choice over their own lives and competency to make decisions relating to matters that concern them (Thorburn Stern, 2017). Further to this is the recognition that children and young people are experts in their own lives and should have agency and choice defined as "the power to make decisions that impact on self and others and act on them" (Sancar & Severcan 2010, p. 277). Aligning with these ideas and in keeping with feminist and child rights underpinnings, prioritising agency and autonomy of young

people to make an informed choice about participation in the study was key to the research design and methodology.

Despite attempts to limit involvement of service providers and gatekeepers in the recruitment process, challenges arose with some case-managers limiting ability to contact suitable young people (Kay, 2007). In one case, a young person was identified as a very suitable participant for the research by multiple senior staff members of an organisation and even by another previously interviewed young person. However, after three months of requesting one case-manager pass on study information to the young person, the researcher was abruptly informed that the young person had declined to participate. This was disappointing, given that several other professionals had commented on how valuable the insights from this young person would be. Surprisingly, another worker from the same organisation, who seemingly had a more positive perception of the research contacted me and stated that she had checked again with the young person, and they had since decided to participate. This raised concerns for me about the role of gatekeepers influencing the young person's capacity to participate, particularly as when the interview was conducted two days later the participant provided very valuable insights and commented that they were not provided with adequate information about the study when initially asked. This experience demonstrated potential barriers that can be faced in research with marginalised young people, as well-meaning workers or "gatekeepers" can have a significant sway on the young person's decision or capacity to participate (Kay, 2019).

It was essential then that informed consent was gained directly from young people prior to their participation and was be obtained through both oral and written means prior to the young person participating in the research. As outlined in the National Statement on Ethical Conduct in Human Research (2.2.2) (2023) participation that is voluntary requires that the participant has an adequate understanding of the research, methods, demands and potential risks and benefits of the research. For this reason, the researcher employed an easily accessible visual tool (Appendix D) and a study information sheet (Appendix E) to ensure the young person had a good understanding of the study prior to providing consent. The visual tool is a brief video of the researcher explaining the purpose of the study using language that was accessible and easily understood by young people. It also summarised any potential risks and benefits associated with the study and provided contact information for the researcher. The purpose of using the visual tool was to improve the young person's understanding of the research and therefore their capacity to provide informed consent. The other goal of using the

visual tool was to limit intervention by gatekeepers in institutional settings by directly providing information on the study to young people in a format that could be easily disseminated and accessed by them.

During the initial contact between the researcher and the young person, the researcher asked the young person if they had any further questions or concerns about the study. After it was confirmed that the young person understood what was involved in the study, including an understanding of the limits of confidentiality and the responsibility of the researcher as a mandatory reporter, written consent was obtained through an age-appropriate consent form (Appendix F) and again verbally before the interview started. Equally important, the ethical principle of assent was upheld throughout the interviews, which involved frequently checking in with participants, remaining attuned to their body language and any visual cues that may have indicated discomfort. This was of particular importance for the young people participants and included checking in with them immediately following discussions about potentially distressing content or disclosures, which is discussed further below. Assent also required me to be attuned to the environment, for example following the young people's direction in the conversation when staff entered the room and it was clear they did not want them to overhear. All young people interviewed were reminded that they could withdraw consent at any time during or after the interview, up until the final thesis was written without any consequence to them.

Ensuring police participants were able to provide informed consent to participate in the research was a more direct process but an equally important component of the research design. The primary ethical challenge in gaining informed consent from police participants was ensuring that they did not feel coerced or pressured to participate. This was addressed through a conversation between the researcher and participant prior to the interview commencing, whereby the researcher engaged in a discussion with the potential participant about the purpose of the study and the structure of the interview and asked if they had any questions or concerns about the study. They were also provided with a participant information statement explaining the purpose of the research (Appendix G). This confirmed that their participation was completely voluntary and that they understood that they could change their mind about participating at any time. Following this, each police participant was provided with a written consent form which they were able to discuss with the researcher prior to signing (Appendix H). It was also confirmed with the participant that the interview would be transcribed and all identifying information outside of their position as a serving NSW police

officer would be removed from the transcription of the interview. This was to ensure the anonymity of the participants and to ensure that they were de-identified in the findings. All participants were also given information about how the findings would be disseminated and were given the opportunity to have a lay language summary emailed to them at the conclusion of the study. All but one police participant requested a copy of the lay language summary by ticking a box and including their email on the consent form. Following this, consent was verbally confirmed that was audio-recorded.

4.13 Beneficence and Reducing Potential Distress

The ethical principle of beneficence was at the forefront of the entire research design for this study. The National Statement on Ethical Conduct in Human Research (2023) writes that when research involves people, any potential risk or discomfort caused to participants must be outweighed by potential benefits, either to participants or community more broadly. This was a particularly important ethical consideration for this study, given the sensitive nature of the research and the age of some of the participants. Further, being cognisant of the complex life experiences and adverse life events which had been faced by the young people participating in the study was of the utmost importance. Given that the young people participants had lived in residential care, and many had past experiences of abuse or neglect, it was imperative that this research caused no further harm to them and in contrast would aid in improving institutional responses to other young people in care.

There is increasing evidence to suggest that when engaged ethically, with appropriate safeguards in place, children and young people can make invaluable contributions to research, policy and practice (Moore, 2017). Further to this, there is evidence to suggest that children and young people's involvement in research can be a positive and transformative experience for them (Gal & Duramy, 2015). However, when engaging children and young people in research about potentially distressing subject areas such as CSA or CSE, due consideration must be given to any potential psychological or emotional harm that may be caused and so several steps were taken to minimise the potential risk of harm to participants.

Mathews' (2022) review of the empirical evidence on distress amongst participants in child maltreatment studies found self-reported emotional distress among child and youth participants to be relatively low. In Finkelhor et al's. (2014) study analysing distress amongst 2312 participants aged 10-17 years who participated in the U.S National Survey on Children's Exposure to Violence, only 4.6% of participants reported being at all upset by

participation in the survey. Further, 90% of the participants who reported exposure to rape did not report any upset from participating in the survey (Finkelhor et al., 2014). For those who did report being upset, 95.3% reported that they would participate again in the survey (Finkelhor et al., 2014). Several other studies (Radford et al., 2011; Waechter, 2019; Zajac et al., 2011) found similarly low levels of distress amongst child and youth participants in child maltreatment surveys. Importantly, it was also found that even when participants did report feeling distressed, they were still likely to report their participation as worthwhile (Waechter, 2019).

However, aligned with the ethical principle of beneficence, several steps were taken to reduce any potential distress to participants. Accordingly, Mathews' (2022) trauma-informed management strategy for minimising distress for participants in research relating to CSA informed the methodological approach. Several steps were taken in the interest of reducing potential distress from the outset. Firstly, reducing potential distress for participants was a key consideration when determining the most suitable minimum age for participation in the study. The decision to recruit young people who were 16 years and above was based on a range of factors including legal and ethical issues relating to consent, in addition a review of the developmental literature suggests that young people's cognitive decision-making capacity is largely developed at age 16 years (Steinberg & Icenogle, 2019). This ensured that young people participating in the study had the required capacity to understand the potential risks and benefits of the research and make an informed decision to participate, which is a key factor in reducing potential distress (Mathews, 2022). This is not to deny the capacity that children under the age of 16 have capacity to provide consent or participate meaningfully in research about their lives (Lundy, 2007). However, considering the sensitive nature of the study, as well as the authors responsibility as a mandatory reporter there were concerns about the ethical and legal issues that may arise if children or young people aged under 16 years were to participate. Therefore, in the interest of maintaining the ethical principle of beneficence and to reduce the potential for any harm to participants, the decision was made to include young people over the age of 16 only.

Secondly, the use of semi-structured interviews using anchor points rather than prescriptive questions was employed allowing the researcher to attend to the thoughts, feelings, and ideas of participants and provide space for them to guide the direction of the interview (Alston & Bowles, 2011). As mentioned above, a vignette (Appendix I) was used to explore each participant's perceptions about CSE as it provided space to share thoughts or

ideas on a sensitive subject area, without needing to draw on or disclose personal experience (Barter & Renold, 2000; Holmstrom et al., 2020). The vignette was embedded within the interview and was followed up with discussion relating to less distressing phenomena, which has been found to reduce distress (Mathews, 2022). Other strategies for reducing potential distress include the development of a distress and disclosure protocol (Appendix J) and ensuring the participant had a good understanding of potential risks and benefits prior to participating.

The development of a distress and disclosure protocol was a key component of the research design, as it provided the researcher with a clear, evidence and trauma-informed direction on how to respond if distress or a disclosure of harm were to arise. Separate distress and disclosure protocols were developed for both the police and the young people, based on the different needs of each group. These protocols were developed from the work of Draucker et al. (2009) and the protocols developed by Moore et al. (2017) for the Royal Commission into Institutional Responses to Child Sexual Abuse.

Finally, a vital strategy for minimising distress with young people participants was ensuring that the interviewer had the appropriate skills and knowledge to carry out the interview (Mathews, 2022). As a professional social worker with several years of experience conducting interviews, completing mental health and psychosocial assessments, and engaging in challenging conversations in practice with people from complex backgrounds in acute mental health and sexual assault settings, I was confident that I had appropriate skills, theoretical knowledge, and practice experience to identify and respond appropriately to psychological and/or emotional distress. Additionally, participants were given the choice to have a support person to provide emotional support present throughout the interview (Morris et al., 2012) and in the case that a participant displayed a high level of distress, there was an option of accessing an external counsellor funded through the ARC Linkage grant for the DICE project.

Fortunately, and in keeping with the literature that has found children and young people show limited signs of distress even when engaged in research on CSA or other sensitive topics (Mathews, 2022; Radford et al., 2011; Waechter, 2019; Zajac et al., 2011) there were no reports or visible signs of distress from any of the young people participants. This was also potentially mitigated by my decision not to share the vignette with two of the young people based on the disclosures they had made during the interview. I used professional

judgement to prioritise the needs of the young person I was talking with and allowed them to lead the direction of the interview. Contrary to any concerns about causing distress, the feedback from the young people participants was that the experience was overwhelmingly positive. Several of the young people directly commented about finding the experience “validating”, five of the 10 young people made unsolicited (albeit welcome) suggestions to the researcher on other ways to find young people to interview, and one young person emailed several of her service providers to share information about the research, indicating they supported the recruitment of young people for the study.

Although there were no signs of distress for any of the young people participants, there were disclosures relating to historical instances of CSA perpetrated against them. In these instances, the disclosure protocol was followed, however given that the disclosures all related to historical instances of abuse, the decision was made in some instances to wait until the end of the interview to discuss safety and ask for further details to assess risk. This was in the interest of taking a trauma-informed approach and not interrupting the young people, as it was clear that they were talking about issues of great importance to them. In using my professional social work skills to balance the possibility of immediate risk with the importance of allowing the young person the opportunity to speak without interruption, it was deemed appropriate to wait until the end of the interview, although immediately following their disclosures I responded with a validating, empathetic and trauma-informed approach. After the disclosure protocol was followed, no current concerns about risks of significant harm to children or young people were identified.

Although the risk was minimal, it was acknowledged that there was also potential for NSW Police participants to feel distressed by the content of the interviews. This was mitigated through the Police Distress and Disclosure Protocol (Appendix K) that was created to help participants to seek supportive supervision and establish self-care strategies should they experience distress following the interview. Police participants were identified for participation in the study due to being in a position whereby they may have had experience responding to CSE. The researcher completed regular check-ins with police participants throughout the interview and remained vigilant for any potential indicators of distress. It was acknowledged that although police were partaking in the interview in a professional capacity, that they may have themselves had life experiences that could cause distress during the interview. Further, police may have also had the potential for distress due to vicarious trauma experienced through their profession, concerns about professional reputation or other

unforeseen circumstances. However, it was also important for the researcher to acknowledge that police face distressing and confronting scenarios every day and to take a measured approach to completing a check in after the interview. It was acknowledged by several senior police officers during the interviews or during the post interview check-ins that some of the language used relating to trauma, emotional wellbeing and self-care was not familiar police language and therefore may not have felt relatable to some police officers. Considering this, I adopted a more casual approach to the check in by asking questions such as “are you okay” or “was that okay for you” instead and asking the police if they had any questions for me.

4.14 Recruiting Young People as Participants

Recruiting young people as participants was purposeful in focusing on young people who had currently or previously lived in residential care in NSW. Initially the goal for recruitment was 10-15 young people, or to stop recruitment once saturation was reached. Given the anticipated challenges with recruiting young people, particularly given the nature of the study and the adversity faced by young people living in residential care, a small sample size was expected. However, given the in-depth nature of the interviews and the limited research available involving young people in residential care, this was deemed appropriate. Young people were initially recruited using purposive sampling through collaboration with government and non-government partner organisations of the DICE Project: Mackillop Family Services, NSW Department of Communities and Justice, and the NSW Police.

The inclusion criteria to identify appropriate young people to participate was, be aged 16-21 years old, have spent at least 3 months living in a residential care facility within the previous 3 years, and express an interest or willingness to participate. The exclusion criteria for the study were that participants must not be involved in any current legal proceedings relating to child sexual abuse or exploitation (either as alleged victim or alleged perpetrator) and they must not have had any recent significant adverse life event (s) that may impact upon their coping strategies. As discussed, the inclusion and exclusion criteria were used to ensure that participants could provide informed consent and reduce potential distress.

Young people who participated in the research were also reimbursed for their time with a \$50 Westfield voucher, funded by the NSW component of the DICE project. This was to acknowledge the value of their time in participating in the research and to thank them for sharing their knowledge. Providing a low value monetary voucher as a proposed incentive/

reimbursement for participation has been found to increase the likelihood of children and young people participating in research (Seymour, 2012). However, keeping the value of the voucher low ensured that this does not sway their capacity for informed consent. As specified in the National Statement (2023), reimbursement of participants is appropriate if it is not disproportionate to the time involved and so long as it is not encouraging risk taking.

Despite significant support and assistance from senior staff in the DICE partner organisations previously listed, it was exceedingly difficult to find participants for several reasons. One barrier to recruiting young people for the study was that the wider demographic of young people engaged with the organisations at the time of recruitment tended to be under 16 years old. Further, a higher than anticipated number of young people were currently involved in legal proceedings relating to sexual abuse or exploitation which excluded them from participating for ethical reasons. After 3 months of active recruitment, only two young people were interviewed. Both young people had contacted the researcher directly and service involvement in their recruitment was limited. Following multiple conversations with professionals from partner organisations, DCJ and MacKillop Family Services as well as with the supervision team, the decision was made to widen the recruitment net to other residential care providers in NSW, with the hope of ensuring an adequate number of participants. An ethics modification was submitted to the University of Sydney Human Research Ethics Committee and was approved in November 2023 (Appendix C). Coincidentally, a further four young people were recruited just prior to the ethics amendment being approved and subsequently an additional four young people were recruited in the preceding months. A total of 10 young people were interviewed for the study, a sample that was deemed appropriate in addressing the aims of the research. Three young people were from one regional area and seven young people were from a metropolitan or outer metropolitan area in NSW. Although it should also be noted that all young people described having had at least one significant move while in care, some reported having moved locations several times and over large geographical areas. Given the small number of participants and the involvement of multiple stakeholders in the DICE project, the specific organisations through which individual young people were recruited has not been identified, to maintain participant confidentiality. The interviews with young people took place between September 2023 and September 2024. The time for each interview ranged from 36 minutes to 1 hour and 34 minutes. The average interview length was 55 minutes.

Initial contact and recruitment of young people occurred through a staged process that involved the researcher contacting managers and team leaders from the previously mentioned services and providing them with a formal letter of introduction (Appendix L), a study information sheet (Appendix E) and a consent form (Appendix F). They were also provided with a link to the visual tool. If interested in being involved, the manager was asked to discuss the research with their team, or alternatively the researcher offered to attend a team meeting to discuss and provide information about the research to staff and answer questions. There were three separate occasions where I attended team meetings held by different service providers to discuss the research.

Following this, caseworkers, residential care workers and other professional staff were asked to engage in a conversation about the research with young people who they deemed as potentially appropriate to participate. They were asked to provide the young person with an information pack about the research, including the visual tool, the study information sheet, and a brief background about the research and what was involved. If the young person expressed an interest in participating, the worker either contacted the researcher to set up a time to meet with the young person, or the young person made direct contact with the researcher. Out of the 10 young people, two made direct contact with the researcher via phone or email. The other eight contacted the researcher via their caseworker, or another professional from their residential care provider. Although many professionals spoke about how resilient the young people in their care were, they also often described them as too vulnerable to participate in the study, and many expressed concerns about the ethics behind interviewing young people who have experienced harm. It became increasingly evident that many young people were not provided with information about the study due to perceived vulnerability by the individual case manager or worker.

4.15 Recruiting Police Participants

The recruitment of police participants was purposive in that they were currently serving NSW police officers who may have encountered young people living in residential care. The decision was made to include police in the study as they play a valuable role in responding to young people who have experienced CSE and their interactions with young people experiencing CSE have the potential to influence outcomes for them (Mitchell, 2010). Further to this, police have played an important role within the broader ‘DICE’ project in which this study was situated and given the dearth of literature available that engages with police about

responding to CSE this was viewed as a valuable opportunity to gain their insights. The total number of police participants was 13, including general duties officers, detectives, and youth liaison officers, ranging in rank from constable to inspector. This sample was drawn from two police area commands in the Sydney region. A total of 13 police participants was deemed adequate for research, given the exploratory nature of the study and the similar sample size of young people. As the primary aim of the study was to explore the voices of young people, it was important to include a similar sample size of police interviews relative to the sample size of young people. These interviews provided an essential secondary data source about the current policing responses which young people at risk of CSE in residential care receive, without overpowering the young people's voices or experiences.

Initial contact with police occurred via email or in person at a Sydney police station. Police were first invited to participate via email, including a participant information statement and consent form. This approach yielded two participants, who were interviewed via Microsoft Teams. Ten other participants were invited to participate following a face-to-face conversation with the researcher about the study. This conversation included a review of what was involved in the study, including potential risks and benefits. A review of the plain language statement and consent form and the opportunity to ask any questions were also provided. Following this conversation, all the police participants who spoke with the researcher agreed to participate. After the consent form was signed, participants again verbally provided consent to the researcher. All interviews were audio-recorded. The range of time for the interviews was 25 minutes to 58 minutes. Some police participants agreed to participate on the condition that the interview be kept to under 30 minutes due to having other work demands. All police interviews took place between June and July 2023 except for one which took place in March 2024. The average interview length was 33 minutes.

4.16 Data Analysis

Once all 23 interviews had taken place, the audio-recordings were transcribed. All the police interviews were externally transcribed using a university approved transcription service, Smart Docs. I transcribed six of the interviews with young people and four of the interviews and were transcribed by Smart Docs. Initially I had intended to transcribe all interviews with young people, however as this took longer than expected I opted to use Smart Docs, particularly as time pressure mounted. Once the transcripts were completed, data was analysed using a reflexive thematic analysis approach informed by Braun and Clarke (2019,

2020). Reflexive thematic analysis is a flexible and interpretive approach to qualitative research analysis, used to identify patterns or themes from a data set (Braun & Clarke, 2020). Reflexive thematic analysis (RTA) places particular emphasis on the researcher's active role in interpreting the data, recognising the intersection between the researcher's own analytical skills, theoretical assumptions, and the data set (Byrne, 2022).

Although the interviews with the NSW police officers took place first, the initial data analysis started with audio-recordings and transcripts of interviews from young people. This aligned with a postmodern feminist epistemological underpinning as it was important to privilege the voices of the young people, as to not reproduce the dominant power imbalances between two participant groups. Also, given the reflexive underpinnings of the study, it was essential to recognise the possibility of being influenced by views or perspectives shared in the police interviews. Therefore, to ensure voices of young people were prioritised and not obscured by voices or experiences of police participants I decided it was important to analyse the interviews with young people first.

Braun and Clarke identified a six-stage process to support the process of thematic analysis, although more recently cautioned against seeking out a too rigid and linear process for doing reflective thematic analysis (Braun & Clarke, 2021). In applying the Braun and Clarke (2021) stages of thematic analysis to my research I found myself also taking a more fluid approach to my analysis, moving back and forth across different stages. The first stage, familiarisation with the data, occurred over several months and involved transcribing some interviews, reading transcripts of other interviews and listening to audio-recordings of all the interviews. In seeking to deeply immerse myself in the data as per Braun and Clarke (2019), I opted to listen to audio-recordings of the interviews while going for walks as I found that familiarising myself with the interviews outside a formal work environment allowed for a more deep and thoughtful approach to data immersion, which in turn allowed me to identify new ideas and reflections. Alongside this, I familiarised myself with the data by reading and re-reading the transcripts several times and keeping memos in a research journal that recorded my initial thoughts and reflections. Many of the initial trends that I identified in the process of familiarising myself with the data informed the formal themes that I identified in the later stages of the thematic analysis. For example, some of the first themes that were noted in my reflective notebook related to criminalisation and stigmatisation of young people in care, as well as the desire for connection and belonging.

Once I felt familiar with the data, both from reading the transcripts and listening to the audio recordings I was able to generate initial codes using Nvivo software. A primarily inductive approach to data analysis was taken as I aimed to identify themes from the data rather than apply predefined frameworks or concepts (Braun & Clarke, 2021). However, some deductive elements were also employed in the process of data analysis, for example a code titled *going missing* was applied early in the coding process as I knew from the process of data familiarisation that it was spoken about frequently by the young people and police and was also established in the literature as holding relevance to CSE (Braun & Clarke, 2021). Further, my analysis was also informed by feminist and postmodernism ideas about power and so I paid particular attention to the language used by both participant groups and considered how this reflected the operation of power between them. Codes from the interviews with young people were generated first, of which 62 initial codes were identified, these codes were generated using Nvivo software and were based on a process of reading each transcript line by line and coding different ideas and concepts into set codes. Subsequently, interviews with police were coded and 41 codes were generated. Once the initial codes were generated, the two data sets were compared, and the transcripts read over once again.

Some of the other initial codes that were identified from my analysis of the young people data were, *being disregarded*, *accounts of inconsistency*, *feeling neglected*, *being blamed* and *accounts of victim-blaming*. In addition, it was evident early on in the analysis that connection was a significant theme in the data, and so early codes were generated to reflect this, including *connections with staff* and *connections with family*. Other codes that reflected positive and protective relationships or interactions with professionals included *protective interactions with police*, *being believed* and *protective factors*. After the generation of the initial 62 codes, I created a thematic map with different codes and started to consider how different codes might overlap or relate to one another. For example, I noted overlap in the accounts that were coded as *feeling neglected* and *being disregarded*. The same process was then applied to the police data, whereby I considered how different codes related to one another and compared and contrasted the codes generated from both data sets. As I searched for themes, I collated codes that were related and again reviewed the transcripts, this time considering patterns from across the two data sets. As I completed coding of the police data, it was evident that several of the codes that I had identified in the data from young people, were corroborated in the data from police. For example, the code *accounts of victim-blaming*

was similarly described by a code *victim-blaming responses* in police data. Another code that crossed across both data sets was *inconsistent responses* which referred to inconsistencies in the ways that police described responding to the same scenario. Within the accounts from police, it was also evident that they viewed connection, particularly with friends and family as an essential component of protecting young people from CSE, which was reflected in the codes *importance of relationships* and *strengthening connections with professionals*. Accordingly, these overlapping codes were later generated into substantial themes.

As I began to finalise my themes, I tended to steer away from the use of NVivo software and my computer and toward the use of pencil and paper to map out my final themes, drawing links and comparisons across the data set. At one stage during the data analysis process, my wall was covered in pieces of paper, with a map of themes that I had derived from the data. I also engaged in frequent conversations with my supervisor about the themes that I had identified and considered how they fit with answering the research questions. As I established final themes, it became increasingly clear that many of the themes overlapped or appeared in tandem with one another. For example, *building trust and connection* referred to young people's accounts of strong relationships with professionals that made them feel safe and emotionally supported, whereas *being neglected*, referred to the accounts of young people where they described feeling emotionally neglected by professionals in care. Although the themes appear separately in the finding's chapters, it will become clear that many of them overlap and work together to create a clearer picture of the ways that young people in care are responded to.

In the interest of being truly reflexive in my approach to thematic analysis and considering the hybrid use of both inductive and deductive approaches to data analysis it is important to acknowledge the theoretical assumptions that informed my analysis (Braun & Clarke, 2019). My analysis was very much underpinned by feminist and child rights perspectives. I also feel it is important to note the likely influence of my practice experience as a social worker in my analysis, although this influence was less overt. Feminist ideas around shame, blame and stigma associated with victimisation of sexual violence certainly shaped my analytical lens. Further, my decision to prioritise data from the young people over the police was similarly informed by feminist, particularly feminist standpoint ideas proposing that those from marginalised positions can provide more detailed and "true" accounts of their experiences.

This did not discount the valuable insights provided by the police but rather aimed to ensure that voices of marginalised young people were not superseded by voices of a group who otherwise hold a high degree of societal power. I also had to ensure through my analysis of the police transcripts that I was not too heavily influenced by assumptions and biases that I hold because of my frequent contact with police in mental health and domestic violence practice as a social worker. This was largely addressed through supervision and the frequent reading and re-reading of the data and reviewing of my codes. Once finalised and reviewed, themes were written into the thesis, with the findings from the young people first and the police second.

4.17 Credibility and Trustworthiness

Lincoln and Guba (1994) in writing about how best to evaluate qualitative research argued that trustworthiness and credibility are appropriate methods for doing so. Trustworthiness is essential in ensuring findings closely reflect the experiences of the participants (Lietz et al., 2006). Threats to trustworthiness can arise however, when researchers allow their own bias or reactivity to sway the research findings (Padgett, 1998). Embedded within trustworthiness and credibility are four categories, namely credibility, dependability, confirmability and authenticity. Credibility refers to ensuring that participant's views are truthfully interpreted by the researcher (Creswell, 2009). This was ensured through ongoing reflexivity that was a core tenet of the research process. I believe my social work professional background aided in this process as critical self-reflection and reflexivity is such a core component of everyday practice that shifting this into the research space felt a natural adjustment. Credibility was also ensured through open transparency about the way decisions were made across the research process. Dependability was achieved through the ongoing process of reflection and supervision immediately prior to interviews, following interviews and consistently throughout the research process (Creswell, 2009).

Confirmability is ensuring that data is truly reflective of participants' responses, this is ensured by using lengthy and rich quotes and descriptions throughout the findings (Code, 2014; Creswell, 2009). It will be noted, that at times quotes included are very long, these were not cut short specifically to ensure a true reflection of what was being shared. Importantly, this aligns with the feminist and child rights underpinnings of the study and the aim to prioritise the voices of marginalised young people. Finally, authenticity refers to the genuine faith of the researcher to convey the true meaning and experiences being shared by

the participants, which is ensured both by the use of long-quotations, and the use of descriptions to convey the context in which quotations were shared (Lincoln & Guba, 1994).

Despite this, it is acknowledged that it would have been beneficial to take a more participatory approach that would have ensured trustworthiness, by returning to participants to review the themes that I had generated and to gain their insights on the findings. This is an approach often undertaken by feminist and child rights researchers however, this was unfortunately not possible due to the strict time requirements needed to complete the research. It will be beneficial for future studies with children and young people at risk of CSE to take a participatory approach to ensure the analysis remains deeply grounded in the lived experience of participants.

4.18 Limitations

While reasonably small participant numbers can be expected in studies on sensitive subject matters, it is acknowledged that only ten participants means that findings cannot be statistically generalised to all other young people in care who have experienced or been exposed to CSE. Despite this, the findings that are discussed in this thesis provide valuable insight into the lived experiences of young people in care and offer strong and relevant conceptual insights that can be used to inform more trauma-informed institutional responses. Likewise, the small sample of police participants means that the findings cannot be generalised to the wider police force but rather provide insight into the practice and knowledge of some police officers, and given the limited availability of research that engages with police about CSE, this makes a valuable contribution to the evidence base.

It is further acknowledged that the gender and race mix within this study may also play a role in the findings, as there was an interesting split in gender and race across the two participant groups. The sample of young people interviewed weighed heavily toward young women, while the police sample weighed heavily toward men. Further, all police participants were white presenting, while the majority (60%) of young people participants were of diverse cultural backgrounds, including three from an Aboriginal or Torres Strait Islander background.

It is also acknowledged that the police interviewed all worked within only two Local Area Commands (LACs) of reasonably close vicinity to one another located within the greater Sydney region. Therefore, the views and perceptions of these police officers may be

influenced by the specific police culture within their specific regions, rather than being reflective of the wider NSW police force.

Also, on reflection there would have been greater value in using a demographic questionnaire to gain further insight about the background of the participants. This was not initially included to reduce the sense for young people that they were taking part in another tick-boxing exercise or being pressured to share details about themselves that they did not want to. However, in hindsight I recognise this could have been approached in a trauma-informed way that would have garnered further important information about the young people's background and lives. In addition, despite the best efforts of the researcher to reduce gatekeeping of young people by professionals, several young people were excluded from the study due to a perceived vulnerability. This gatekeeping, while likely motivated by concern for young people's wellbeing, may have inadvertently limited their autonomy and right to participation.

Further, another limitation is that only some young people had directly experienced CSE, while others had only been exposed to it, either because of living in residential care or because of being friends with other young people who were victims-survivors CSE. Having a clear understanding of young people's experiences of CSE was in part challenging as young people often do not identify themselves as victims-survivors of CSE (Van de Vijver, 2019). Additionally, as discussed in the ethics section, it was not an inclusion criterion that young people had direct experiences of CSE, as this would have created considerable ethical and recruitment challenges. Despite these limitations, the study offers rich insight into the lived experience of young people in residential care, as well as important insight into the ways police respond to them.

4.19 Summary

This chapter has explored the methodological underpinnings of this research, including a discussion of the feminist and child rights underpinnings. Specifically, ideas from postmodern, intersectionality, standpoint feminism and child rights were explored as they informed the methodological scaffolding of this research. The chapter has also provided an in-depth discussion of the ethical considerations, which were at the forefront of the research design and discussed how they were addressed. Finally, this chapter has provided an overview of the research methods chosen for this study, the validity and limitations of the

study. The following chapter is a brief chapter in which the young people and police participants are introduced.

Chapter Five: Introduction to Participants

This brief chapter will introduce the two groups of participants that participated in this research and provide information about them. For the young people, this includes some basic demographic information, as well as what is known about their exposure to, or experience of CSE. For police participants, this includes their years of experience in the police force. In total, there were 23 participants, of which 10 were young people and 13 were police officers.

5.1 Introduction to the Young People

Of the 10 young people interviewed for this study, eight were female, one was male, and one identified as non-binary. All names used in this study have been changed to protect the confidentiality of participants. Despite recruitment being open to 16–21-years olds, all young people interviewed were between the ages of 16-19. As a result, this added value to the research as it meant that their care experience was current, or very recent, and they were able to provide very rich insight about their experience. All young people had been in care for at least 3 months, however most had been in care for a much longer period, ranging from just under 12 months for Sophia to over 5 years for Katie. The average time spent in residential care was 2.5 years. Seven of the young people lived in the Greater Sydney region, and three lived in regional NSW at the time of the interview.

Each young person had a rich identity that made them unique. Two young people, Katie and Zoe identified as Aboriginal or Torres Strait Islander. Maya stated that she was from an Aboriginal background but did not identify as an Aboriginal person herself. Three participants, Lily, Diane and Jen were of a Culturally or Linguistically Diverse background. One participant was pregnant at the time of the interview and another had two children, one of whom had been taken into care by DCJ and another who remained in her care. Three participants were actively involved in studying childcare or social work, one was hoping to study law, another was hoping to study construction, and another was an artist. Given the very personal insights shared by them, limited identifying information will be provided here about each young person to ensure their privacy and confidentiality is maintained.

Each young person had a varying degree of exposure to or experience of CSE, and they all provided valuable insight into institutional responses to CSE, either through their own lived experience or by commenting on the vignette as a prompt. The vignette was shared with eight of the 10 young people. It was not shared with Sophia as she appeared deeply frustrated

in talking about her experience with DCJ therefore based on professional judgement as a social worker I decided not to introduce the case-study vignette to her. This was also because she had made a disclosure relating to historical CSA perpetrated against her by her father. Based on these two factors I decided it was best to reduce potential distress by allowing Sophia to guide the interview. As a result, she took the opportunity to express her concerns about her experience in care. The vignette was also not shared with Zoe, as she had made several outward disclosures about experiencing CSE throughout the course of the interview. This decision was also made in the interest of prioritising her safety, as her boyfriend was present in the house at the time, and I had limited information about him. Some basic information about the young people is shared in the table below:

Table 5.1 Young People

Name	Age	Gender	Time spent in residential care	Exposed to CSE in care	Self-disclosure relating to vignette or CSE
Lily	19	Female	3 years	Yes	No
Ash	16	Non-binary	1-2 years	Yes	Yes
Katie	17	Female	>5 years	Yes	Yes
Amelia	17	Female	1 year	Yes	Yes
Sophia	16	Female	<12 months	Unknown	N/A
Ben	17	Male	4 years	Yes	No
Jen	18	Female	2-3 years	Yes	Yes
Dianne	18	Female	3 years	Yes	Yes
Zoe	18	Female	>4 years	Yes	Yes

Maya	17	Female	1 year	Yes	Yes
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Seven of the young people described having been in a similar situation to the one in the vignette, that is having spent time in the company of an older man who they knew was potentially trying to groom them or their friends, or self-disclosing that they had previously had “relationships” with older men, which they realised in retrospect were unsafe. None of the young people used the term exploitation to describe the situations they were in. Table 5.2 summarises key demographic information about young people participants. It also summarises their exposure to, or experience of CSE based on their responses to the vignette or disclosures during the interview. Being exposed to CSE in care refers to instances where the young people described that they or another young person that they knew had been in a similar situation to the one described in the vignette. Self-disclosure relating to the vignette or CSE refers to instances where they made a direct disclosure about being personally in a potentially exploitative situation. All young people made valuable contributions to the research.

5.2 Police Participants

Thirteen police officers were interviewed for this study. All police officers were currently serving in the NSW police force. Eleven of them worked in one Local Area Command (LAC) in Sydney and two worked at another Sydney LAC, both within close proximity to one another. Eleven of them were males, and two were female. However, in the interest of maintaining privacy and confidentiality, particularly given the information shared by some police officers, individual gender of each participant is not disclosed. This decision was made in consideration of the information shared by one officer, whom I wanted to ensure could not be identified by their colleagues given the low number of female police officer participants. The years of experience in policing ranged from 2 years to 28 years with an average of 13 years. To protect privacy, police officer participants were de-identified.

Table 5.2 Police

Police Officer	Years of Experience
Police Officer One	3
Police Officer Two	2

Police Officer Three	20
Police Officer Four	11
Police Officer Five	6
Police Officer Six	6
Police Officer Seven	11
Police Officer Eight	17
Police Officer Nine	22
Police Officer Ten	17
Police Officer Eleven	23
Police Officer Twelve	28
Police Officer Thirteen	14

This chapter has provided an overview of what is known about participants in this research. The diversity within the young people group, and the varying experience of the police participants provides useful and rich variation in the data. The information shared about the participants above, will be of great interest and value in understanding the accounts shared by them in the following four chapters.

Chapter Six: Institutional Responses to Young People in Care

In Chapters Six, Seven and Eight the findings of the interviews with 10 young people who had lived in residential care and who had experienced or been exposed to CSE will be presented. Chapter Six will focus on themes relating to young people's lived experience of being in residential care and of institutional responses to them from police, DCJ workers and residential care staff. Six themes that were identified through the data analysis process are presented, including *not having a voice* and *being neglected* which refer to accounts where young people described feeling that they did not have a say in decision-making and felt socially and emotionally neglected in care, as a result of structural factors such as under training and poor skill mix amongst staff. Additionally, young people described having limited opportunities to exercise agency and choice because of being in care, which is categorised under the theme *being constrained*. Following on, *being stigmatised* and *being criminalised* are two closely related themes that refer to instances where young people felt stigmatised or criminalised in institutional responses to them. The final theme, *secondary harm and victimisation* refers to accounts where young people described being physically or emotionally harmed by professionals. These themes provide important contextual information about broad institutional responses to young people in residential care. It is argued that to better understand and respond to CSE, it is essential to understand the conditions in which young people who are exposed to, and experience it, live. Further, young people's broad accounts of institutional responses, also intersect with institutional responses to CSE.

6.1 "I know what's best for me": Not having a Voice

A common theme frequently identified related to young people not having their voices heard in everyday interactions with professionals relating to decision-making about their lives. Six young people provided accounts that illustrated that they felt that their voices were only superficially listened to and that professionals did not engage them in decisions relating to their lives: meaningful participation in decisions relating to their lives was not a priority for the professionals they worked with. In the following account, the extent to which young people felt left out of decision-making is evidenced in Sophia pleading to have her voice heard:

But I feel like the kids should at least have a say. Obviously, if we're like, way, way too young, it's obviously understandable to not really listen to us that much, like you know, I'm almost 17, I reckon I should be able to at least get, yeah, I'm not like immature or

anything like so I'm pretty mature about that. So, like, I know, I know what I want, I know what's best for me. (Sophia)

Similarly, Dianne stated that attempts to include young people were only superficial in nature:

Because they have in-house meetings with management and the kids, but they go nowhere, like these managers are more worried about how, how it's going to look on them then how it makes us feel like we come to them expressing our feelings about what's happening in the home, what should be in the home, what shouldn't be in the home. (Dianne)

Jen articulated a similar view of young people only being invited to share their views for the purpose of services superficially appearing to listen to their voices rather than for genuine attempts at engaging them:

Yeah, it feels like they always saying, oh like, oh, we appreciate you. We understand your point of view and then they never actually do anything with that, they just say, just to make it seem like the illusion of like, making it seem like we're being heard, but in actuality they're just going with what they're originally going forward with, but like stopping us complaining by making it sound like we are heard. (Jen)

Ben also described feeling as though young people were excluded from conversations about them by workers who feared they would react negatively. Paradoxically, Ben identified that this approach increased the likelihood of young people reacting negatively:

That's why a lot of them are so hostile towards law enforcement. The workers, whatever it is, because they're kept in the dark because people think "oh they'll overreact to this, or they'll overreact to that". Well just try. (Ben)

It appeared that having limited control over both everyday decisions and more important decisions in their lives entrenched a sense of powerlessness for the young people, and they took the interview as an opportunity to advocate for themselves to have a stronger say in decisions affecting them. Ben and Jen both drew connections between how young people's behaviour and interactions with professionals were influenced by whether they felt heard. These accounts provide an insightful portrayal of how some of the young people in

care viewed the low level of regard and care provided to them to be because of stigmatising perceptions held toward young people in care, such as being “hostile”. This suggested that marginalisation and powerlessness that young people in care experienced was further entrenched by stigmatising perceptions of them used to justify excluding their voices on decision-making. As explored further in this chapter, participants perceived that professional biases and assumptions about young people's identities in care frequently shaped how they were treated and responded to.

6.2 “You never hear their voice. You never see them”: - Feeling Disregarded and Neglected

Six young people shared views that pertained to feeling neglected and disregarded by professionals. These accounts highlighted several contributing factors that resulted in young people feeling neglected by the system. This included staff in residential care being undertrained and unskilled for the job, and professionals holding negative biases and assumptions about young people that seemingly influenced their responses to them. This ranged from workers being non-responsive to the basic social, emotional and physical needs of young people, to police not responding to calls for help. The effects of this were wide-ranging but overall, many identified feeling like they were not being cared for and felt powerless in care. This highlighted the impact that structural factors within residential care, such as staff undertraining and poor skill mix had on the young people’s wellbeing. In the following account, Lily described feeling as though staff were not appropriately skilled for the job:

I think there are a lot of reasons different staff work in resi care, like for some it's just like a casual job or like a side hustle to what they're doing and then for some, it's what they've been doing for, you know, 10 plus years. I guess at the time, I don't know if it was out of frustration, but some of them you know, made it really obvious that this wasn't where they preferred to work it was just what they had qualifications for and consequently, they didn't really care. I don't really think it's, I guess, appropriate to express that to young people (Lily).

It is difficult to comprehend the impact of having a professional, who is responsible for your care and wellbeing, be so overtly disparaging, however this account highlighted the wide power disparity between young people and care providers. Young people on the one

hand are in care, outside of their choosing and with limited opportunities to exercise choice or control. By contrast, staff are being paid for their roles and voluntarily engage in this work but can distance themselves from those in their care and show a lack of concern for them. This highlighted the constrained spaces in which the young people lived their lives and the impact of structural issues within care, as their capacity to exercise choice was dictated by professionals whom they perceived to have limited interest or concern for them.

Other young people provided accounts of being ignored by workers, contributing to the overarching sense of disregard for their needs. Three young people provided accounts of casual agency staff not communicating with them and staying locked in the office:

I've had a couple who like, in the past, we used to have stay-awakes, and they used to start like 3:00, I think, 3:00 pm, I don't know, but like that's back when I went to bed later. And like they wouldn't talk to me, they'd just sit in the office, and they would just look at me (Amelia)

Similarly, Katie shared:

Some of them are just on their phone, like with the cops. They just act like a taxi driver... That's what they do, the agency ones. They don't come in much...Yeah. Some of them will just sit in the office, and it just feels so caged. (Katie)

Amelia and Katie describe similar instances of being ignored by casual staff, creating an uncomfortable feeling for them. It appeared that reliance on casual agency staff reinforced a sense of neglect for young people as there was limited connection between staff and the young people. In Katie's account, she described this as "feeling caged" which correlated with other accounts from young people that point to having limited opportunities to exercise their agency which left them feeling constrained by the residential care system, another theme explored later in this chapter.

The spectrum of impacts of being ignored and neglected extended into narratives that were humiliating and shameful for the young people. Lily described experiencing a direct affront to her dignity in not having her basic needs met, when like other young people, she commented on a staff member remaining locked in the office and being unable to communicate with her:

I know random people doesn't make sense because they literally just are random people, but they were really like, it didn't really seem like they were qualified. There was a male staff member who really barely spoke English, like he couldn't do a hand over because he didn't understand and they like Google translated that he needed to cook dinner and then just give everyone their medication and that's all he needed to do for the night and he wouldn't actually leave the office to do that because he was so scared of having us make allegations against him for inappropriate touching or something like that, that he'd like actually wouldn't open the door and like, I ran out of toilet paper and I was like, you know, like what do you want me to do the toilet paper is in there and I need toilet paper bro. (Lily)

Lily's reflection signifies a failure of her care provider to meet the most basic of her human needs, which had a deleterious impact on her. It is telling that she attributed being ignored to the negative perceptions that staff had of young people in residential care. This highlighted the significant impact that stigma associated with being "in care" can have on young people, even in creating barriers to having their basic needs met. This view was also shared by Ash who stated that Police responses to young people were also influenced by the belief that they were likely to make false accusations against staff:

Well usually they believe the workers over the kids, because apparently kids have been known to lie and get the workers in trouble. No. (Ash)

Dianne also observed that staff ignored the young people due to having negative perceptions of them. It was her view that residential care staff ignored her and her housemates because of their "violent" criminal records:

Literally all it took was them to talk to us. The majority of the workers, because in the house that I was in, we all had criminal records, we all had violent criminal records, these workers would sit in that office until their shift was finished like stay locked in, yeah. You never hear their voice. You never see them, like we see them walk in and say hi, never see them come out the office again. (Dianne)

Both Lily and Dianne's accounts highlighted their perception that responses to them were greatly influenced by negative preconceived assumptions held by professionals. This reinforced the powerlessness of young people as they felt they were viewed through a universalised lens that marginalised them. Young people also provided accounts of feeling

neglected or disregarded by other professionals outside of their care homes, which in some cases they also viewed as being due to perceptions held towards them as young people in residential care. In the following account Sophia describes feeling that the Department of Communities and Justice (DCJ) case managers were not taking her seriously, stopping her from getting the urgent mental health services she needed:

Yeah, I feel like a lot of the times they don't listen and then they take forever to do things like it like that the most, especially with trying to help the kids and that it takes forever to get counsellors and everything like it, I think it should, when it comes to mental health it should always be on the top of that list. Like, you know, not on the third part of the list or something it should always be the top. (Sophia)

Sophia also described feeling disregarded and neglected by DCJ workers, which resulted in her missing out on a year of school, which further marginalised her from her peers and reinforced the power that the care system had over her:

They don't really care about what I want. Like school, I have to repeat another year because of DCJ. Like they kept saying that they were trying to get me into school. They weren't. Because my school agreed to do online classes. Yeah, they agreed to that but DCJ never got back to them, ever. They said they did, they never did, the school kept telling me, can you get DCJ to ring us can you get them to ring us, never did and because of that, they never got me my laptop. It took them months to get me my damn laptop down here. It took them months and months just to get me a laptop so I can do school again, I love school, school is my favourite and it sucks because I can't even graduate, because of them. I can't graduate with my friends, all my friends graduate a year before me. I miss out on everything because DCJ didn't want to get off their ass and help me with school. (Sophia)

Sophia's reflection highlighted how far-reaching the consequences of having her needs neglected by the system were. Being neglected and disregarded by DCJ compounded the sense of neglect and abandonment she felt as a child when services failed to stop her being sexually and physically abused in her parents' home:

No one did anything like, you know, I was in, from start of kindy with my brother and sister as well. Yeah, like it's pretty bad because like I said to them, why didn't they look at us kids when my dad got charged with paedophilia, by touching my best friend

with me, you know, basically in the same house. I told them he was watching me, and we'd get undressed together. Why don't they look at us kids? Because you know what? He's done stuff to my sister. He's done stuff to me too. So, and you know, they never looked at us, they just left us there. You know, the police were always there. The ambulance were always there because of what Dad was doing, the abuse, the guns going off, me having broken arms and you know, you can't break an arm from the way that I broke it, it was shattered. He literally shattered my wrist, and I was only a kid and like, you know, they didn't care. (Sophia)

Sophia's disclosure offered a disturbing insight into compounding system failures that she had experienced throughout her life. An overarching sense of neglect is palpable in her account. Two other young people shared experiences of being neglected and disregarded when seeking help from the police:

I got jumped one day and I had all the bruises, all the evidence to prove it. I had two fat eyes, and I had blood coming out from the side of my eye every time like I yawn or something. I've still got like, not a bump but there's like a crack on the inside of my skin here. I've got, like, blurry vision in this eye from it. Fractures in my back from my brother and when I got jumped and I went to the police station. Like one of my mates she, I didn't want to snitch, but she was like, you know you're going to have to, like you can't, what if the police pull you up and they see that, what are you going to say to them and then yeah, we ended up going to the police station and I told them and they said that they would get back to me and to this day they still haven't done anything about it... (Dianne)

Dianne went on to explain that she believed that she was ignored by the police and her report disregarded due to the negative perception that the police already held of her:

I don't know. I'm very well-known to, like to the police, so in my head, when they didn't do anything about it, I was just like, "Yeah, you know that I'm a violent person, you know that. I do this to other people. So youse ain't going to help me." So in a way, I just felt like it was karma. (Dianne)

These accounts suggest that the young people experienced limited opportunities to exercise agency because of structural factors within care that left them feeling neglected or disregarded by those in positions of power who were meant to support and listen to them. It

was also evidenced in these accounts that young people attributed being ignored or disregarded to the negative perceptions that they believed professional staff held towards them, which exemplified how their identities as young people “in care” influenced the way they were responded to. Diane’s account also reflects the way that young women, particularly those perceived to be “violent” are thought to be less “credible” within the legal system, and their accounts taken less seriously.

The following reflection shared by Lily exemplifies the extent to which negative preconceptions towards young people in care culminated in them being so extremely disregarded and ignored that it resulted in harm:

I guess one particular thing I wanted to raise was about the police towards the end of my time there, they actually stopped coming out. They would get, you know, 000 emergency calls for whatever reason from like us, from the workers, from you know, all these family members, for whatever reason, they would actually say we're not coming out anymore we're not going to come out. If someone is injured, can you please call the ambulance and then, if necessary, we'll attend. If the ambulance decides that they need police to attend with them, we're not going to come out anymore and that just blew my mind. Because you know who else are you supposed to call? What else are you supposed to do? (Lily)

Lily’s description highlighted her shock at feeling abandoned by the police. Lily further described in detail, a situation where police refused to attend her residential care home despite numerous calls for help:

We were like fuck and we called the police at the time and they said, you know, we're not coming out. And then I think the worker called the police because she smashed the back door... she got dropped off by someone who allegedly had knives and tasers and like a long, like a machete... and they were like, so enraged that the worker wouldn't let her in the house that they were going to come back, and they were going to kill us. Like the threat had never been that real before... And we called the police like so many, times all of us called. There was me and two other girls and then the staff as well and we all called and literally they just kept saying, we were like, this is, this situation is different, you know. Yeah, this it's different this time like it's actually happening, and they came out once and they saw the smashed door and they're like alright, well, you know she's

not here so what do you want us to do about it and then they left but they had left their police like mobile number with us in case we needed them. So when she was actually coming back and she called one of the girls who had answered her phone for some reason to tell her she was coming back with these guys who were going to kill us all we called again, and we called like five times, I think and we called the emergency line too and they just kept saying look, if no one's hurt just clean up the glass and like call the ambulance if someone's hurt because we're not going to come out. Like what do you want us to do about it and we're like, well, she's coming so, can you come and make sure she doesn't come in to the house and yeah, we just hid like that for a couple of hours. At like 2:00AM. It was really fucked up. I just couldn't believe that they weren't coming. Like who else do you want us to call for help? Like what are you supposed to do? (Lily)

This was a deeply confusing and traumatising experience for Lily, evident in the way she recalled this incident. The lack of a response by police when she felt her life was in danger, reiterated her powerlessness as a young person in care within a system which in this instance failed to meet her basic needs. Simultaneously, it underscored the extent to which the identities of young people as being 'in care' and associated negative biases allowed for inadequate responses and systemic disregard for her safety and wellbeing. This also emphasises the ways that those who do not conform to idealised forms of victimhood, rooted in gender, class, race and behavioural expectations are met with less urgency when in contact with legal systems. Despite feeling disregarded and ignored by professionals responsible for responding to their needs, many of the young people provided accounts of simultaneously feeling constrained because of being in residential care which further compounded their powerlessness.

6.3 “It’s like being in a prison.”: Feeling Constrained

This theme draws on accounts of five young people who indicated a sense of powerlessness and of being constrained because of the way they were responded to as young people in care. Two of the young people described instances where they felt that their privacy was invaded by professionals, reinforcing a sense of powerlessness and constraint in their day to day lives. Sophia described DCJ staff banging at her door while she was sleeping:

Yeah I hate how they interact because like I know that when I lived at, it was every single week they come over for the house meeting and if I wouldn't answer my door when they knock they get louder and louder and they start banging and they start yelling through the door. Like trying to talk to me and like, you know, most of the time I was asleep. (Sophia)

This reflection highlights the broader frustration described by young people whereby opportunities to have a say were only within the specific circumstances set by the residential care provider. While this may represent an opportunity for her to have a say, it is rendered less meaningful when she is not given a choice and attempts to include her are forceful and perceived as an invasion of privacy that do not make her feel safe. This also demonstrates how some behaviours, often framed as a young person being disengaged or non-compliant, may in fact be attempts at resistance against structures or rules that they find to be oppressive. Similarly, Amelia also described feeling as though her privacy was violated by DCJ staff as a child:

I just don't think they respected my privacy as a person... they used to come in, when the caseworker used to come in, when they visited, and take pictures of my bed, and my closet, and the room, without permission as well, so I felt very invaded. (Amelia)

Maya also described having her privacy violated in the care home:

Yeah, literally in the doorway. Not outside the room, on the door line. He would just stand there... Yeah, he was like a weird-arse person. We went into the next room, like the common room, that we're allowed in, we shut the door because we wanted to, and then he opened it and then sat in the kitchen, which is like hallway, room, kitchen, so he was watching us there. (Maya)

When asked how this made her feel, she answered:

Just any feeling that someone's looking at you, like invasion of privacy, much. The room's all right, because I've heard rumours about what people do in their rooms, that's all right but common areas like this. (Maya)

Other young people spoke about having their right to agency and choice restricted by professionals who were working with them that contributed to their overall feeling of being

constrained by the care system. In the following account, Sophia described how she felt that moving into a residential care arrangement had severely reduced her right to exercise agency and the same everyday freedoms that she previously had while in foster care. Further, Sophia had described how these restrictions on her had negatively impacted her mental health, which had led to further restrictions being placed upon her. This highlights how rules and limits put in place in the interest of safety can be experienced as controlling and constraining by young people:

That's why I'm pushing for it as much as I can, like DCJ have too much control in my life. Yeah, it's not fair like it's completely ridiculous because I feel like I've lost all my freedom. Before, I was allowed to go everywhere. Like to go wherever I wanted. I could be out for hours. I could stay at friend's house at night too and it's maybe because of policy but it's not fair on me though, like it's not fair that they even moved me so far away, because like now I'm four hours away from home. Well, about four hours away. Like it's not. It's not fair. Like it's really tough. (Sophia)

Jen described how being forced to work with a case-manager who made her feel uncomfortable was a 'suffocating' experience for her, that made it challenging to find opportunities for agency and choice in her daily life:

Not good. Umm, I would go back to my previous example of my case manager that was breaching professional boundaries, so pushing her own values onto me it felt very suffocating. It felt very like, judgy. Like you are my case manager that means you are the person in direct contact with all my information, of all my details, especially as a person under 18, like that's the person we directly go to for everything basically, and to have that comfortability like that, like distrust, almost, between that it really affects everything else like you don't want to go to the dentist, then you don't want to go to vaccination, cause how can you if you're already in an uncomfortable situation with someone you don't want to be there? (Jen)

Jen further reflected on how young people in care already face additional challenges, that are then further compounded by the constraints of being in a residential care setting:

Yeah, I feel like that's the life of someone living in a home care, unfortunately. That we have. Everyone's normal, like a standard normal person's issues and then on top of that

our trauma, our life in relation to being in out-of-home-care. It's just like twice the workload, yeah. (Jen)

Maya reflected on experiencing having her right to exercise agency and her right to privacy restricted as she described weekly bedroom searches and being unable to have friends over as the most challenging aspects of being in care for her:

Room searches, hate those. Like every Wednesday we have room searches and then can't have people inside no matter what. They're the worst ones. (Maya)

Maya expanded on this to share a reflection on the ways in which being a young person in care is akin to being in prison:

The bars on the windows man it like it's so weird. Like what? They're on every single window and they keep all the doors locked, the back doors. But that's because people sneak people in, but I don't, so they should leave them open...It's like being in a prison. It's actually the worst, yeah. (Maya)

In drawing parallels between her experience of being in care and being in prison, Maya highlighted the ways in which being a young person in care whose right to choice, agency and privacy is constrained by the system, implying a sense of criminality. This is an insightful reflection in contrast with accounts shared by Dianne earlier in the chapter where she described perceiving that some residential care staff choose to stay “locked away” in their offices as they viewed the young people to be dangerous criminals. The notion of criminality being attributed to young people in care is a theme that emerged throughout many of the interviews and is explored further below. Such constraints reduce young people’s rights to exercise agency and choice, while also entrenching harmful stereotypes and narratives, relating to gender, class and race about young people in care that are in turn used to justify constraints.

6.4 “Everything changes, the vibe is just gone.”: Being Stigmatised

Another powerful theme from the interviews with young people was the extent to which they felt stigmatised due to being in care. As the young people recounted their experiences, it appeared that they frequently encountered responses from professionals that made them feel “othered”, “blamed” and “shamed” due to being in care. Several young people conveyed that professionals made assumptions about them because their care

identities shaped responses they received. As will be discussed further in the next chapter, the impact of stigmatising responses sometimes resurfaced in the language used by young people to describe themselves and other young people in care, highlighting the deleterious impact that stigmatising responses can have. Jen described the feeling that young people in care were at times reduced to a “checklist” for staff, resulting in a feeling of being depersonalised or dehumanised:

I think it was understanding that there was a professional boundary but still being able to, you know, being to connect on like a human level and what not. Treating me or any of the kids that I lived with like a checklist because I do find that that is sometimes an issue that young people feel like we're kind of just like, OK. They've done this, they've done that, blah, blah, blah blah blah. (Jen)

This reveals how institutional responses can objectify young people and reinforce a sense of powerlessness for them. Jen described feeling as though youth workers were regularly comparing young people to each other, which she experienced as a depersonalising and re-traumatising experience:

I felt like with youth workers especially, I felt that apart from me, everyone was very, being compared to each other. There was this...I don't know if it was like an education kind of thing, but whatever it is, I didn't view it as positive because I also grew up in an environment with my parent, my dad compared me to my little brother and vice versa and that made it very toxic between the two of us and when they start doing that in the house, they used to say it in multiple houses I used to stay in. (Jen)

She goes on to describe this experience of comparison thus:

So, they were like, oh, you should be more like Jen. You should be studying or like not sneaking off at night, which a lot of them did do at night and that kind of stuff, but it was just not fair of them comparing our situations... Yeah, like that burden. Was placed upon me, even though it's not my responsibility. (Jen)

Jen also provided a glimpse into institutional responses to young people who go missing from care. She reflected that young people who leave care are met with stigmatising responses that cast judgement and blame on to them. In addition to the stigmatising responses experienced within the home, other young people described being treated differently by

professionals outside of the home because of the negative perceptions held towards them as young people in care. Lily shared an experience of being dismissed when going to the police for help:

When I interacted with the police, it was definitely not as often, but it was never really in the scenario that I was in trouble. It was mostly just about stuff to do with my mum and I think at the time because they were coming to the resi care... so they didn't really know me. All they knew was that they were just coming out to the girl at a resi care and I think if I'd seen them in a much more different context they would have responded differently. (Lily)

Lily's account points very clearly towards feeling that she was treated differently by the police due to her identity as a young person in care, which made her feel marginalised and powerless. She then provided further detail of her experience of help-seeking and protection from police when being stalked by her mother, whom she had previously had an Apprehended Violence Order (AVO) against:

The workers contacted the local police station because there was an initial AVO of one year between my mum and I where she wasn't able to contact me or intimidate or stalk or harass but that had ended. It had lapsed and wasn't renewed. So they had contacted the police in the hopes that that would be renewed so that she would stop doing that or there would be consequences if she continued to do that and the police had visited me, you know, in the context of me being a girl at a residential home and my impression was that they had just thought I was trying to like, cause trouble or you know, waste their time unnecessarily. Yeah, but. My school called the police, their local police station, which is different and they immediately responded. They came to the school, they went to my mum's house, they came to interview me, they interviewed the principal. They interviewed the teachers. They spoke to the classmates, they visited my mum at home and told her, you know, you can't be doing this and just the response was so different. (Lily)

Lily's experience is a poignant example of a young person seeking help from those in a position of power but being met with a response that made her feel stigmatised and not taken seriously due to her identity as a young person in care. Lily described feeling as though her pleas for help went unheard by police, because of negative labels attributed to young people in care as "troublemakers" and "time wasters". This is further exemplified in the starkly

different response she received from police when her school called on her behalf. This again highlights how dominant narratives relating to “ideal” victims can inform legal responses to young people. Lily, a girl from a cultural and linguistically diverse background faces intersecting forms of marginalisation in her attempts to be taken seriously by those there to protect her. This perception was shared by Maya, who described a more criminalising response from police when they became aware that she was a young person living in care:

Normally, if they know they normally are a lot worse. That that's when I get fines when they know I'm from a group home, because like most kids in group homes are like shit heads...So sometimes, they'll ask who I live with and I'm like, I live in a group home and just everything changes, the vibe is just gone. They're like, more serious and then I get a fine. But if they don't. I'm going to get a warning, or I get little things like, it's really bad. (Maya)

Ash too reflected on an experience where they received a highly stigmatising and blaming response from police. They described an incident in which the police were called to the property because two other young people in the home were throwing food and water on the floor:

Then the police come in, right – this story will change everyone’s view on what happens inside group homes. The police come in, they’re like, ‘Everyone get to your fucking rooms now.’ I’m just like – I put the pot down and as they said, I went to my room. An officer follows me and he’s like, ‘No, get in the room with the other girls’, and I’m like, ‘But that’s not my room, you told me to go to my room.’...They’re like, ‘Just go in the room with the girls.’ So I did, I went in there, and I’m starting to have a panic attack. My chest is going, my heart’s going, and I’m finding it difficult to breathe. Then they’re yelling at us calling us filthy, calling us brats, and retarded, and saying that we’re stupid, and that this is the reason why we don’t live with our family...And then bloody I told the police I wasn’t involved with this at all, I’m just trying to make myself food, I don’t know what’s going on, and the girls were like, ‘Yeah, she wasn’t part of this at all.’ They’re like, ‘Okay, well she can go then. We can deal with you two bitches’, and I’m having a panic attack and I’m like, ‘I can’t breathe’, and they’re like, ‘You were breathing fine a few minutes ago’. (Ash)

Ash's reflection depicts a common experience reported by participants where residential care staff use police as a tool for behaviour management that ultimately has a criminalising impact. It also raises concerns about police biases toward young people in care, if, as described, they are using derogatory language such as "brats", "retarded" and "bitches", toward young people. Evidently, labels such as these are both individually pathologising and stigmatising and are likely to create barriers for young people in seeking help from police. This suggests that police may need further training and understanding of the structural issues and trauma that force young people into the out-of-home-care system. As previously highlighted, the young people also described stigmatising responses that were criminalising, reflected in the narratives from the young people, that suggested they were overly criminalised in the responses they received from a range of professionals.

6.5 "They treated you like you had murdered someone": The Criminalised Young Person

Several young people provided accounts that suggested they were highly criminalised due to being in care. Like Ash, Dianne explained that residential care workers relied on police for behaviour management:

You're not going to get well-behaved clients if you put staff that don't get along with the kids in the house, like from my experience, every kid goes through a scanning process, whether they're eligible to be working or to live in this house with these other young people. Why can't that be the same with the workers? Why can't they go through a scanning process to see if they're eligible to be working with these kids. Because they say you've got a violent kid who's only violent when he's scared. And then you put a worker in there with him, who gets scared over violent people. It's not going to happen you know this, this person is going to call the copper straight away instead of helping this kid. (Dianne)

Dianne's reflection indicated a sense that young people were met with a criminalising response even when seeking help. This was described by other participants, who felt criminalised in their interactions with police, even when going to them for help. Several young people provided accounts of being treated like a criminal by police. Katie was asked about the way police had responded to her after she had gone missing from her care home for several days:

Oh, I got treated like I got arrested. Rude. Rude. Some of them were very - they don't do it (become police) because they love the job, they do it because they hate kids.

(Katie)

Katie then went on to reflect on her own identity as a young person in care and described feeling as though behaviour that would be considered "normal" behaviour for other teenagers, was magnified for young people in care who do not have adequate supports around them:

Just very - they treated you like you had murdered someone. Like, "You're the worst person". When you're just a kid trying to get out of shit, you know what I mean, or you're going through shit. Because kids do dumb shit. Kids. And if they don't have the right parents, or the right place to pull them back, then they're going to get access to a whole lot more than a normal kid would. So they don't empathise, I think they should empathise a bit more. (Katie)

Katie's reflection highlights a nuanced understanding of systemic issues that further complicate the lives of young people in care, which echoed earlier sentiments shared by Jen about being in care presenting "double the workload". She highlighted the complex terrain that young people navigate in care, in this instance Katie's care identity meant having less support and more challenges than other young people but also more blame attributed to her for her mistakes. Katie's reflection also pointed to the police response focusing on her perceived offending and criminal behaviour, rather than concern about her safety or understanding of her situation. Ben also described feeling as though he was met with blame and a criminalising response by the police. Like Katie, Ben reflected on his own identity as a young person in care, which also intersected with his identity as a person with Autism Spectrum Disorder (ASD):

I used to get physical a lot quicker and I was much more aggressive, a lot more closed off. I guess I would say a lot more hostile. So, when the police would come over, they'd come over with the idea of, OK, this kids being an ass, we've got to sort him... But one thing they could do a lot better is try to understand why people are doing what they're doing. Yeah. And with kids with disabilities, like I have autism. Half the time I don't even know what my own emotions are doing, so it's kind of hard for me to know why I'm doing what I'm doing. (Ben)

Ben reflected on being responded to by the police in a way that categorised him in need of a criminal response. His reflection speaks to having his identity narrowed down to the negative attributes associated with being a kid in care, namely “aggressive” and “hostile”, which ascribed blame solely to him. Contrary to this, Ben viewed himself as having a unique identity shaped by multiple categories that influenced his behaviour and emotions, such as having ASD. Both Katie’s and Ben’s accounts highlight a common experience of being blamed and criminalised in their interactions with the police. Their narratives speak to a broader theme of young people being categorised solely based on the negative preconceived ideas held towards young people in care. This in turn facilitates a disregard for the systemic issues and trauma that have forced children into OOHC to begin with, shifting blame onto the individual young person and allowing a lack of professional curiosity or understanding for their situations or behaviour.

6.6 “They have the power to do anything they want”: Harm and Secondary Victimization

Further along the spectrum of criminalising or blaming of young people in care, five other young people described police responses that were not only criminalising and stigmatising but also caused them to suffer physical or emotional harm. These narratives represent a form of secondary victimisation and systemic failure. In the following account, Sophia described feeling a sense of hopelessness and despair after being taken into OOHC. She provided a distressing reflection of the response she received by police at a time when she was suicidal:

I've had a lot of issues with police like I got dragged once on like the train tracks and like I couldn't walk either because my feet were so like bruised up because of the like rocks and obviously the rocks on the train tracks. You run barefoot on them. You can't walk like I can promise. You're not gonna be able to walk and I couldn't walk and they just dragged me across the train tracks trying to get me to walk. I couldn't walk. I kept telling them I can't walk. What am I supposed to do? And yeah, I was trying to do a suicide attempt, but I was already past the bridge. I wasn't even on the bridge at the time. By the time they got to me, I was already up the train track. Anyways, they could have just easily grabbed me and pulled me off the side and, you know, helped me walk. Not just drag me across. (Sophia)

Sophia's harrowing account of her attempt to end her life speaks to the high level of despair and desperation she felt. Her account also highlighted the power imbalances between her and the police officers whom she described as physically abusive. However, her words also speak to the high degree of stigma that she experienced, as she feels the need to explain and justify her actions. This description points toward a police response that seemingly showed a lack of regard for her physical or emotional safety, reinforcing her vulnerability, and the feeling of being stigmatised and "othered" by those there to help her. Ash also described an interaction with police where she was conveyed to hospital under the *Mental Health Act 2008* (NSW) due to expressing suicidal ideation. Her reflection highlights a lack of regard for her physical or mental safety or wellbeing:

Then I got Section 14'd, and as they were searching me – mind you I've been raped before, twice. My jumper pocket was here, I was being searched by a male officer, and I'm trying to push him away, and the police keep yelling at me, "Stop resisting". I'm not resisting. The workers didn't even bother telling them that I'd been raped before...One of them was a woman, one of them was I think of Chinese or Taiwanese descent. The Taiwanese one was searching me and the ginger one was grabbing the drawstring to my jumper, pulled it and it started choking me. My housemate who was helping me cook the Jello was like, "Stop it, you're fucking choking her".

Ash then reflected on this interaction further:

They choked me with the drawstring, left bruises and indentations on my arm. I actually can see it. Had bruises on my arms and my ankles, because they physically pushed me in there, into the back of the paddy wagon and was like – then when we got to the hospital they grabbed my legs, pulled me out by my ankles, grabbed my arms really, really hard, and they're like, "You're going to walk or we're going to make you walk", and I'm like, "If you let go of me I'll fucking walk", and they're like, "We're not going to let go of you until you start walking". (Ash)

There are several unsettling similarities in both Ash and Sophia's interactions with police. Both young people expressed suicidal ideation and subsequently were met with hostility by police. They also provided similar accounts of being dragged or forced to walk by the police. Ash also described being searched by a male police officer at 15 years old, despite a history of sexual assault. Her anger and outrage at this interaction is understandable, but her

acts of resistance and desire to assert bodily autonomy further pathologised and criminalised her. Similarly, Dianne shared an account of being inappropriately searched in a public space by a male police officer at the age of 15:

Yeh this one time, when I was at the train station, and I got I got searched by a male cop. He said that the reason that he was, he was searching me was because I was being arrested, but I told him I was like, at that time, I was very drugged out, so I just I didn't know. I knew that he wasn't supposed to touch me, and he kept grabbing me and stuff like that. And he's like "you're being taken into custody. We have to do a search there's no females that can search you at this current point. I'm sorry". And yeah, I reckon that would have been one off. The most embarrassing interactions with them because like they were touching me everywhere, I was only 15. (Dianne)

Dianne's reflection on this interaction spoke to a sense of powerlessness and humiliation she felt when subjected to invasive practice by men in positions of power. Her account also raised questions about the police response she received, seemingly focussed on her offending rather than her safety, which is a concern given she was 15 years old, and stated she was heavily drug affected at the time, a presentation that should seemingly raise concern. Three other young people provided accounts of the police using excessive physical force when arresting them, that contributed to an overall dislike and mistrust towards the police:

So, it's always been very I guess focussed on their job and what they're meant to do and then they bring a lot of their personal, you know, well their personal well life to their kind of workplace. So if they feel something they're meant to suppress it, they're meant to do their job. If they're pissed off they're not meant to take it out on the suspect, client, whatever. Yeah. But half the time they do unfortunately... they'll. Just come in pin you to the floor and handcuff you as tight as they can. Shove you down, but yeah, so half the time they will go in without much back story, just with the person that's called, you know, their side of the story when you really should get both sides of story, and even then, even if it is true, you don't go over aggressive on people. That's how you ruin your chances of ever getting an admission or anything out of them, and you can't really help someone that hates you. (Ben)

The narrative shared by Ben above reflects common themes identified by other participants. He provided a clear account of feeling wrongfully blamed, being subsequently

arrested and then physically harmed because of police using excessive force against him. Ultimately, Ben observed that these factors all contribute to a mistrust and dislike of the police, that hindered their relationships with young people in care. Similarly, Katie provided a narrative account of feeling disliked and blamed by police, which in turn fostered negative feelings towards them:

I mean, us, like every kid as a teenager, goes through a stage. It's like development, in a way. Just testing the boundaries, and that's what I did. But, I mean, the way they treat you is rude. Some of them were just like - they can like swear at you or just act like you're a pig and chuck you in there and not do anything, like make you sleep without blankets. They have the power to do anything they want...Some of them can be abusive, yeah...Cops are fucked. You don't know half of it...They do this, like I swear they do it because they hate you, but when you ask them to untighten them, they tighten your things where it bruises you. We're not going to run away from you. We don't want to get in any more trouble than we already are. We're caught. It's fine. Don't tighten my [handcuffs]- you know what I mean? (Katie)

Katie highlighted how in her experience police exploit their power to exert dominance and control over young people. As an Aboriginal young person, her account that “they treated you like a pig” and “they have the power to do anything they want” points toward the intersections between institutional power, systemic racism and the over criminalisation of young people in care. She described a de-humanising experience with police that ultimately reiterated the powerlessness experienced by young people in care. Dianne also shared a similar view of feeling powerless:

The majority of my friends hate the police. And like young people nowadays, they do. But these kids have actually gone through hell with these coppers like my mate, I watched them get handcuffed at the train station. They cuffed his arms and then they cuffed his feet to his arms and then they threw him into the back of the paddy wagon...cuffed...They picked him up from the handcuffs... Yeah. And he had to do time for resist...Look like this boy looks like this [small]. The coppers that had him were massive. Like, if you're going to say that this boy was resisting against you then you're lying. (Dianne)

The above accounts from several young people highlighted the powerlessness and vulnerability that they felt. They also highlighted how young people in care can experience secondary victimisation and harm in their contact with the justice system. In addition to these accounts, two young people, one from an Aboriginal background and the other from an Asian background shared experiences of perceived racism in police responses:

I can't explain it because it's other people's experiences, but I've seen police talk to them like shit. Especially other coloured people, you know what I mean? Like even my boyfriend, the way they treated him from my eyes was just so fucked. (Katie)

Yeah, but the other time was the young person told me was that. What was it? That they were again...the racially charged thing where they were, I think, arrested for like assaulting a person, but they were attacked first and then the police... the only person they arrested was the young person I lived with. Yeah. And he was saying from his personal opinion that he thought it was very racially charged. (Jen)

These descriptions not only raise concerns about potential racism in police responses to young people in care, but they also highlight intersecting sources of marginalisation that young people from diverse backgrounds experience. In addition to experiencing stigmatisation and criminalisation because of being in care, they also face intersecting marginalisation in the form of racism, highlighting the multifaceted challenges experienced by young people in care.

6.7 Summary

This chapter detailed findings in relation to six major themes identified through the data analysis processes. The themes related to the way young people participants perceived institutional responses to them from professionals including police, residential care staff and DCJ case workers. The themes discussed in this chapter provide an important backdrop for understanding the contexts in which young people in residential care live, and how they experience being responded to by different professionals. It is argued that to better understand both risk and responses to CSE in care, it is essential to understand the broader contexts in which young people in residential care live. The themes that were discussed in this chapter included *not having a voice*, a theme spoken about by several young people referring to instances of not having a say on decision-making about their lives. This was closely related to the next theme of *being neglected* which referred to accounts of young people feeling

emotionally and socially neglected in care. Another theme discussed was *feeling constrained* which in contrast to the previous two themes referred to the instances whereby young people felt that they weren't afforded the same choices and freedoms as other young people not in care. The next two themes, *being stigmatised*, and *being criminalised* described accounts of young people where they felt that institutional responses to them were influenced by their care identities, and they were stigmatised or criminalised as a result. This extended into the next theme, *secondary harm and victimisation* whereby young people described being harmed by the professionals who were responding to them, including accounts of racism in police responses to young people.

Narratives from the interviews powerfully highlighted the extent to which young people in residential care are subjected to institutional responses that have the potential to reproduce systemic oppressions, including those based on ageism, classism, racism, sexism, and ableism amongst other sources of marginalisation. The narratives shared by the young people also highlighted the extent to which negative biases and preconceptions held by a range of professionals towards young people "in care" seemingly influenced responses they received, often resulting in inadequate, criminalising and harmful responses. Their experiences of being responded to represent a form of institutional victimisation, ranging from neglect at one end of the spectrum to physical harm at the other end. Overall, findings reported in this chapter highlight the challenging and at times harmful terrain that young people in OOHC face in their everyday lives, not only in overcoming their own personal trauma, their own mental health challenges and the issues that arise in OOHC but also in resisting secondary victimisation perpetrated by responders within the system. As has been mentioned, several of the themes discussed in this chapter, will be expanded on further in the next chapter about experiences of CSE. It will become clear that many of the themes described in this chapter, including being neglected, feeling constrained and being stigmatised have a direct impact on risk relating to CSE and the way it is responded to.

Chapter Seven: Responses to Child Sexual Exploitation

Considering what was discussed in Chapter Six about broad institutional responses to young people in residential care and the contexts in which they live, this chapter will now present findings about institutional responses to CSE. Several themes discussed in the previous chapter, including *being neglected*, *being constrained* and *being stigmatised*, intersect with themes discussed in this chapter about responses to and risk factors for CSE. The first theme presented relates to what young people had to say about *going missing*, which is a known risk factor for CSE and was a clear theme identified in the process of data analysis. The next theme explores what the participants had to say about why young people in care might be at risk of CSE, including relating to past histories of unresolved trauma and CSA, further the descriptions shared by young people about how perpetrators made contact is presented. In addition, stigma and blame associated with CSE was also evident in the accounts of young people, which is closely tied to the theme *being stigmatised* described in the previous chapter. Finally, accounts from young people about institutional responses that overlook risk of CSE is discussed as well as an unexpected, albeit disturbing theme about sexual harm perpetrated by professionals. The first theme presented is about young people going missing, as this was one of the most frequent themes spoken about by young people.

7.1 “You can’t just go have a normal household”: Reasons for Going Missing

It is well identified in the literature that going missing is one of the most significant risk factors for CSE (Beckett, 2011; Jackson, 2014; Karam & Robert, 2013). Many young people discussed the reasons that young people in residential care “go missing”. A common reason identified by young people was to exercise their agency and freedom. This was well described by Katie:

Well, when you’re younger you think that. Especially kids in care, they don’t have a place to go hang out with their friends. Friends aren’t allowed in care. In the house, you can’t just go have a normal household because you can’t just bring your friend over and be like, “They’re going to stay here for the weekend, is that okay?” Because it’s not allowed. So if you want to go have friends, you’ve got to stay somewhere else, and you go get another person to provide that for you, the house... We don’t want to do any of that, we just want a sleepover...you can’t even have a friend over. (Katie)

Katie explained that young people “go missing” as a result of constraints, including being unable to see friends, or have a “sleepover” like other young people in “normal” households. She described wanting to be “normal” and desiring the freedom to have the same developmentally appropriate experiences of other adolescents her age. Similarly, Maya explained that young people leave placement due to constraints placed on them:

Because the rules here are shit, they want to go have fun. That’s what I do anyways. Most kids actually do that, because here’s just like – you’re in like a gaol. You can’t do anything, and you just want to go and see your friends and shit. (Maya)

Both Maya and Katie’s accounts of young people leaving placement provide insight into how having limited opportunities to exercise agency, and feeling constrained, both themes that were explored in the previous chapter contributed towards the risk of CSE, in pushing young people to leave care or go missing. Jen explained that for young people, the desire to assert autonomy, rebel against authority and participate in social situations catalysed their decision to leave care:

Yeah. So, I wouldn’t show up all the time, but I would see sometimes on like, on social media that they would be going out to see friends or one time they brought me, but I didn’t participate they were smoking marijuana on the beach. What else? Yeah, I think it just like going out to see people...I think partly it’s, you know, up to like teenagerhood and being, you know that’s I think part of being a teenager a little bit. But also, I think rebelling against like the youth workers a little that kind of, yeah. (Jen)

Zoe described that her motivation for going missing related to the social situation in the residential care environment:

I used to go missing just because I wanted to just get away from everyone and ignore all the toxic people. (Zoe)

7.2 “They didn’t even know I went missing”: Responses to Missing Young People

Two more young people discussed professional responses to young people who were missing, including not responding when they or others went missing. Jen spoke about workers ignoring the fact that young people were “missing” which she believed was because it was such a frequently occurring issue and there was a perception that nothing could be done about it:

Yes, unfortunately that was a very frequent thing. All the youth workers knew it like, even though they try and hide it, all of them knew it. But like, there wasn't much that they can do. (Jen)

Zoe described instances in the past where she had left placement and none of the workers had noticed:

Well, no offence, but there was like me and like, two other girls and they were always focussed on the other girls, and they didn't even know I went missing. (Zoe)

Zoe furthered described her responses when youth workers or police did attempt to locate her:

I would always like, smash my phone or get rid of it and the SIM and no one could find me, and I never used to go as 'Zoe'. If cops asked me who I was or I introduced anyone like when I first moved up here, my name wasn't Zoe. I didn't tell anyone my name was Zoe. I'm like, I'm 'Sarah' and that's it. So, when people, when cops went around saying, do you know this person and have you seen this person ... they're like, no, that's Sarah. So yeah.

Zoe revealed further strategies she used to avoid returning to placement:

Yeah. And when I see them, I used to dodge them and used to like to put a hoodie on, always carry a hoodie on me, like tie my hair up, put a bunch of makeup on, put fake piercings. Dye my hair. Yeah, so that the cops. The person I ran away from, right, they'd have a photo of me. Say, with black hair. If they see me down the street or when the cops got me, and I get returned. I've got like purple, pink, blue, different colour hair. (Zoe)

Zoe's detailed and frank admission about the strategies she had used to avoid being located when away from placement offered a helpful insight that may inform responses to young people going missing, therefore reducing a key risk factor for CSE. Although Zoe's strategies seemingly represent choice and agency, the constrained spaces in which these choices were made and the associated danger these choices placed her in must also be acknowledged. While Zoe was away from placement, she described being subjected to sexual and criminal exploitation as is discussed later in this chapter.

7.3 “They’re caring, they’re nurturing, they’re protective”: Understandings of How Perpetrators Exploit Vulnerability

The following section focusses on participants’ perceptions of why young people in care may be at risk of CSE, and provides insight into ways that perpetrators exploit their vulnerability. Reasons provided by young people ranged from individual factors relating to experiencing trauma, to social factors such as a desire for belonging and connection including systemic factors. Lily provided an in-depth response when asked about why young people in care might be at risk of CSE:

I think a potential reason might be having had that experience of being sexually assaulted or raped before they come into care, or maybe that’s an environment they grew up in where that happened a lot around them, or to them. Or they just, they just came in contact with the, it might have even, you know, been a reason for them coming into care. And I guess, maybe they’ve grown up with that really highly sexualised behaviour that hasn’t been, I don’t know if treated is the right word, but like monitored and like assessed properly and maybe the professionals around them, their responses to that haven’t been as helpful. And then I think a big part of it is also attention seeking behaviour for whatever reason, and I guess that combination and also the fact that some people get really bored in residential care. (Lily)

Lily’s account spoke to a combination of both individual and systemic factors that intersected to increase exposure pathways for CSE. As highlighted by Lily, earlier experiences of CSA prior to coming into care were identified by several other young people as a potentially predisposing factor for risk of CSE. Further, Lily’s account highlighted the systemic factors that she perceived to contribute to risk. Four other young people spoke about past histories of trauma contributing towards risk of CSE:

My friend, she’s really close to me, she used to date older guys and even do stuff for money and stuff. But now she doesn’t want that. Like she just said she wanted that caring effect because she never got that from her dad, her mum, so she - older guys, you know what I mean, they’re caring, they’re nurturing, they’re protective. You know what I mean? They have all them features, so, in a way, they look for that. She was looking for a dad in an older guy, she said, in her words, yeah. So I guess that’s a different perspective. (Katie)

Katie's disclosure about her friend experiencing CSE provided further insight into how a combination of factors increased the exposure pathway for CSE. Katie described the perpetrator/s as being "caring", "nurturing" and "protective" toward her friend, suggesting that having unmet social and emotional needs was a factor that influenced her vulnerability to the grooming tactics used by perpetrators. Similarly, Dianne described how perpetrators leverage vulnerability:

When girls come in, they can they come in with a lot of trauma on their shoulders. All they want to do is be loved to be held and just have that sense of security and safety.
(Dianne)

Dianne further disclosed that she had previously experienced CSE as had a friend of hers:

Yeah, that's actually happened to me. Before all this, this is life. But yeah, nowadays it's a lot worse and its girls who have gone through trauma and haven't been helped to deal with it or you know, I've got a I've got a friend, she's like. I think she's 15, she had her first kid when she was 13 and then her next kid to a guy that was 18 when she was 14. Yeah. She got two kids, and she was only 15. Yeah. (Dianne)

Dianne's reflection highlighted the profound impact that CSE can have on young people's lives, identifying how inadequate responses to past trauma increased girls' vulnerability to CSE. This reflects a similar view shared by Jen below who explained that unresolved trauma increased vulnerability to CSE:

Because of the trauma that I experienced, I had a bit of an interesting relationship with men, so I would, I would talk to, not with, like I would talk to a little bit older. I mean, like people, yeah. (Jen)

Similarly, Ash observed that young people's vulnerability to CSE related to a desire for validation, stemming from childhood trauma and neglect:

They seek older male validation. From experience it's if the father doesn't give enough love, if he's absent, if he treats them differently than the rest of their family. There is actually a lot of different reasons as to why a young girl would seek validation from an older male, but most of the time it's being whether the father hasn't given them enough attention or if he's been absent. My father was very much absent and did not – he didn't want me. (Ash)

Five young people identified that unresolved trauma borne out of child maltreatment and associated unmet social and emotional needs were risk factors for CSE. Words such as “caring”, “protection”, “security” and “safety” were used by participants to describe what pulled young people into CSE. This highlights the significance of the emotionally manipulative tactics perpetrators use to pull young people into CSE. Further, it also reflects how highly heteronormative ideas around girls’ vulnerability and need for “protection” can be leveraged by perpetrators. It was also evident that not having adequate support in response to childhood trauma was viewed as a significant risk factor for CSE. Two young people also disclosed that they had experienced CSE, which they described as being related to their desire for connection and acceptance. Dianne disclosed being criminally exploited through her involvement with a gang:

Yeah, kids, kids in resi are more prone to that. Those influences, because one they’re alone, they’re in a house full of strangers and yeah, when I, when I found belonging in a gang. They’ve got, they’ve got security, they’ve got safety. They’ve got money. They’ve got somewhere to go after, is it? Like they’ve got everything when they find foundation in the gang. (Dianne)

Dianne explained that the isolation that young people in care experienced contributed towards their vulnerability to both criminal and sexual exploitation. Her description of belonging in a gang, related to a sense of security and safety. Being “alone” in a “house of strangers”, highlighted the level of disconnect and neglect she felt in care, pushing her into criminal exploitation and CSE. Ash also disclosed being exposed to CSE:

It sounds like Tom’s house. Tom is this 40-year-old that me and my housemates used to smoke weed with...he’s actually arrested for paedophilic behaviour, because he offered one of my housemates, how much was it, five – I think it was five thousand to eight thousand dollars to fuck his best friend. (Ash)

Ash identified that this perpetrator had also exposed them to child-sexual abuse material:

Because he likes little girls. The first time we went there, on his computer he had a USB plugged in, he had a porn stash. We saw the porn stash, and it was little – it was like young Asian girls and shit and we were like – we just looked at each other and was like, “You saw that too right?” And when we got home, I was like, “Oh my god, did you guys fucking see that?”, and they’re like, “Yeah”. I’m like, “Oh my god, I don’t

want to go there again but his weed's really good". And then we all decided we're just going there for the weed. (Ash)

Although Ash acknowledged that the perpetrator's behaviour was harmful, the desire to be around others and access drugs repeatedly drew them back:

Most kids get into drugs from peer pressure or social acceptance. They do it to fit in, because if other kids are like, "Oh yeah, sometimes we smoke weed or sometimes we smoke ice", and some kids will be like, "Oh yeah, I can smoke ice with you, I can smoke weed with you if you want". It's a social acceptance thing. (Ash)

Evidently, several factors drive risk pathways and vulnerability to CSE. Most prominently, experiences of childhood trauma and a desire for connection, safety and security were viewed by the young people as the primary factors which increased vulnerability to CSE. This also appeared to be linked to heteronormative ideas around gender whereby men are viewed as "protectors" and girls viewed as "vulnerable" and therefore in need of "protection". In addition, factors such as social acceptance, peer pressure and drug use were identified by the young people as driving risk pathways for CSE. Overall, a desire for connection and belonging are significant factors leveraged by perpetrators to exploit and abuse young people. Given that desire for connection and belonging were also primary drivers for young people leaving care or "going missing", addressing neglect and disconnection experienced by young people in care should be a primary concern in prevention efforts. As these participants' accounts highlight, young people have valuable insight into what must be considered when preventing and responding to CSE.

7.4 "Snapchat is the devil's app": Making Contact and Meeting Online

In addition to providing important insight into underlying issues that increased exposure pathways and vulnerability to CSE, eight young people also spoke about how perpetrators made initial contact with young people. The following section focuses on what can be learned from young people about different strategies perpetrators use to make initial contact, then groom and exploit young people. Eight young people were asked about the ways in which older adults made contact with them or other young people and all stated that initial contact often occurred online via social media or dating apps. In addition to this, several young people spoke about being introduced to perpetrators through other adults or friends in care.

Amelia, in talking about a friend of hers who was having “relationships” with older men stated she used online apps on her phone to meet them:

She downloads apps for adults...Tinder, Red Hot Pie, all of them. (Amelia)

Further, Jen who had disclosed that she previously been “dating” older men stated she had met them through online dating apps:

So again, dating apps, so I am used to mainly use OkCupid and the other one, SpotaFriend, I think, yeah. Yeah. And they kind of just send you a message. How the app works, if they send you a message first if they like to, and then if you want to you can respond back. (Jen)

In addition to meeting through online dating applications, several young people identified that initial contact was made through social media applications such as Snapchat:

Mutuals, social media shout outs. Yeah, stuff like that. Well, my partner is older than me. I met him when I was 15 in 2021, he was 19 at the time. (Dianne)

Snapchat’s very hard to know their age. You can add people. Maybe you add them back. They’ll say something like, my experience, someone says something, “How old are you?” I’d be like, “17”, and, “How old are you?” They’d be like, this age. I’m like, “Oh, that’s fine. Are you mature?” It’s just, yeah, it starts like that. But it depends on their intentions with that girl. You know what I mean? (Katie)

Katie identified that Snapchat was commonly used by young people and that the random add function allowed unknown people to add each other and contact them. She also reflected on difficulties in confirming people’s age on Snapchat, which allowed adults to potentially talk with children. Maya observed of Snapchat:

Honestly, it could be through mutual people, it could just be like random adds on Snapchat, it could be anything... Snapchat is the devil’s app. It’s so bad. Kids like it, but like – just anyone can add you and anyone can see where you are, like locations. It’s pretty shit...If their location’s on, you can click on it and it will go Directions, you click on it, it’ll show you their address on Google Maps, their exact address. (Maya)

Maya’s description of Snapchat offered concerning insight into strategies that can be used by perpetrators to contact and then locate young people. Her reflection on the use of location tracking software demonstrated how easily young people can be exposed to real-life

and online harm facilitated by social media companies. This was most evident in an account shared by Ash, whereby they disclosed that they had been sexually exploited online since the age of 13:

I had this lovely dude threatening to leak my nudes. When I saw that message I actually went to one of my workers and I'm like, "I have this dude threatening to leak my nudes", mind you the dude is older, I know he is, he invests in stock markets...The thing is he still thinks I'm 15 and he's like, "I'll call CPS (child protection services) and I'll show them your nudes and I'll say that they have to show it to your mother and then you're going to get in trouble". I'm 16 mate, that's not going to happen. CPS won't do anything because I'm 16. (Ash)

Ash's account provides significant insight into exploitative strategies used by perpetrators against young people. Ash described the perpetrator using Ash's status as a young person in care as a means by which to threaten and manipulate them. They referred to him calling CPS exposing their "nudes" to them and getting them in "trouble". This reflects an appallingly brazen attempt at control and manipulation over Ash, particularly given that the perpetrator is knowingly in possession of child sexual abuse material. Ash described further threats made against them:

He still threatened that if I didn't continue – that's my brownies done. He threatened that if I didn't continue sending him nudes that – because he'd written all of my Instagram followers down and he was going to send it to all of them and my boyfriend. (Ash)

Ash's disclosure offered disturbing insight into the varying attempts at manipulation used by this perpetrator to coerce and exploit them. Ash's account also highlighted acts of resistance that they utilised to disrupt the perpetrator, including informing a staff member from the care home and choosing not to send any further nude photos despite the threats. This description is contrasted by their comment "that's my brownies done" a momentary insight that draws attention back to their young age, as they were baking brownies for friends during our interview. When asked how Ash had initially met the perpetrator, they stated that they met online:

Yes. I met him when I was, let's see, 13 just turned 14 the next day, so I'm like, "I'm 13". Then this dude's like, "Do you have Snapchat?", and I'm like, "Yeah I do". He's like, "Give me your Snapchat", and so I gave it to him. Oh no, it wasn't Snapchat, it

was WhatsApp. It was WhatsApp not Snapchat, because I wasn't allowed to have Snapchat at 13. So, I was texting him on WhatsApp. (Ash)

Ash's age at first contact with the perpetrator emphasised their vulnerability and demonstrated how children can be exposed at very young ages to CSE and grooming online. In addition to meeting online, several young people spoke about being introduced to older adults through friends or other young people in their care homes. Lily described how other young people in her home would introduce one another to older adults who exploited them:

One big thing was social media. And then also, just through people she knew, I think she would maybe, I don't know if befriend is the right way to come into contact with other people her age who also have these relationships and then meet these older people and, yeah. (Lily)

Zoe also disclosed that she had met older adults online, or through other adults whom she already knew who were providing her with drugs:

Online or randoms down the street, people through people I knew that I was getting drugs off. Umm. And just random guys that thought no offence because I hit puberty earlier, that I was older than what I, what, what I am, and they just have sick, twisted minds and they're like I was their prey. (Zoe)

Two young people also provided insight into where young people and perpetrators were meeting in person. Lily explained that the same peer she had spoken to, mentioned above, would meet with the perpetrator at a hotel and bring a friend along with her:

My understanding of what went on was that (she) had developed a relationship with this guy and he's like. late 20s or 30s and he had a wife and kids. But she was having sex with them and so the other girl who kind of just gone along with her was also there and they had found them in a hotel and bought them back, brought them both back. (Lily)

In Lily's account, her description of the young people being brought back is in reference to the police retrieving them from the hotel and returning them to the residential care home and she later disclosed that this perpetrator was arrested and charged. Like Lily's account, Amelia disclosed that a friend of hers had been groomed and exploited by an adult who took them both to a hotel:

I had a friend - I'm not going to say who, obviously, but I used to go with her and stuff. He bought a hotel, he got us alcohol, he did all that stuff, you know what I mean, just to - I don't know. He was obsessed, but he was older and it was just like - older than 22. It was just like - we started seeing that it was weird, we already knew, but the girl just was oblivious, so we just stayed with her. (Amelia)

This section has provided an overview into what can be learned from young people about strategies that perpetrators use to contact, groom and exploit young people.

7.5 'Yeah, I was being a narcissist:' The Attribution of Blame and Shame

In the previous chapter, the theme *being stigmatised* was discussed in relation to young people's experiences of being responded to in care. The impact of stigmatising responses that place blame onto young people was also evident in the ways in which the young people described attributing blame to themselves and other young people for being exploited. The impact of this was also evident in ways in which young people described how they had been responded to, or would expect to be responded to by professionals.

Maya and Katie, who both later disclosed that they had been in a situation like the vignette scenario used blaming language towards the fictitious "Jane". Katie stated "They were being dumb. Sorry" and similarly Maya stated "What a dickhead! What an actual dumb arse". Zoe, in disclosing her past experiences of being exploited, also attributed blame to herself:

They (young people in care) act like they're older and so they can do dumb shit. I know that from experience because apparently, I've been 18 for the past five years ... Yeah, I was being a narcissist...I manipulated a lot of people and gaslighted a lot of people into believing and then I actually started believing shit that I was saying. (Zoe)

Zoe further described her perception of why she was sexually exploited and abused:

I used to just do drugs, get into trouble. Yeah, and unfortunately, I didn't have money at the time. So yeah, I was acting like I was 18 at the time when I was really 14. And then I got, no offence, I got a lot of blokes into trouble and the cops and the judge said it doesn't matter if you say you were 18 or anything, they knew how old you were and they still slept with you. (Zoe)

Zoe's reflection on her past experiences of CSE suggest a high degree of self-blame and internalised shame. Despite being a child at the time, Zoe framed her victimisation as

being due to her own individual choices rather than the responsibility of perpetrators. She described herself as a “narcissist” and as being “manipulative” and as “gaslighting” people, again suggesting a high degree of self-blame relating to her past experiences of CSE. Zoe’s description of her victimisation being the result of her individual choices suggested a tension between agency and vulnerability. Zoe perceived that she made the choice to “manipulate” or “gaslight” men who exploited her, but her vulnerability in this situation is undeniable. Further, it demonstrates how young people, when navigating highly constrained circumstances such as those described by Zoe can be perceived to be making ‘risky’ choices or engaging willingly in abuse. However, it is evident that these ‘choices’ are only being made within highly constrained circumstances, which is a product of structural failures to meet basic needs. This account highlights the complex terrain that young people at risk of CSE navigate and demonstrates how stigmatising attitudes and responses can shape the way they view themselves.

There was also evidence of self-blame in Maya’s reflection on being abused by an older man. She initially raised this example in response to the vignette, stating that she had been in a similar situation “100 times” but that “nothing bad had ever happened”. However, she then went on to describe the abusive nature of the relationship:

I don’t know, it was just bad from the start. Because he had a – he’s got a history of being an asshole to fucking women, and then, yeah, we were bad for each other. We would abuse each other. It wasn’t just me being hit, I tried to like hurt him back.

(Maya)

Maya explained that this man, her “boyfriend” was nine years older than her and that the police had been called on them several times due to the age difference and because of physical abuse that had occurred. Maya’s account similarly reflected a tension between agency and vulnerability in the way that she perceived herself as exercising agency and choice in the relationship but ultimately described being victimised. She spoke about inviting other young people over to her “boyfriend’s” house and described the relationship as being mutually abusive despite acknowledging that she “tried” to hurt him back only in response to his violence towards her. This, coupled with her age and vulnerability as a young person in care highlighted how young people at risk of CSE may perceive themselves as equally responsible for abuse.

Considering Maya's previous statements describing residential care as "like a prison" and accounts of being treated differently by police, coupled with her trauma prior to entering care, it is evident how her perceived "choices" occur within highly constrained circumstances.

Several other young people spoke about being judged, blamed or shamed by professionals who respond to allegations of CSE. Ben perceived that in response that "Jane" (the young person experiencing CSE in the vignette) would face more "repercussions" than the perpetrator:

There have been repercussions, yes, but at the same time. It can also be more so repercussions on the client's end because they can't always get the person at the other end. (Ben)

Similarly, this was a sentiment shared by Amelia:

I reckon, obviously I know that a worker, or a care team's initial response would be, I guess, to not have a go at Jane, but to be – show sort of the disappointment that can sometimes present being mad...I feel like the first response would be, "Why? Why did you go to James?" And she'd probably want a, "Are you okay?" first, not a, "Why?" Like she wants to feel like that they understand that she's made a mistake, and not just jump on it right away, because I know with a lot of YPs, if they do, do something like this, like YPs I know, they would most likely apologise, when they feel, kind of realise what they've done. (Amelia)

Amelia's use of the abbreviation "YPs" to refer to herself and other young people in care, was interesting as it potentially reflects the impact of depersonalising responses to her and other young people, as their identity is reduced to a broad abbreviation used by staff within the residential care setting. Further her reflection highlighted important differences for young people being met with judgement and blame, compared to empathy and curiosity in response to CSE. However, like Ben, Amelia reflected that it would be more likely for them to face blame in the initial response by the care team. She also described how young people would most likely apologise once they "realise what they've done" that may further suggest a degree of blame or responsibility being placed on the young person for being groomed or exploited. Further to this, Jen also reflected that young people were likely to be blamed and shamed in response to CSE, which she described as further increasing risk:

I do feel like the youth workers would be a lot more judgmental. Like, uh, like not maybe not saying it to her face, maybe making some side comments, but they would probably make like, you know, think that “oh she’s”, you know, “easy with her body” or “she’s being dumb and young” and that kind of stuff, like they would probably think those ways and it’s unfortunate because being in that situation, being especially having the police to intervene like in that situation already feels horrible, and if having those kind of like, the responses that I have seen like, it kind of makes someone rebel even more. (Jen)

Jen’s account highlighted the detrimental impact that blame, shame and judgement can have on young people at risk of CSE. Ash also reflected on a situation in which they had been exploited, and shared that the fear of judgement and blame acted as a barrier to disclosing to professionals:

Because once they realise, they’re in too far they’re like should I speak to someone about this? I don’t feel comfortable doing this anymore. I think I should talk to someone, but I feel scared because they’re going to judge me. I know that feeling very well. (Ash)

These accounts taken together highlight how being blamed, shamed or judged in response to CSE act as barriers to disclosure, while also increasing risk for young people. Further accounts added to this perspective:

And when I used to talk about my trauma down in Sydney when I used to go to therapy one of them worker ladies in Sydney actually, basically slut-shamed me because I was wearing shorts and a singlet. They said, well, you were asking for it after knowing quite well I was raped. (Zoe)

Zoe’s description of being “slut-shamed” offered a disturbing insight into responses to young people that are not only highly inappropriate, but harmful, and blame them for their own victimisation. This was also acutely evident in the following account:

I was in the car with this guy and then out of nowhere there was about maybe 10 cop cars pulled up. I was just talking to this guy and this this lady officer came out and she told us to get out of the car and she asked how old I was, I lied to her. I said I was. 18, yeah, she took a photo of me and then found out my name, my age and everything and she called me a slut and told me that she’s going to be taking me back to my parents

and they can deal with you and on the way...they, they took me on a joyride, so I was banging around in the back of the paddy wagon. Yeah. And then when we got to my sisters, she told them that she caught me having sex with this guy. The cop did even, though I wasn't...There were, there were many different ways that she could have gone about it. Like, I'm the minor in this situation, if you're calling me a slut, thinking that I'm sleeping with this guy, you know how old I am, you know my name, you know how old this guy is and you're calling me a slut? Yeah, he didn't get arrested. Nothing happened to him. They let him go and everything...I watched him drive away before we left and I was like "What the fuck"? Like, I get that I'm underage and stuff and that like it's a duty of care for them to return me back to a safe place but thinking that I'm having sex with this guy and you ain't going to question him. You ain't going to do nothing. (Dianne)

Dianne's reflection in many ways highlights how several of the themes explored in the previous chapter culminate in poor responses to young people in care experiencing CSE. Dianne described how stigmatising perceptions held by police resulted in her being blamed and shamed. Further, she described being treated as a criminal, rather than a potential victim and as a result being treated in a way that was both harmful and re-traumatising for her. Diane's experience reflects how blame and shame are not just personal affronts to her dignity but symptomatic of broader gendered, racialised, and class-based power structures. Girls in care, particularly those from marginalised backgrounds are not perceived as "ideal victims" and instead marked as deviant, or complicit in the harm perpetrated against them.

Overall, it is evident that being blamed and shamed by professionals is a common and deeply harmful experience for the young people who participated in this study, particularly when they are at risk of or have experienced CSE. This section has shown how blame and shame are not only embedded in the ways professionals respond, but also in how young people come to make sense of their own experiences. The tendency for young people to internalise blame for experiencing CSE reflects the powerful and pervasive influence of institutional attitudes that are stigmatising and 'othering' of young people in care. These dynamics cannot be separated from the broader gendered, racialised and classed power structures that shape who is seen as a credible victim and who is not.

7.6 ‘They don’t like to say anything until something’s going really bad’: Being Neglected

Being ignored or neglected was explored in the previous chapter whereby six of the young people provided accounts of *being disregarded* or *feeling neglected* by professionals. This theme was also evident in the ways that young people described responses to CSE. The following section will outline reflections of four participants that described how young people experiencing CSE were neglected or disregarded. Lily described how CSE was a common occurrence in care that staff were desensitised to:

I guess that kind of situation being more alarming to the professionals. I think a lot of professionals are so desensitised to it that it’s not as big of a concern, it might be to your normal daily person who doesn’t live in resi care or have any contact with the resi care system. Maybe it’s like having the same level of concern as you know when child sexual assault is. (Lily)

Similarly, Dianne expressed concern about residential care staff not responding or intervening early when young people were at risk of CSE:

Resi workers need to learn to snitch before it starts happening, they don’t like to say anything until something’s going really bad. Yeah, like when this girl came, she came to Sydney and she already had a boyfriend. She told us everything about him. She didn’t know this guy from a bar of soap. They kept meeting up in hotels and then eventually he got his own place... he did stuff to her, got her on crack and everything, she became addicted. She got assaulted by him and his friends and yeah, and the resi workers knew early on that she’s having a relationship with an older guy, but didn’t really do anything at that stage. (Dianne)

Dianne’s account highlighted the cumulative harm experienced by a peer who was groomed, drugged, and sexually assaulted by multiple perpetrators. Notably, Dianne emphasised that residential care staff were aware of this young person’s involvement with an older man but failed to intervene early. This reflection points not only to neglect, but to a systemic failure to recognise or act on early signs of grooming and CSE. Dianne’s narrative also highlighted tactics of grooming and entrapment used by perpetrators including isolation, use of drugs to create a dependency, and violence. Both Diane and Lily also described inaction by Police in responding to young people who were being exploited. Lily described police being aware that another young person was being groomed but not doing anything about it:

I guess at a lot of times police don't really utilise the full extent of their ability to detain those people...in my experience for the extent of time that I was living there. Police actually knew and talked about it in front of us that they knew Marie, who was like 13,14 at the time, was having this relationship with this like 30-year-old guy. She can't consent to that, and that's sexual assault. If they're having sex, which they were. But they are just no, they just didn't really. I don't think, they didn't really care, there wasn't any urgency. There wasn't, they weren't like, oh my gosh, this guy is horrible. We should arrest him and make sure he never touches another young person again, it wasn't really like that, you know. It was kind of just like, yeah, this is happening, if we arrest and detain this person. She's just going to go find someone different, so what's the point? And we can't arrest the entire population. (Lily)

Lily's reflection on inaction by police spoke to a sense of disregard for the young person's safety and wellbeing and highlighted how language used by police effectively erases perpetrator accountability. The description positions Marie's behaviour as the centre of the problem, which renders the perpetrator invisible. Coupled with inaction by residential care staff, these accounts paint a deeply concerning picture of ways that young people who are being sexually exploited are responded to by front-line professionals. This was also evident in an observation shared by Dianne:

I don't know the best thing that you can do is snitch. But again, when I was in care, there was a girl. She was 15, going out with a 20-year-old who ended up like doing some shit to her and the coppers did nothing. The coppers went to the house to do a welfare check on them and they said everything was all right. They had drugs out, they were naked. And the cops were like, well. We can't do much, she's 15. Legal age of consent is 16. (Dianne)

Dianne's account again suggests a high degree of disregard being shown for a young person's safety or wellbeing. The perception that police "couldn't do much" was similarly described by Lily in her reflection on inaction from police towards stopping Marie from being exploited. This perception about the police and other professionals being unable or unwilling to act in response to CSE was also reflected on by Amelia and Maya. Amelia spoke about a friend of hers who was in a 'relationship' with an older man and stated that no one was able to stop the "relationship":

No, not that I know of, like I know everyone, at first it was a bit of a shock for everyone, but I feel like no one can really stop it, because after all it is their choice. Like if they want to do it, and risk getting in trouble, that's kind of on them, and like the most anyone can really do is warn them, but they can't tell her not to. (Amelia)

Amelia described this "relationship" as being a "shock" for everyone, suggesting that both peers and professionals were concerned about the nature of the relationship. However, Amelia also asserted that the relationship couldn't be stopped as it was the "choice" of both people involved, and she viewed her friend as having agency in this situation. Similarly, Lily described the initial shock of another young person being exploited, however she also expressed that little action could be taken to stop this from happening:

I think initially the youth workers were like, oh my God, that's, you know, confronting. And then as time went on it just became like something that was happening, they couldn't really control it, and it was going to happen, whether they liked it or not and with that specific person I mentioned to, she went to the hotel to have sex with, my understanding was that and I really don't know, but I think he was grooming her because he's currently being prosecuted for sexual assault against her. (Lily)

Interestingly, Lily then went on to describe how some of the constraints placed on young people as a result of being in the care system contributed toward the risk of CSE:

Yeah, I don't really feel it's preventable. I think it's just a thing that happens in resi care and the way resi care is designed and what kind of limits are on to what people can do. (Lily)

On the extreme end of inaction, two of the young people also spoke about the risk of residential care placements being terminated because of young people spending time away from placement while being exploited or groomed. Amelia described grooming strategies used by perpetrators to entrap young people, including persuading them to "move in":

They like to just take advantage of her, like you know, she's in a group home, so at first, he will probably make it seem like he's going to be there, support her, whatnot, and like try and persuade her to move in. And then, just, I don't know, possibly dump her, because placements, like beds can close when you're in a group home. So, if the bed gets closed, then they break up, she'll be homeless. (Amelia)

Amelia's account highlighted how young people's vulnerability was further exacerbated by the instability of placements and that this instability is exploited by perpetrators. This was further evidenced in a reflection shared by Maya about her placement being terminated while she was living with her "boyfriend":

Yeah, they could have called the cops to get me dragged back, but yeah, because I was 16 and over, they can't physically do much. They can just kick me out of the group home which – that's what they did... they call it closing their bedroom or some shit and they basically pack all your stuff up, put it in the garage and wait for you to come get it.
(Maya)

Maya's account highlighted how her vulnerability was ultimately reinforced by the failure of the system to protect and support her. By "closing the bedroom" or terminating her placement, the system pushed Maya to remain with the person perpetrating harm against her. This demonstrates a severe disregard for her wellbeing and a neglect of the state's duty of care to her. This is also reflective of broader structural issues whereby financial or resourcing constraints whereby services are under pressure to provide beds for other young people and therefore unable to maintain a space for young people to return to. This, alongside the reflection shared by Amelia emphasised how young people in care face compounding vulnerability to CSE that is further exacerbated by inadequately resourced care systems that disregard or neglect them. These detailed accounts shared by four of the young people, similarly, demonstrate instances in which young people at risk of CSE are met with severely inadequate responses that neglect or disregard the risk to them. Two young people reflected on instances whereby professional staff, including police were aware of a young person being groomed and exploited, but seemingly took no active measures to respond or intervene. This ultimately reinforces a sense of othering and disregard for young people in care, as serious harm and abuse being perpetrated against them or their peers is ignored or disregarded by the professionals with a statutory responsibility to protect them.

7.7 Sexual Harm by Staff

Another theme of deep concern refers to accounts from young people about residential care staff making sexual comments towards them or behaving in a way which made them feel unsafe in their home. One young person, reflected on becoming aware that a staff member had sexually abused another resident. Jen shared a reflection on an older male staff member making comments that were flirtatious and inappropriate:

Yeah so, they'll called me like, dear darling. And they were like, saying, I can't remember now because it has been a while. But some things they were saying sounded vaguely like just flirting. Like, there was that one time they were like we were watching a TV show, and they were like they, they were commenting, I think and then it just sounded like from at least what, I view is just very almost sexual in a way, and I just didn't feel comfortable with that. Yeah, but then again, he was a rather a lot older than me, like he was like an old man. (Jen)

Amelia also reflected on an experience with a worker who was sexually inappropriate and made her feel unsafe:

There was a really inappropriate worker. He was talking to me extremely like inappropriately about his ex-wife and his kids doing stuff with people and asked me if I enjoyed doing that stuff like with boys and I said no. Like that's weird so...I was like, no, you're working, you're not supposed to be saying that to me. And I told DCJ everything that was said to me and about how because, you know, they're meant to sleep in their bedrooms, not sleep anywhere else in the house... And then he'd always sleep downstairs on the lounge. But it wasn't just that, it was the fact that he always had his shirt, like, fully up. And it was weird, like, you know, I didn't, I didn't want to see him. Like, basically, he had his shirt on, but it was like he didn't have a shirt on at all. (Amelia)

These accounts are deeply concerning as they include descriptions of behaviour that are known grooming strategies used by perpetrators. For example, Jen described a staff member "flirting" with her and commenting on something on the TV in a "sexual way", and Amelia described a worker initiating a sexual conversation with her, that are all potential attempts at introducing and normalising a sexual dialogue between the young person and the staff member, a common strategy used by perpetrators in the early stages of grooming. Lily also reflected on a situation where a worker was crossing boundaries:

He taught us how to play strip poker after and it was, really weird that night and then one of the girls eventually got so sick of this really weird guy that she just had her auntie pick her up and left. (Lily)

Again, Lily's account described behaviour seen in the early stages of grooming. By testing the boundaries of young people, the worker created a scenario whereby inappropriate conduct could be potentially normalised. This represents a clear breach of trust and

boundaries and reinforces the unequal power between the young people and the professional, as Lily described another young person feeling so uncomfortable that they left the placement, a decision that could in turn result in them being accused of “absconding” or going missing. Following on from this, Lily made a further disclosure about a worker who had sexually abused a young person that she lived with:

Yeah, a lot of weird things happened at the house. Oh, there was a worker who was really young, he was like 20, maybe my age, like slightly older, max like 23, he seemed like he was supposed to be, like, really cool he wasn't, you know, older in the way that he was detached from this generation, and he didn't really understand. He seemed like he was cool and he had kind of like what Justin Bieber wore back in like 2010, the really baggy sweatpants and like the oversized shirt, and like the chains and the cap, yeah anyway, he was just really different to all of the other workers we had and yeah, he was chill. He came like four or five times and then we never saw him again. But I actually found out...he apparently raped Marie several times in the car and in the room next to me. (Lily)

Lily's account of a worker sexually abusing another young person in care represents not only a clear criminal offence but also a disturbing violation of the power held by a professional in a care setting whose duty and responsibility it was to uphold the safety of vulnerable young people. These accounts shared by three of the young people about varying degrees of sexual harm within their care homes suggest a further failure of the system to keep young people safe in care. These reflections suggest that even within their own homes, young people are at risk of being exposed to sexually inappropriate behaviour or harm by staff that in turn may push them to leave the residence to seek safety elsewhere.

7.8 Summary

This chapter has explored the complex issue of CSE within the context of residential care and explored what young people have to say about the current nature of institutional responses to it. Young people described several reasons as to why young people in care might be at risk of CSE, primarily relating to unresolved trauma, as well as a desire for connection that was not met within care. They also provided useful insight into why young people leave care or go missing, which is important as this increases their risk for CSE. It appeared that this was closely related to feeling constrained within their care homes, and because they felt disconnected to others and were seeking a sense of belonging amongst their peers.

It was evident that young people's experiences were shaped by stigmatising responses that attributed blame on to them, which in turn reinforced harmful narratives relating to victim credibility. As was explored previously, pre-held biases and assumptions toward young people influence responses they receive. This was further entrenched in discussing responses to CSE, whereby young people described being met with responses that were on the one hand highly stigmatising and victim-blaming, and on the other hand, neglectful. It was evident throughout these accounts, that young people were seeking connection with others in many forms. The following chapter will discuss how connections with professionals that were safe and protective were described by the young people.

Chapter Eight: The Power of Connections and Professional Relationships

This chapter presents findings from interviews with young people about the nature of professional relationships and connections they developed while in care. Trusting and supportive relationships with professionals were identified as being a protective factor that helped keep young people safe and disrupt CSE. It would appear from the interviews, that one of the primary strategies for prevention of CSE must focus on strengthening safe relationships for young people in care. Young people participants also discussed systemic issues which created barriers to meaningful connections between them and professionals, including inconsistent and high turnover of staff. The themes explored in this chapter are: *connection as prevention and response, building trust and connection, professional families, supportive interactions with police and barriers to connection.*

8.1 “They really felt like they cared”: Building Trust and Connection

The first theme that will be discussed relates to relationship building and trust between young people and professionals, particularly residential care workers and case workers. All of the young people discussed the significance of trusting and supportive professional relationships and emphasised the importance of these connections. The words “trust” and “relationship” were two of the most frequently used words used by the young people emerging 99 and 98 times respectively. All the young people were asked about what was helpful in building trust with professionals in their lives.

Jen reflected on finding a balance between professional boundaries and personal connection that cemented trust between her and some of the workers:

I think it was understanding that there was a professional boundary but still being able to, you know, being able to connect on like a human level and what not... But like you know the youth workers I had really good relationships with, they would go out of their way to make sure we were safe and, you know, make sure to call us if we're like, having trouble getting home and that kind of stuff and taking us out, even if it wasn't like scheduled to take us out, like it was, just felt like a human connection. (Jen)

Similarly, Ben emphasised the balance between professional boundaries and personal connection as being key to relationship building between workers and young people:

I like fishing, say I would want to go fishing and if the worker were to just drop me off and go off, do their own thing, which they're allowed to. I'm allowed up to three hours

out in the community unsupervised, so they're allowed to do whatever they want, but it also helps if they're just instead of just leaving me if they, you know, stay there. They wanna join in. They wanna fish. It's more rapport building. It's like yeah, it's really helpful to know that they're interested in how I do things, why I do things, and they if they want to spend time with me, well, that helps a lot. (Ben)

Both Ben and Jen observed that when professionals showed a genuine interest in their lives and put what they described as additional effort into the relationship it helped them to build trust and feel safe. Sophia also described a relationship with a case worker who made her feel safe and cared for, not judged:

Well, I just liked how one of them used to take me out every week and used to go and get milkshakes. We were laughing and we only did it like I didn't drink them for ages after she left, but like she'd always sit there and just listen, like she didn't sit there and give me a million opinions or she didn't want to go and change everything she just wanted to listen to me, and it was good to have someone to just talk to... Like it's good to actually feel, like they cared like. And I don't know, it just they really felt like, they cared about me, like it felt amazing. It was good. (Sophia)

Sophia's description of this brief professional relationship emphasised the significance that supportive and trusted professionals can have on young people in care. She described what might be basic expectations of a case worker, listening and withholding judgement as "feeling amazing", highlighting how simple aspects of practice with young people can have a deeply positive impact. Maya also emphasised how being listened to has a big impact on trust:

I don't know, it's like the vibe thing. She's the only one that actually listens to me and actually tried. The old ones, they would just come for their three-month visit.

Sometimes they don't even come for a whole year, but she came like all the time. She was an hour and a half away and she would always text me and make sure I was all right and shit. She actually did her job and more. (Maya)

Similarly, Lily reflected on the importance of being listened to and reiterated that having a trusted professional to talk to was of great importance for young people in care and emphasised that consistency was key to building a trusting relationship:

I think both when I was living in the residential care and after they've always been down to chat, willing to listen, willing to acknowledge that it's really important for young people to be able to tell them anything they want to and I think when, especially in my first residential care, one-on-one time with the worker was really an activity they tried to encourage and stress so you could have that relationship with the one worker and it would, they provided a sense of continuity in the way that you always knew they were coming in. For example, on a Wednesday shift, so if something went wrong on a Monday. You could be like, hey, can I have an hour to spend with you on Wednesday. (Lily)

Such accounts highlighted how seemingly basic components of professional practice, such as caring, listening, withholding judgement and being consistent in communicating regularly had a large impact on young people's overall sense of safety and wellbeing. Young people described standard tasks of case-management as "amazing" and having surpassed their seemingly limited expectations. Clearly, the impact of trusted and supportive relationships cannot be underestimated. This was further evident in several accounts where young people drew parallels between their relationships with staff and with family.

8.2 "They're the mum cops": Professional Families

Several young people made statements that drew a contrast between their professional relationships and relationships shared with family members. Dianne described two previous youth workers who had a profound impact on her, describing them as being like her "parents":

Yeah, in the last house I was in they kind of, I adopted them as my parents like because they, they made me feel like a kid, something that I never experienced before. And just having that feeling with them, it made me crave that a lot more, it made me feel like being a kid was the best. Because when I was a kid, I wasn't really a kid, I was an adult, like my life was backwards. Like I was an adult when I was a kid. And I just wanna be a kid now that I'm an adult... My depression was a big thing, she would just hug me and tell me everything, that everything's going to be ok and she'd just be that parent that I never had, and he was like, he was just always there when I needed him. He was. It was like, they were pretty much like the dream parents. (Dianne)

Dianne's reflection not only highlights the profound impact that supportive and trusted professional relationships can have on young people but also provided insight into her lived

experience prior to coming into care. Dianne's account highlighted how profound positive professional relationships can be for young people, particularly for those who have experienced childhood trauma, abuse or neglect, as all young people in care have. Ash also reflected on the contrast between having a strong relationship with a professional in care and early childhood experiences of abuse:

I liked this lady, I can't remember her name, but she was about this tall, shorter than me, and she used to cook for everyone in the house, so generally I would call her my mum. Because I never grew up with an actual birth mother and when I did go and live with my mum, she choked me. After she was having a mental breakdown, I went to her partner and I said, "I don't know what to do, I'm scared for her safety, I'm going to call the police". He's like, "I'll fucking bash you if you call the police". He changed his story, said he didn't say that, police believed him, said that my mind probably twisted his words in the moment because I was scared. (Ash)

When asked what this worker did that made her feel safe, Ash replied:

She was cooking food, she was watching movies with me, she was being really nice to me, when I was angry, she would help me calm down. (Ash)

Zoe, reflected on how supportive relationships with professionals in care helped her overcome her trauma:

They were trustworthy and like, understanding, they didn't judge me and like when I needed help or struggled with anything, they were there to help and they helped me heal and grow from my trauma, they helped me get off drugs and stay out of gaol. (Zoe)

Zoe also described how her strong relationship with such workers was built through consistency, and created a sense of stability for her:

Yeah, pretty much like I'll be laying here like, like, someone's coming around next, bang, bang [on the door] I was like, hello, go back to sleep. Don't see you for a couple of days. Any of them. Then next minute. Bang, bang. "Weren't you here, like, yesterday?" "No that was a couple days ago"... Sometimes it kind of scared me because I thought it was the cops, but they're not the cops, they're the mum cops. (Zoe)

Zoe's description of the professionals in her life as "the mum cops" alongside her reflections on the profound impact they had on helping her overcome her trauma speaks to the influence of positive professional relationships on her life. Alongside the descriptions of relationship building with professional staff including residential care workers and case workers, eight of the young people spoke about how strong relationships with professionals were key to preventing and responding to CSE.

8.3 "That person becomes a safe space": Connection as Prevention and Response

When asked about what young people who had experienced CSE need to keep safe, all the young people described safe and supportive relationships with professionals and other safe adults as being key. These relationships were essential, not only in reducing the likelihood of young people going missing, but also in providing a safe environment for them to return to, where they could talk about their experiences. Ash for example, in reflecting on their own experience of CSE described wishing they had had a trusted worker to talk to.

If they'd checked up on me and been like – if a worker checked up and said, "Hey, is anything going on, do you need to speak about anything, do you feel uncomfortable about anything?" (Ash)

Ash's reflection highlighted how important professional, safe relationships can be for young people in keeping them safe and preventing ongoing harm. This was also clear in a reflection shared by Katie. She described how the physical environment of the care facility was as important as relationships in keeping young people from going missing. Katie had previously described periods of time where she had run away and been frequently exposed to CSE, however as she strengthened her relationships with professionals, she was less likely to do so:

I think they should try and make it as homely as possible, because no kid wants to be in some institution, (they) will run away all the time. If they're not trying - like I have a mother figure, a fucking grandmother figure, a fucking father figure, and you. I'm joking. But, yeah, you know what I mean? I think kids - not all kids are going to want, because they might have parents, or they might not have the strongest connection with someone. But it does help feeling like home. Yeah. (Katie)

Three other young people also commented on the importance of having someone they trusted and could talk to them about CSE. Ben spoke about how young people who felt

unable to trust those around them were more likely to engage in self-harming or risk-taking behaviour, and therefore emphasised just how important trusting relationships were:

Someone that they love and and/or trust would be a great start for someone to, you know. Make contact I mean. I'm sure you would have dealt with other people in care that when you know something's happened, they just shut down. They go downright hostile or they'll resort to self-harming, suicidal tendencies, whatever they do. Well, that's because they don't think they can trust anyone around them. They don't know. How to express themselves properly? If it's someone they love and trust someone who knows them well enough? (Ben)

This was a view shared by Amelia, who in describing the best response to young people who have experienced CSE explained that the gender of the worker mattered to her:

I feel like it would have to – Personally, if it was me, I'd want a worker that I trust, and that I know will tell me the honest truth; also, a female, because if you hear it coming from a male, it's a bit like, okay. (Amelia)

Dianne also described how workers who have a stronger relationship with young people should be able to take more initiative in discussing CSE:

Youth workers should be allowed to take initiative on stuff like that, because the whole point of being a youth worker is to ensure the young person's safety. They need to be able. Sorry, they need to be allowed to go that extra mile for them. Because when a kid feels that trust. That person becomes a safe space. If they can't feel any safety in the home, where? Where? Where they gonna feel it? They can't feel it at a police station. (Dianne)

Dianne's comments highlighted the need to strengthen police responses to CSE and reduce stigmatising and victim-blaming attitudes toward young people in care. Despite this, several young people felt hopeful about their relationships with police, and described interactions that made them feel safe and supported, that is explored further in the following section.

8.4 “Just highlight the empathising”: Supportive Interactions with Police

Four young people reflected on interactions that they had shared with police that were supportive or made comments about how police could improve interactions with young people. Several of the young people reflected on interactions with police where they felt the

police officers were more curious or empathetic about their situations. They believe this approach led to better outcomes for them as described by Katie:

They're on a power trip. Some of them. Some of them are really nice, and some of them do try. Because you know like - I don't want to say what happened, but I did something really bad, on accident, but really, really bad, and I got arrested. Then I got out that night. So, what I'm saying is they can make things happen if they believe in you. It's not like they can't make something happen. They can just chuck you in juvie. Like compared to me just breaching my bail, I got locked up heaps of times. Compared to this stuff, that one thing, I was so remorseful for, they made it happen... I mean, like the ones that tried to empathise were the best, I guess. Yeah. (Katie)

Katie's comments reflected her powerlessness in interactions with police, while also highlighting the variable nature of responses she received from them. She further explained that the most important aspect of the response she received from the police during this incident was empathy:

I guess the empathising. Just highlight the empathising, because it's not just like they took me home. It was like they more empathised. (Katie)

When asked to explain what was meant by an empathetic response, Katie described it as helpful when the police showed more interest and curiosity in trying to understand her situation:

But, yeah, I guess they engage more, and they try - they'll talk to you. If they really want to know something, they'll talk to you, like, "What's going on? What's your situation?" Because then that gives them more of a depth, you know what I mean, more information and depth so they can assess you, I guess. (Katie)

Similarly, Ben described feeling as though the response young people received from police was inconsistent and influenced by individual mood or temperament, but that police who approached young people with a professional curiosity and an empathetic approach were most likely to be met with a positive response in return:

I mean, there's a personal hatred I have for some police officers, but that's irrelevant. That all depends on how they've reacted. In other words, if you treat people with respect, even if they don't deserve it, they are more likely to cooperate with you. If you can try to work towards building a bit more rapport and I guess just being a bit more

open minded, closed off any negative emotions you may have because if you want someone to work with you, if you want someone to learn from something and to not have an absolute hatred of law enforcement or anyone in the emergency services, don't treat them with hostility as much as you can. (Ben)

Ben's observations suggested that despite having negative experiences with and perceptions of police, he was hopeful that relationships between young people in care and police could be improved. Ben's comments are a particularly poignant reflection given the experiences which were reported in Chapter Six about being overly criminalised in his interactions with police.

Amelia reflected on positive interactions she had with police. She commented that police who were empathetic and understanding made her feel safe:

It was just more with my mental health, like there were some really good ones in... that obviously kind of knew my family a little bit. I don't know. They were just really nice because they actually just talked to me, they didn't you know, act all nasty. They were just, had a soft voice and I like that. Yeah. And it was just, I don't know. Nice. I've had a few obviously bad incidents with them, but it's not like I don't judge police because I do like police officers. (Amelia)

Amelia further reflected:

They've just always been caring, because obviously I am, like I've got a long record with police, dating back to 2018... it's very scary. So, and obviously most of them know I'm in group home or in care, because a lot of them know my mum. So, then they're pretty respectful and I know that police have been called a couple of times for my mental health, and they're like, they've been caring, and instead of asking me 21 questions, they've just asked a couple, to try and get the gist, and then try and take my mind off it, while they figure out what to do. (Amelia)

Amelia's accounts stand in contradiction to the many blaming, shaming and criminalising accounts reported in the previous chapters. This is further evidenced in the following account shared by Dianne, about an interaction she had with a police officer that had a very profound and long-lasting impact on her. Dianne described an experience that occurred just prior to her being placed into OOHHC:

Staff had escorted me home because I had no way of getting back and when I got home my family was just disappointed with me, they didn't want me home. They're making threats to beat me up after they leave, so they didn't want to leave me at home. I ended up running. My brother came out and he chased me, and he beat me up, stomped all over my head made me have a miscarriage that day and while he was beating me up, there was actually a raid going on up the road from my house. They stopped that to come to me. This lady [police officer] sat, she sat, kind of sat on me and protected me, guarded me from my brother to stop him from beating me up. He ended up running, but she stayed with me. From that moment all the way till like two days after I was in the hospital...And every court case I had with my brother; she was there. I always like they; they were always there.

When asked how this felt, she answered:

It didn't feel real. Like it honestly did not feel real. And then every time I offended after that, she was, she's like, do you remember me? I was the one that protected you from your brother. And yeah, she kind of, she kind of pulled my head in slowly. Because like everything. I was doing. I was doing with the thought of, you know, this happened to me. That happened. I was like, I was making myself a victim and giving myself excuses for the actions that I was portraying in the community...Every time I'd seen her. I had offended and it, just made me feel like, in my head, it made me feel like she protected me for nothing, like that she protected me just so that I could go back to reoffending again. (Dianne)

Dianne's powerful description of this interaction offers a disturbing glimpse into the significant trauma and abuse experienced by many young people in care. It also draws attention to the vast impact that supportive relationships with professionals, including the police can have on young people. Dianne ultimately saw that having had a police officer go to great lengths to protect her from harm, as well as her consistent presence following the incident, influenced the future trajectory of her life, in acting as a catalyst for behaviour change, which ultimately had very positive and profound outcomes for her.

The accounts shared throughout this chapter highlighted the extent to which trusting and supportive relationships with professionals, including police, can have a profound impact on young people in care. The contrasts that were drawn by several of the young people about professional relationships in care and relationships with family members highlighted the

important role that professionals in care can play in young people's lives. This is particularly stark alongside multiple accounts of trauma and abuse shared by young people about lives prior to entering care. Despite this, several young people also reflected on structural issues that made maintaining such relationships challenging.

8.5 "It's a very understaffed kind of industry": Barriers to Connection

Several young people also reflected on structural issues in OOHC, including high turnover and inconsistent staffing, that created barriers to relationships and trust building. Ben highlighted that there were wide variations and inconsistencies amongst professionals he worked with in different houses. He explained how being in a home with supportive staff made a very big difference to him:

I'd say so, well, I'd say the main thing is if you have a good house manager and you have a good team, it makes a massive difference... Moving down here, I had a really good team and it's made my mood different. I've been able to break down walls and like, how would I say this, some of the workers like the one that's on shift today he's been great. Like, it's good to have people that know your limits, won't step over them. They pull you in line but also are able to have fun and cut you some slack. It's really good. (Ben)

Lily reflected on how high staff turnover was a major barrier to relationship building. She identified how this made her more cautious about trusting new people:

I guess professionals rotate through various roles in out-of-home-care really quick, they burn out really quick or they move on to, different employers or different roles, so I found it was very much a high turnover, and you would establish your relationship and then they'd leave. Umm, and I guess as time goes on, you learn to be more wary, wary of those relationships, because you're both more, you know, aware of the environment you're in, but also the fact that those relationships end. (Lily)

She then explained how several issues within the residential care system had intersected and made it challenging to trust new professionals:

I think sometimes situations in out-of-home-care change so rapidly overnight. And there's so much uncertainty and precarity that that's not something you really consider when you make decisions and, I guess, at the time, it made once again bringing up that issue of trust. It made trusting new professionals around me a lot more difficult because

I was immediately aware that this relationship was not... I feel like 'forever' is the wrong term, but not an ongoing continuous thing, that there was an end date...I guess I would have appreciated the transparency of knowing that this was going on. So that the ending of the relationship wasn't so sudden and random that it wasn't so much of a surprise, I guess. (Lily)

Lily's reflection again underscores the powerlessness experienced by young people in care. Similarly, Sophia described feeling powerless if the professionals whom she did trust, would ultimately leave:

The workers there that you know, made me happy. Like the caseworkers, they only lasted a short amount of time, but all the ones that gave me hell lasted ages. The long-term ones and I don't get it, because how is that fair that the people I connect with, they always get, you know, pushed away. But then the people that treat me like shit and ruin everything, stay for ages. (Sophia)

Amelia's account emphasised her frustration at the high staff turnover across the OOHC sector, resulting in a sense of instability and powerlessness. Two other young people expressed frustration at staffing issues creating challenges to relationship building and trust. In particular, the reliance on casual staff emerged as an issue causing frustration for young people:

It kind of frustrates me, because obviously a lot of kids in group homes suffer from a lot of mental health. And it's like when you bring in a casual that doesn't know us or doesn't put in the time to get to know us, and they're only there once, and then never comes back, it's like what if a kid has a bad day that day, and there's like no other worker, or the care team aren't able to be reached. It's like, well then, we can't really talk to the worker, because we don't know them, we don't have that bond of trust. (Amelia)

Maya also expressed frustration at reliance on casual staff, which emerged mid-way through the interview when an unknown staff member entered the care home where the interview was taking place:

Yeah. Who's at the door? Who the fuck is that? Who was it? ...I have no idea who you are. (Maya)

Maya further explained her frustration at the situation when asked if there was anything further, she would like to add toward the end of the interview:

Not bring in random house workers that I don't even know. It's so – that's another thing, like I walk out here and there's some random on the couch that I've never met... Yeah, it's so weird. Like imagine walking into your house, like walking around and there's some random arse person on your couch. Like introduce themselves at least, but they don't. I don't even know who the fuck that is. (Maya)

Amelia also explained her frustration with having “random people” in the house:

I feel like it's a very understaffed kind of industry; that's how I see it. They have like a team that does the rosters, and all that, so they don't really, so house managers don't have a say in like which casuals should go into houses if they're not really in charge of it. But I don't know, I feel like they should be more mindful of who the YPs get along with most. And like if they get along with, I don't know, let's just say one worker compared to another, that that worker that they mostly get along with is free, they should offer it to the people who they get along with, and trust, and have a bond with. (Amelia)

Both Amelia and Maya shared similar sentiments of feeling frustrated with the over-reliance on casual staff and the resulting disconnect that occurred between them and the professionals in their homes. Amelia observed that this was a greater issue of under-staffing across the industry, which is a systemic issue related to under-resourcing, staffing and funding that ultimately has a detrimental impact on the safety and wellbeing of young people in care.

8.6 Summary

Several of the young people shared that having a trusting relationship or connection with professionals in care can have a profound impact on their mental health as well as overall wellbeing. Others shared the profound impact that such relationships have had on helping them overcome trauma or stop drug-use and criminal offending. Together, this illustrated how important and valuable supportive professional relationships can be for young people in care, including in keeping them safe. As was discussed in the previous chapter, young people expressed how past histories of unresolved trauma, in combination with a desire for connection increased risk for CSE. Therefore, strengthening safe relationships

between young people and professionals is essential to prevent and disrupt CSE. It is argued that if young people's needs for emotional and social connection were better met through relationships with professionals in care, this may weaken the grooming tactics deployed by predators who exploit young people's unmet needs for connection. However, it was also evident that systemic issues relating to a high staff turnover and casualisation of the workforce can greatly disrupt good relationships, resulting in a reinforced sense of powerlessness for young people. This concludes the findings chapters from the interviews with young people, the following chapter will discuss the findings from the interviews with police.

Chapter Nine: Responses and Insights from Police

The previous three chapters have presented findings from young people in care and the following chapter will present the findings from interviews with 13 currently serving NSW police officers. All police officer participants were asked about how they would define or describe CSE and were provided with the same vignette case-study about a young person at risk of CSE. In response the police officers described varied perceptions of the nature, dynamics and extent of CSE. In addition, the nature of police responses to young people going missing from care was a major theme spoken about by all police officers. This is an important theme considering the correlation between young people going missing and risk for CSE. In addition to police responses to missing young people, the general perceptions and attitudes of police officers toward young people in care was also explored as these perceptions appeared to influence responses to CSE. Finally, the police officers also provided valuable accounts of investigating and disrupting CSE, as well as barriers to investigating cases of CSE. Although several police officers identified CSE as a serious concern, it appeared that they felt limited, at times, in their capacity to effectively disrupt it.

9.1 “Taking advantage in a sexual way”: Police Perceptions of Child Sexual Exploitation

All police officers were asked what they knew about the term “child sexual exploitation”. Their descriptions of the nature, extent and dynamics of CSE were highly varied and senior police officers, with more years of experience, did not necessarily describe having greater knowledge about the dynamics of CSE than less experienced police officers. Several police officers described having limited familiarity with the term CSE and limited knowledge about the dynamics of CSE or experience investigating it:

Look, I know, I know. That’s the focus of your study. I don’t have much knowledge of it. (Police Officer Eleven)

I’ve heard of it. Never investigated anything to do with it, obviously...Probably like, just like the sexual assault of like a young like, a child. Yeah. Or like, like selling of the material or being put on the internet, like distribution of like, like child pornography or something like that. (Police Officer One)

I would,I guess, taking advantage of the vulnerability of children would be a good way of looking at it and taking advantage in a sexual way. I personally haven’t experienced too much of it directly at work. But that would be my view on it. (Police Officer Two)

I'm familiar with it, but I wouldn't say it's frequently used. It's not something that – on a daily or weekly basis, that I'll teach younger staff on, or – It's not a singular focus for us. We look at, probably, more just welfare for the child, globally, and if there was something in particular to point us at that, we'd look at it. But it's not something that you'd ask questions about every day. (Police Officer Four)

These accounts of being unfamiliar with CSE and of not having frequently investigated cases of it were an interesting contrast to later accounts shared by some of the same police officers in response to the vignette on CSE. Once shown the vignette, several of the same police officers expressed being very familiar with the dynamics described but did not necessarily identify the situation to be CSE. This aligned with an account shared by another officer who commented on the overall understanding of CSE across the police force:

My understanding of it now has changed significantly, but in the wider police force it remains very, very poorly understood. The exploitative nature of it especially. Which also informs our response to it as well, which is at the moment not good. (Police Officer Twelve).

Other police officers described how CSE may involve perpetrators exploiting young people and can take different forms, involving both CSAM and other forms of abuse:

Well, it would – To me, that would be, because of the psychological maturity or their care situation, they become vulnerable to exploitation, which can include photographs or actual physical or sexual abuse. (Police Officer Seven)

I think short expectation would be, in my opinion, any child under the age of sexual consent being utilised by an adult in any way. Being exploited for their age, for sexual... Whether that's sexual contact, sexual photographs. Sexual gratification would be my basic understanding of it. (Police Officer Ten)

In contrast, several other police officers provided more detailed descriptions of CSE, aligning with more contemporary understandings about the vulnerability of young people in care and the grooming and exploitative tactics used by perpetrators. Six of the police officers identified that CSE involved some form of exchange in which a young person received something that they needed or wanted in exchange for some form of sexual activity. Drugs and alcohol were mentioned most frequently as things that were used to coerce young people:

I would have thought it was more sort of like a trafficking term, if you're going to traffic a child. I don't know if it's exploitation, it's probably completely different to

what your thoughts of sex exploitation. I would have thought it would have been someone else using them as an, exporting them. Does that make sense to you?...Like as in a carer taking them and taking them somewhere and selling them for some dollars or doing favours in response for drugs or alcohol or something like that. That's what I would perceive it as. I don't know whether that's right with you or not. (Police Officer Six)

While Police Officer Six identified CSE as involving an exchange of money, drugs or alcohol in exchange for sexual activity, and potentially involving a carer exploiting them, use of the term "favours" implied a degree of blame being attributed toward the young person that masks the abusive nature of the exchange. Another police officer, also used the term "favours" to describe CSE involving drugs and alcohol:

I've heard of it and all that. I don't know how much I know of it. Obviously to me that would be the exploitation of a child sexually, making a child do something for, have some kind of sexual favours or sexual relationship for, I suppose the most common one would be buying the kid alcohol or drugs in exchange for sexual favours. That would be the one that comes to mind. Obviously, more likely an older person doing it to a younger person, a child, yeah. Yeah, drugs, alcohol, befriending them, that type of thing. (Police Officer Thirteen)

Two other police officers, explained that CSE involved an adult grooming a young person and exploiting their desire for love and connection:

Oh, sexual exploitation? It's basically that they're being, well, before they're 16 being groomed for sexual activities by older people pretty much. However, the way that looks. But once again, I think a big thing for that is, and I know it's the way these offenders do act is, they show them the affection and the care. They show them. They buy them things. This is things that they're missing because of the situation they are. I think the way to combat it is to change the way that they're cared for. (Police Officer Eight)

Police Officers Eight and Nine explained a view that the care arrangements within residential care settings contributed toward young people's vulnerability to CSE as it increased their desire for connection, love and affection:

Yeah. So I guess my understanding within the group home setting, umm, my understanding is I've got mostly young ladies, but young men are falling into the

category as well, so the exploitation for me is that you know, I've got the scourge of society out there that are just predators that find these young people that are pink, just looking for what can I call it? Looking for, I guess I'm looking for love, looking for a relationship. Looking for someone who cares about them. So, with the child exploitation, I find that people will prey on that. Tell the kids you know what they, what they want to know. You can come with me. I care about you. I'm here for you. So then that sexual exploitation comes along and I find that I feel that a lot of the young people will. They definitely don't want it, and they're willing to put up with it because they feel like they've got that connection there with someone that, someone cares about them. (Police Officer Nine)

Police Officer Nine's description of CSE offered a more detailed description of the ways that perpetrators prey on the vulnerabilities of young people who have a strong desire for love and connection and live in out-of-home-care. This observation was commensurate with the accounts from young people shared in Chapter Seven about unmet needs for connection placing them at risk of CSE. Based on descriptions from police, it appeared that their knowledge about the nature of CSE was highly varied and limited overall, while some police officers described the exploitative dynamics involved in CSE such as the process of abuse and exchange, others described having limited knowledge about CSE.

Taken together, these varied accounts suggest that inconsistencies in police understandings of CSE point toward the absence of a shared conceptual or operational framework for CSE within everyday policing practice. Several officers demonstrated familiarity with exploitative dynamics once presented with the vignette yet did not name or categorise these dynamics as CSE. This suggests that CSE may be encountered in practice without being formally recognised as such, limiting the capacity for consistent responses by police and reinforcing reliance on individual interpretation that may change based on experience, and organisational context.

9.1 "They're just always on the run": Responding to Missing Young People

As has been previously discussed, frequent instances of "going missing" or unexplained periods of time away from placement has been identified as the single most common risk factor for CSE. As a result, police awareness of this risk factor was explored. Several police officers indicated that the most frequent reason they interacted with children and young people from residential care was responding to them "going missing". However,

only two police officers identified that this may correlate to a risk of CSE. Overall, responding to young people going missing was identified as a major reason police had contact with young people from residential care:

Yeah, definitely like habitual missing persons. Like they're just always on the run.

Yeah. Yeah. (Police Officer One)

Yeah. Majority of the times were for missing persons. They would go missing predominantly like 14-year-old females were the main area. 14, 15, 16 year old females that went missing and we'd take reports for. (Police Officer Six)

There was a lot of interaction with children in care homes, mainly for missing people, mainly when they abscond and they get reported missing, or when they're misbehaving and damaging property or abusing staff. (Police Officer Three)

Yes. Well, I think in all types of policing in all levels that we deal with them, right through from the uniforms, we're responding to mainly the missing person reports that come from the care homes which it seems is a fairly significant problem. (Police Officer Ten)

Several Police officers raised concerns about the challenges for police in responding to young people who were frequently or repeatedly missing from care:

Yeah, revolving door. A lot of them didn't care about house rules. It was best to hang out with their mates who were from the same care house or somewhere else, and then they got curfews, and they go. Then obviously their care home report them to police because they're not home. They'd be a missing person, but then they'd just rock up next day, have a shower, change of clothes, and go missing again. (Police Officer Thirteen)

A lot of the times they don't take it that seriously. The ones that are repeat, I won't call them offenders because they go missing, but the ones that continuously are reported missing, they know the system and they know that we just go and check on them and they know that we're not going to do anything about it. It's just a matter of making sure they're okay. So, they don't really care. There's a certain level of arrogance. Those are the ones that commonly will go missing. (Police Officer Two)

Both reflections illustrate a perception of young people who are frequently missing from care as being deviant, and manipulative in their perceived choice to frequently leave

placement. Police Officer Two, who described these young people as having a “level of arrogance” in their interactions with police, attributed blame on to them for going missing. Further, there is an assertion in the accounts of both officers that these young people are deliberately resisting and challenging the system, rules and processes imposed upon them. Another police officer also shared their perception about police responses to young people who are frequently missing:

General duties, they obviously get handovers of missing people, and some that are more high-risk than others, we’ll actively look for. But if it’s like the boy who cried wolf, missing-person kid, we know that nothing happens to them, they know they come home in a day or two, they’re not really actively looking for them. They might come across them and go, “Oh yeah, they’re missing”, and take them in. (Police Officer Seven)

This police officer’s assertion that young people who go missing more frequently are met with less urgency, provided useful insight into the responses these young people may receive. Further, “the boy who cried wolf” analogy used by Police Officer Seven again implied a perception that these young people were deviant or manipulative and warranting of a less proactive police response due to their frequent instances of “going missing”.

These accounts also highlight how repeated missing person reports are a point of tension between the OOHC and policing systems. Officers frequently described missing young people as being a significant burden on their already strained time and resources indicating that responses are shaped not only by attitudes toward young people, but by organisational pressures and competing demands on policing workloads. Within this context, frequent missing person’s reports appear to be viewed as a routine or low-risk issue, that places undue pressure on police resources, obscuring its significance as a key risk indicator of CSE. This suggests that structural factors including increased pressure on the policing workforce both in terms of organisational issues and under-resourcing or staffing may inadvertently contribute to a less proactive response for young people at risk of CSE. It was also evident in the accounts shared by other police officers that police resourcing was a challenge that impacted responses to missing young people:

The biggest challenge at the moment is by far, for me personally and for my sections, it’s the missing persons. We get probably two to three reports per week of missing persons, which take up a lot of police resources and obviously, when a young person

leaves one of these homes and just jumps on the train, the instant reaction from the care home is to report them missing. And then obviously, we've got to make sure that the young person is obviously safe and is found and gets returned home, yeah. Back to the home as soon as possible, so it does take up a lot of police resources, specifically in the missing persons type deal. They're obviously very street-smart kids and they've been, they've been obviously in the in the system for a period of time. So they actually are quite intelligent when it comes to being in the world, yeah. But for the police side of it, to making sure that this, that they're safe and looked after it just, it does take up, it does take up a lot of police resources specifically around the, around the missing persons. (Police Officer Ten)

The reflection shared by Police Officer Ten highlighted tensions for police in responding to young people going missing. While they recognised the need to prioritise young people's safety by returning them to care, they simultaneously expressed a view that young people in care were "street-smart" suggesting they were capable of evading police detection and were ultimately burdensome on police resources. The description of young people in care as "street smart" and intelligent in navigating the "system" implied that they can keep themselves safe while away from placement, a view that overlooks vulnerability to CSE and other forms of harm. Other police officers also expressed concern about how responding to frequent missing person's reports about young people from care was a challenge for police resources:

I think the challenge of it is the volume of it. The volume of all these kids going missing every day, it's not worth our time to be actively looking for them. There's too much actual crime going on for us to be looking for these kids who are going to come home in a day. And most of them are the shit kids on the street. No offence to them, but most of them are the shit kids on the street, anyway. So, they're the ones causing the dramas on the street, not the ones becoming victims. (Police Officer Seven)

While Police Officer Seven similarly described challenges for police in responding to the volumes of reports of young people going missing, they further asserted that these reports wasted police resources. The terminology used by Police Officer Seven in describing young people in care as "shit kids on the street" reflected not only highly stigmatising views, but also a concerning lack of concern and disregard for their safety and wellbeing. This is particularly poignant when considering that the primary risk indicator for CSE is frequent instances of going missing, which suggests that the children they are referring to are at

heightened risk of CSE. Two police officers shared reflections on scenarios whereby young people were being sexually exploited. In the first instance Police Officer One stated:

We find that like, there's, there was particularly one young person, maybe a couple of years ago who would go and hang out with older men, which would obviously lead to her then reporting like sexual assaults and all that sort of thing. So, they go missing for a lot of different factors. (Police Officer One)

In this reflection, Police Officer One shared a description of responding to a young person in a scenario that raises serious concerns about CSE. Factors such as the young persons' age, their frequent instances of going missing, spending time with older men and reporting sexual assaults are all significant risk indicators for CSE. This stands in contrast to prior statements made by Police Officer One about not being familiar with the term CSE and not having experience with investigating it, this may indicate that even when police are confronted with situations that involve CSE, they are not equipped with the terminology to name or address it, which is a broader reflection on the lack of consistent definition for CSE within the NSW police force. In the second example, Police Officer Four stated:

There can also be other complicating factors to their being reported missing, especially with the young girls. For instance, we'll get information that they're becoming involved with drugs, and to fund that drug habit, becoming involved in sex work to some degree or another. I've never seen that confirmed, but the carers will raise that or their friends will raise that. And if you put it on them, they say that, "No they're my boyfriend", sort of thing, which could or could not be true. (Police Officer Four)

This reflection demonstrated some insight into the general risks associated with young people going missing from care, but there is again an overall limited understanding about the specific risk of experiencing CSE. The officer's use of the term "sex work" is reflective of historical narratives about CSE that frame it is a form of "prostitution". Further to this, when CSE is described as "sex work" which is a form of labour rather than a form of abuse, the exchange is framed as mutually beneficial, therefore minimising the offending of the perpetrator.

In contrast, two officers directly identified risk of CSE as a primary concern when young people go missing from care:

Yeah, that's that would be my number one risk indicator straight away, you know, especially given the ages, you know they're anywhere from sort of 12 and under 16. You know, where are they, who's got them? (Police Officer Nine)

Police Officer Nine described a greater degree of curiosity and concern about the possibility of young people being exploited than other police officers. Police Officer Twelve also had a more robust knowledge and understanding of CSE overall and shared their concerns not only about young people going missing, but also police responses to it:

They just view them, particularly repeat missing children, they see them generally as a recidivist missing person, that would be the term that is thrown around a lot. But when you use the term recidivist that implies repeat criminal behaviour so subconsciously because it's taking up police resources, it's chasing kids all around, sitting just to take them back to a care home and they're out the back door before the cops are even back to their car. So, they just see it as a you know, as a burden. Yeah, a burden on our resources. Now, the other thing. That a lot of people, police included, but others too, will look at these kids and say "oh well, that'll be alright because they're street wise". They know how to get by. you know, they're not gonna sleep rough or if they are gonna sleep rough, they're gonna, you know, they're fine. Without understanding really, firstly, the dangers that they're exposed to, not just the sexual exploitation, but the dangers of physical assault, being robbed and being sexually assaulted. (Police Officer Twelve)

Police Officer Twelve's description provides a useful and insightful reflection about how perceptions held by police may influence the ways they respond to young people who are missing from care. Interestingly, several of the concerns raised by Police Officer Twelve about how prejudicial attitudes held by police influence their responses to young people going missing correlate with views shared by several of the officers. For example, the view that responding to missing young people was burdensome on police resources was a theme present in several officers' comments. Also, the perception that young people were "street smart" and therefore not in need of an urgent police response was another theme that was evident in other officer's statements.

Overall, it was evident that responding to young people who were missing from care was a frequent occurrence for the police officer participants. There was variation in the level of concern given to instances of young people going missing and evidence that some police

held prejudicial ideas towards young people who were frequently missing, such as being “street smart”, “shit kids”, “sex workers” or deliberately manipulative and deviant. Although there was an overall recognition of the need to return young people to care to keep them safe, the level of understanding of risk relating to CSE appeared to be low.

9.2 “You wouldn’t believe what they’ve been through”: Perceptions and Responses to Children in Care

Another theme evident in the data related to the general attitudes and perceptions held by police toward young people in care. It was evident throughout the interviews that most police participants recognised that young people in care were likely to have been subjected to significant trauma in their lives that may have influenced their behaviour and the way that they interacted with police. It was also suggested by several officers that the degree to which police took a trauma-informed approach that involved recognising the significant trauma backgrounds of young people in care was variable and based on individual experience and interpersonal skills rather than training or knowledge. Two police officers stated that trauma-informed training was limited across the police force. This section focuses on findings relating to police perceptions of young people in care and then moves into a discussion about how this intersects with police responses to them.

Several police spoke about challenges that they had experienced in interacting with young people from care which they attributed to the young people’s lack of respect for authority rather than their unresolved trauma. Police Officer Eight described:

I think it comes to a whole lot of things. You know, to start off, the reason they’re in care. They’ve obviously been taken away from the family for whatever reason. A lot of the parents are obviously still around. The challenge of obviously what’s happened and if we’ve been involved in any of their trauma. I personally think we always – their trauma background is always thrown as a reason for doing what they do. I disagree. I think some of it is them just, one, being able to do things because they’ve got no consistent authority. (Police Officer Eight)

This view was also expressed by Police Officer Seven:

They are notoriously difficult for a variety of reasons. Obviously, they’re in care because somethings happened or they’ve got some underlying mental health or behavioural issues, which make them more difficult to deal with than normal members of the community. They’re very twitchy. Like, if they call us and then we’re not there

within an hour, then their mood is completely changed, and they don't want a bar of us. So, it's quite – They can be quite volatile to deal with or very closed off. Because they are basically street kids, they're allowed a lot of freedom, a lot more freedom than kids who are out with their parents. They're allowed to roam the streets, they get involved with drugs, they get involved with gangs. And then, they get that mentality that they don't want to talk to police, anyway. So, it's quite hard to deal with them. (Police Officer Seven)

Interestingly, perceptions shared by Police Officer Seven and Police Officer Eight that young people in care have a greater sense of freedom than other young people is in stark contrast with the views shared by the young people participants about the constraints placed on them because of being in care.

Contrary to such perspectives, several other police officers spoke about the trauma backgrounds of young people in care, and the importance of taking this into account in responding to them:

Yeah, yeah, well, I mean, the age of seven or six, they're at home, and police have called to their house to domestics or drugs or something. Maybe the last image they've seen, daddy's being dragged out of the house or handcuffed. What they've seen, they've seen the blue shirt take dad away and dad hasn't come back for two years or three years, and then the family's broken down. Then they've been removed for their safety and then placed in the system. Their hatred of police. Like I said, we don't know. I mean, sometimes you talk to the management of the group homes. They'll say, "Oh, you wouldn't believe what they've been through. Like their file is like – make your eyes water. What these kids have been through". And you think, okay, well, you get it. You get it. (Police Officer Thirteen)

This perspective was also shared by Police Officer Nine who explained that he made it a priority to ensure other, particularly more junior officers, had an awareness of the backgrounds of young people in care:

So, at our station, so I start 6:00 AM and we have a morning parade, and I drive that message home. So, I guess with me coming over the top and giving examples like you know, to have cigarette butts put out on them all their life, sexually assaulted all their life. So just giving the patience they deserve and treat them how you want your own kids to be treated so I think we do it a lot better than most here...I mean. So that's

really pushed by me to make sure that our young cops have the perspective, so they know that they're not there because they wanna be there. They're there because, you know, adults have done bad things to them all their lives. So, I think reinforcing that message on their morning parades, I think our young ones have that insight that perhaps that I didn't have nobody, nobody you know explained that to me, which I probably should have known. But when you got someone driving at home all the time it makes you start thinking. (Police Officer Nine)

While this reflection demonstrated positive steps senior police can take toward improving responses and interactions with young people, it was suggested by several officers that the overall capacity for trauma-informed responses to young people in care was limited. As will be explored below, several officers spoke about responses being based on individual factors such as police officer skill and temperament, rather than being a result of institutional expectations of standards of conduct. For example:

Because some police don't understand that they don't understand that because all of their dealings with these kids, not so much being negative, but have been difficult and they're usually dealing with them because outside of the missing space generally because of some sort of criminal issue requires the police to attend or deal with them. And because of past abuse, they have largely behavioural problems. They have a difficult relationship with everybody, so this might be the first time those particular police officer has dealt with a particular child and it's not in a good place. Quite often it can be emotionally charged, and for some police who have got a lot of policing experience and have very good interpersonal skills, good conversation management and so forth they can quite often resolve it. But we don't always have the benefit of having those particular police attending those jobs. Quite often you have young, inexperienced police officers, who haven't dealt with these kids before or have dealt with the particular child or often young person a number of times for a number of criminal issues and that defines the relationship as well. (Police Officer Twelve)

The highly subjective nature of police responses to young people was also spoken about by another officer when asked about his interpersonal skills:

No, no, definitely not. That's a thing that's learned over time, I think. Yeah. I can't confidently say that you'd come out of the academy knowing how to speak to anyone, to be honest. So, it's a skill in itself how to communicate correctly with crooks and with

children, victims, and that's learnt over time, generally by way of making mistakes and then correcting those mistakes or mimicking other good, experienced officers. So, no, not instantaneously, no. Saying that, there are some really good general duties police. But generally, it's because they've watched senior police and how they interact with people and how they've acquired skills over time and they're passing them on, like, an apprenticeship, essentially, to that person. Obviously, you've got naturals that will come through and already have those sorts of skills. But generally, you'll find with New South Wales Police, the standard recruiting age is quite young. And some people don't have that life experience to communicate effectively with children because they're still a child, really. (Police Officer Five)

The perception that younger, inexperienced police often had limited interpersonal skills and knowledge of how to relate effectively to young people, particularly those presenting with the challenges associated with being in care, was also mentioned by two other officers:

I joined the police when I was later in life. I think I could sort of talk to them, not as a cop, as someone just coming down their level and trying to work with them. Maybe I could just deal with that a little bit better than the younger police, who a lot of them are only in their early 20s themselves, not much older than them, don't know how to talk to them. Just a little bit worldly experience that I may have, that I had that rapport with them. (Police Officer Six)

This reflection highlighted how Police Officer Six's own well-developed interpersonal skills and capacity to relate to young people was developed effectively over time and with life-experience rather than training or skill development at an institutional level within the police force. Similarly, Police Officer Four, also explained that they had developed stronger interpersonal skills because of age and life-experience:

I find that personally – now being where I am in my career and personal life, that I typically get a decent response from them. That might be in the way that I conduct myself. I'm a parent now, as opposed to 10 years ago when I was a young probation constable... When you're dealing with children, obviously they want to – they're always looking for control, because they don't have a lot of control in life. So you tell them to do something, they don't want to do precisely that. They'll do it – I tell them to sit down here, they won't sit down here, they'll sit down there. They're still going to sit and whether that bothers you or not, I think once you develop less of an ego as you age

as a person, you let those things go. I see some of my colleagues who are younger, who, they're trying to exert their authority for certain reasons. So then, they have a little bit more of a different – more of a confrontational relationship with these young people, versus the older and more experienced police who don't see that directly as a challenge to their authority. (Police Officer Four)

Police Officer Four's description of his approach and perspective on responding to young people in care demonstrated a solid understanding of the ways that police can use a more trauma-informed approach to achieve positive outcomes with young people. For example, their reflection on allowing young people to regain some power or control in their interaction with police, by sitting where they choose, demonstrated an understanding of the powerlessness experienced by young people in care. In contrast, their description of other, younger and less experienced officers seeing this as a challenge to their "authority" spoke to police response that are based on maintaining power and control. This is an important consideration, as the outcomes of more "confrontational" approaches between young people and police is likely to result in criminalisation of the young person. This is significant in demonstrating the profound impact a police officer, who takes a trauma-informed approach, has reasonable interpersonal skills and a regulated temperament, can have on the outcome of police responses to young people. This was further demonstrated in Police Officer One's description of another police officer, who described the approach taken toward young people at risk of CSE:

I definitely I try to be more relatable instead of being so, "I'm a police officer, you listen to me". I try to be more like, I'm a human too. I have feelings too. I try to take the approach of like, I'm here to help sort of thing. I try to breakdown the barrier of like, I'm so tough and I enforce the law like, yes, I do those things and I will put my foot down when I need to. But at the same time, I feel like when you're dealing with sexual exploitation it's a very, you know, personal, private, like just a shameful sort of topic for that young person and dealing with it in a harsh like, putting your foot down manner is not a way to get information out of someone or to assist someone. So, I definitely try when dealing with, yeah, troubled youth, be a lot more approachable and remain calm because as soon as you like, start to yell or, you know, agitate them or, like, provoke is the word I was looking for, like they would just they kick off and like you're not achieving anything by making them kick off, which I think like some people get a bit of a thrill out of trying to get, like into, like, wrestles and stuff, but I just don't

think it's the right approach. Like I think if you can talk to these kids and try to get through to them, rather than trying to get in wrestles and yeah be a lot more effective. Like I personally, definitely don't like getting into wrestles so I like trying to talk people down. Yeah, and just try to get through to them in like, a realistic and relatable sort of way. (Police Officer One)

In this reflection, the police officer described an approach that is also more trauma-informed, and person centred. They demonstrated an understanding of the shame associated with CSE and recognised the need to try and breakdown perceived barriers between police and vulnerable young people. Importantly though, they also reflected on the conduct of other police officers that was both criminalising and harmful to young people. Their description of other officers taking a more authoritarian approach, including yelling, agitating or provoking young people, and “getting into wrestles” or physical altercations with them, shed light on police responses that escalate young people into conflict, perpetuating cycles of criminalisation. Their description that some police officers get a “bit of a thrill” out of escalating young people and getting into physical altercations with them, represents a significant and concerning abuse of power with possible long-standing and profound effects on the lives of already vulnerable young people. The actions of officers who deliberately provoke young people with significant trauma backgrounds into physical altercations that are likely to entrench them into the criminal justice system suggests systemic failings in police training and culture. Such behaviours point toward a disregard for the wellbeing of young people and a lack of accountability for officers who misuse their power to perpetrate harm.

9.3 “Photographs of their body online”: Investigating Child Sexual Abuse Material

In response to the vignette, all police stated that further police action could potentially be taken in relation to the distribution of child sexual abuse material (CSAM). The distribution of CSAM was of clear concern for many of the police officers, and they stated that this was a potential avenue for disrupting contact between Jane and James the young person and the older man referred to in the vignette. Eight of the police officers directly identified an offence being committed because of James receiving nude images from Jane, who was under the age of consent. Several of the police officers stated that it was a common scenario for young people under the age of consent to send nude images to both other young people and older adults. However, several police officers raised the point that without the cooperation of the young person, targeting the perpetrator for being in possession of child

abuse material would be challenging. Initially, several police officers expressed concern about the potential for James to further distribute the images that Jane had sent him:

The fact she's talking to an older man and then sending certain images to this man and the fact that she is probably more than likely gonna meet up with him too, and then be taken advantage of, or those images be distributed everywhere. (Police Officer One)

The concern about Jane being coerced to meet up with James was also raised by 6 other officers who stated that this was a common scenario. This was well described by Police Officer Five:

Yeah, absolutely. It's a common scenario. Young people often, social media is the big hype at the moment, and we know that adolescent females sometimes like to portray their body and disseminate photographs of their body online. For what reasons, most likely attention. And males, mostly older, will receive those images and solicit those young people to hang out. (Police Officer Five)

Police Officer Five's reflection on the common scenario of "adolescent females" sending nude images to older men who want to "hang out" with them spoke to the prevalence of young people being coerced into sending CSAM to perpetrators. However, the language in their description of "adolescent females" as portraying their body online for "attention" is highly gendered and places a high degree of blame onto the young person and disregards the criminal and coercive grooming strategies used by perpetrators. Another police officer asserted that Jane was herself committing an offence:

Yeah, yeah. So, she's committing an offence herself but obviously the concern is that she's talking to a guy whether she knows the age or not, just random, she's sending those photos to. And the fact he wants to meet up... Yes, he'd be offending too. Obviously, he'd be receiving the photos and depending on what's in the messages he might be doing some other stuff as well. But definitely grooming, characteristics of grooming. (Police Officer Eight)

Police Officer Eight's assertion that Jane was herself offending was in stark contrast with comments made by another police officer:

Yes it does. It does and straight away there's the obvious CSE concerns plus the grooming offences which have occurred and then the child abuse materials. Jane, of course, is in no trouble at all. Uh. But yeah, this other bloke is. (Police Officer Twelve)

While both officers expressed clear concern about the likelihood of Jane being groomed by James, their perception of Jane's culpability varied. Police Officer Twelve's comment that Jane was in "no trouble" contrasted with Police Officer Eight who commented that Jane was committing an offence. This suggested a degree of variation in the way young people who are self-producing CSAM are perceived and therefore responded to by police. Several police officers spoke about investigating the CSAM as an avenue for disrupting CSE:

So, in that circumstance, if I've received reports, say from a carer, that Jane's sent some photographs to this older man, we can certainly start looking at investigating where these images, how these images have been disseminated, such as if it's via MMS or data sent off. We can trace that image, where it's gone, and then essentially speak with this older male and go from there. In terms of this, we'd be starting to look at this guy's receiving images of a younger female. We'd definitely like to speak to this male early on in the investigation rather than too late. (Police Officer Five)

This reflection provided useful insight into strategies used by police to locate perpetrators by tracing where CSAM images have been sent from. Another officer observed, however, that police can have challenges in gaining information from different online platforms:

So there's some apps that we can't get a lot of information from, there's some apps we can. So that would be something that we would then go look at criminally investigating for offences being conducted by that gentleman. And it'd likely be a case where that's probably falling outside the realm of general duties of police...If we want to initiate the investigation, if it seems it has legs, in that we can identify who's doing it, either these gentlemen here or the Child Abuse Squad would likely take some carriage of it. Because once you start looking at child-grooming offences, that's outside of our purview as first-responding police. (Police Officer Four)

Police Officer Four provided useful insight into avenues police might use for disrupting CSE. The difficulty of gathering information from some online platforms, was identified as a further barrier to investigating and prosecuting child sexual abuse offences. This was a concern shared by another police officer who explained that a major barrier to disrupting and prosecuting was a lack of cooperation from large social media companies:

A lot of this stuff is happening through social media. I find like either through Snapchat or WhatsApp or something along those lines and getting information, from those

parties, because those companies are held overseas getting information from them and evidence to be able to assist it's quite difficult so having a sort of, some type of MOU (memorandum of understanding) between us and these social media things would be good because getting information from, say, Instagram can take and you're up to six months. (Police Officer Ten)

Considering the accounts from young people in the previous chapters about social media being used by perpetrators to recruit and groom young people, Police Officer Ten's idea for an MOU between police and social media companies is a useful suggestion.

Overall, it was clear that the distribution of CSAM images was of concern to most police participants and offered a potential avenue for disrupting CSE. However, several police officers also made comments that suggested they placed a degree of blame on the young person for sharing nude images. This highlights the need for police education relating to sex offender grooming tactics.

9.4 “They won't cooperate”: Barriers Relating to Disruption and Investigation

Many police officers described challenges with investigating or prosecuting cases of CSE due to difficulties eliciting cooperation from victims-survivors of CSE. It was clear that many police officers believed that there were limited legal avenues available for them to respond effectively to CSE. A problem identified was a perception that police could not respond without a victim's statement and their cooperation. Several of the police officers stated that it was common for young people, whom they suspected were being exploited, to not cooperate with police or provide a statement to them:

Yeah. So, if the police are involved at this stage. Bearing in mind that whilst she might be telling the other kids in care, it is highly unlikely for a range of reasons that she is going to disclose this to police. (Police Officer Twelve)

Yeah, there's very much the case where they don't want to cooperate, or they'll disclose something and then not wanna provide a statement. So therefore, like it can't be taken further, yeah. It's such a vicious cycle in that sense that they get caught up in this sexual exploitation like situation where they are engaging with these older men being used for sex and then obviously, they know that it's wrong and like that's not what they want, they go back to these care homes, but they won't cooperate with police to help them. Yeah, definitely a situation that would happen, yeah. (Police Officer One)

Yeah. Again, it's that certain level of arrogance of just, they don't want to talk to us, and we have a job to just get them home and make sure they're okay. And they obviously don't want to go, and they just get annoyed. But they're not going to, it's typical that they won't tell us if anything has happened. That'd be, and then it's hard to, if you have a victim that's not going to tell you what's occurred. You can't charge.
(Police Officer Two)

While these police officers described the manipulative and coercive strategies that perpetrators use to control and exploit children, they also expressed frustration with not being able to elicit cooperation from young people. For example, Police Officer Two's reflection highlighted challenges police have with laying charges without the cooperation of victims-survivors. However, their description of young people as arrogant in their reluctance to cooperate with or disclose to police suggested a lack of acknowledgment of the impact of trauma, coercion and fear that young people who are being exploited experience.

Other police officers commented on the reasons why young people may be unwilling to cooperate, including the cycle of abuse that can occur when children or young people are being exploited:

And it's concerning how many predators are actually out there that are just roaming around, and it's just, its really frightening knowing what people are capable of and how they manipulate these young people into staying with them, using drugs, with them, all of the above, like it's just quite disturbing. Yeah. And hard that we can't get through to these young people. They're so set in their ways. Yeah. (Police Officer One)

Police Officer One's comment, in contrast to their comments about manipulative and coercive strategies that perpetrators use to maintain control over victims-survivors subtly shifted responsibility on to young people for not cooperating with police, a perception that was evident in the accounts of other police officers:

Yeah, because they don't want to talk about it. They don't want to tell us about it, because they want to go back there and get their more drugs or whatever they want to get. So, if we stop that, that stops their cash cow in a way, doesn't it? (Police Officer Six)

Although CSE does involve exchange of something the child wants or needs, including money or drugs, this police officer's account, particularly use of the term "cash cow" overlooks the exploitative and coercive nature of this exchange, instead implying that the

young person is the one in control and profiting off the exchange. This in turn minimises harm caused by a perpetrator exploiting the vulnerability of the young person and shifts responsibility on to them for their perceived consent to being abused. It also does not acknowledge that perpetrators may groom young people by providing them with addictive substances, thus creating a cycle where the young person is more likely to return.

Similarly, another police officer explained that as young people often viewed themselves as in a relationship with the perpetrator, as well as the fact that they were receiving money or drugs from them, this reduced the likelihood of them cooperating with police:

If that's reported to us, we can attempt to intervene. But obviously, we need – Not compliance, but we need cooperation from the young person to give us the usernames of these people who she's been talking to. Otherwise, we can't progress... Yeah, yeah, yeah. Especially if there's things that they want out of that relationship, or what they see as a relationship. It's obviously exploitation, but they – Some of them see that as a relationship, and they know there's drugs and money on offer over there. So why would they tell us about it if they can – Because that's going to ruin their good time. (Police Officer Seven)

While Police Officer Seven also acknowledged aspects of CSE that involve an exchange between the young person and perpetrator, there is again limited recognition of the coerced and exploitative nature of this exchange. Although a young person may perceive themselves as being “in a relationship” with a perpetrator, the presence of their perceived consent does not undermine the exploitative, harmful and illegal nature of the “relationship”. In using the term “good time” to describe scenarios whereby young people are at a high risk of being exploited, this officer overlooks the harm being caused and again shifts responsibility on to the young person. This shifting of responsibility was also evident in the account of Police Officer Eight:

Because as you know, pretty much that kind of stuff comes down to them themselves. And they're in full denial. They completely deny. That's where the problem lies. You're never going to stop the offenders. It's like you're never going to stop an offender with anything. It's about trying to stop the kids. (Police Officer Eight)

Police Officer Eight's feelings of hopelessness about the potential for stopping the offenders of CSE is reflective of challenges spoken about by many of the police officers in

investigating cases of CSE due to reliance on the victim's cooperation and disclosure. There is, however, evidence of blame and responsibility being shifted onto the young people for a perceived lack of cooperation and denial of harm in their account. This was also spoken about by Police Officer Nine, however, in their reflection they acknowledged that it was the perpetrator (James) in the case-study vignette who was deliberately grooming the young person by offering her something/s that she wants or needs:

James is probably one of those guys that's given her the attention that she needs, and she thinks that he's a great guy and he's just asked them for what? Who cares? He gives me vapes. He gives me whatever. So, it would be, it would definitely be the young person's attitude. And getting hold of the phone. (Police Officer Nine)

Despite Police Officer Nine's comment that the young person's "attitude" that would create barriers to investigating, their comments demonstrate an acknowledgement of the fact that it is exploitation and grooming strategies used by perpetrators that entrap young people into CSE.

Overall, police accounts of young people’s perceived lack of cooperation in CSE investigations must be understood in context of the structural constraints within NSW’s criminal justice processes, that mean police must rely heavily on victim disclosure and formal statements to progress investigations. Several officers articulated a sense of frustration and powerlessness when young people were unwilling or unable to provide information, reflecting the perceived limited avenues available for action in the absence of victim cooperation. These structural constraints, alongside individual officers varying awareness of CSE suggest that the barriers police face in addressing CSE require a multi-tiered approach involving both legislative review and improvements in police training and knowledge relating to CSE.

9.5 “I’d make it so uncomfortable for him”: Alternative Avenues for Responding and Disrupting

Despite potential barriers in responding to CSE discussed in the previous section, several police officers made suggestions for alternative avenues, including disruptive policing strategies that could be used to respond to CSE. Suggested strategies included targeting James for other more minor offences, targeting James’s housing, using the *Child and Young Persons (Care and Protection) Act 1998* (NSW), apprehended domestic violence orders and surveillance. It is important to note however, that many of the police officers still foreshadowed challenges with commencing an investigation into CSE without cooperation from Jane. One police officer provided a reflection on a scenario whereby he had employed a more trauma-informed approach in seeking to gain cooperation from a young person who had been exploited:

I mean, I’m a good example. I don’t use names. I have a good relationship with the young lady who I know was getting the ice and sexually exploited by the bloke that was giving it to her and I hooked him off a young detective, a lady, and she’d come when she felt like it and give part of the statement and that process started that took like about 3 months and then she got to the end and then decided she didn’t want to sign

it...But you know what? It makes some steps we made some steps. We know who he is, so we go and tackle it in other ways. (Police Officer Nine)

Despite this police officer's frustration, they remained empathetic and hopeful about disrupting the perpetrator offending in other ways. They also provided insight into trauma-informed policing strategies that can be utilised to increase safety and build bridges between young people and police, therefore increasing the likelihood of them cooperating. For example, he described building an initial relationship with this young person, allowing her to give her statement over several months and pairing her up with a female detective. Recognising potential challenges with cooperation, one police officer suggested that engaging social workers who already had a rapport with Jane would be a useful first step:

You know, it could go down the route of social workers speaking with Jane and stuff. But at the end of the day, unless you can change her opinion, it's going to be quite tricky. So, my working would be work on James instead. Put some fear into James to get rid of Jane. So that would be my angle that I would play. Because unfortunately, I think Jane, being a younger female, probably impressionable, thinking this guy, older guys, you know, got some money and is cool and stuff like that. Doesn't realise she's been exploited. She's probably going to want to keep seeing this guy. So, we need to work on that guy instead to get rid of Jane. (Police Officer Five)

Police Officer Five further explained very simple steps that the police could take to potentially disrupt James' perpetration of CSE:

But, yeah, I believe we have the scope to certainly act and even if it meant just going to the address and speaking to this guy and just letting him know that we're monitoring this, that could be a deterrent in itself. No one wants to be labelled as a child sex offender. And sometimes a hard conversation between you and that person might be just the deterrent that they need at the time. (Police Officer Five)

This highlights how proactive policing can potentially make a significant difference in disrupting CSE. Another officer reflected on talking to James as a first deterrent and reflected on a similar scenario whereby this had led to multiple charges being laid against a perpetrator:

I would be going straight to the door myself, getting the people - it has happened. I've had it happen with a 14-year-old girl that was in bed with a guy and he says, 'Nothing's happened,' and the girl said nothing has happened as well. But we found drugs at the

location, we found that they were supplying alcohol to the minors. That guy was dealt with by way of being arrested, AVOs placed on him, he was put on the Child Protection Register. So, some pretty serious charges in regards to it. (Police Officer Six)

This highlights possible outcomes achieved through proactive police contact with people suspected of grooming or targeting young people for CSE. This police officer also provided insight into other offences that perpetrators could be charged with, including supplying alcohol to minors, as well as drug possession offences that may disrupt CSE. Police Officer Nine also provided suggestions for how police could disrupt CSE by targeting the perpetrator's other criminal offending:

Yeah. So, look, what I'd look at, especially if I believe he's given drugs out to the kids, I'd find out what car he drives if he's got a car. Mm-hmm. I'll put out intel on the car and then maybe drugs located in the car. So our Highway Patrol have a system where he would drive by and his car would flag and get pulled over and searched. A lot. I put Intel out on him and I let our proactive team know that he's known to carry drugs as well, so if he's walking down the street and known drug location, he could get stopped and searched. Knock on the door of their house, frequently doing welfare checks. I'd make it so uncomfortable for him and so hard to move and get up to badness that he wouldn't want the kids there. (Police Officer Nine)

Police Officer Nine described a robust approach to disruption, utilising multiple strategies to keep the perpetrator from having contact with young people. Other police also offered suggestions on how police could disrupt the perpetrator:

We'd have to look at obviously the older men there. What their background is, who owns the property whether it's a Department of Housing property. If it, if it's Department of Housing and there's lots of young kids hanging out there and there's drug use or there's stuff like that... we notify Department of Housing to try and get the place there to shut down or get the people removed from it...whether they're subject to any sort of bail conditions or community protection orders or something like that, that they're allowed to be around children or something like that... There would be more. Department of Housing, Council, DCJ involvement, or if it's a private rental, going through a private rental company is to say, you know, on the contract, only one person supposed to be staying there, but there's obviously 10 people staying there, getting that

private rental company doing inspection and then breaching them on those conditions. Just those type of things, it's, you're sort of limited to that really. (Police Officer Ten)

Targeting the perpetrators' housing was an approach not discussed by other police officers, but is a suggestion that could be utilised to make it more difficult for perpetrators to have frequent contact with young people. Further, the suggestion of working with housing providers is one of few examples of a disruption strategy that involved multi-agency working, a key component for an effective prevention and disruption agenda. Particularly, in cases where perpetrators live in public housing, stringent involvement of public service providers may act as a deterrent to inviting young people over, particularly if a perpetrator perceived the housing provider to be in close collaboration with police. One officer also spoke about police using covert evidence gathering methods, like those used by police to disrupt criminal gangs:

Yeah, there's a range of stuff we could do like in regards to covert evidence gathering, sort of, you know, interception of phone calls, listening devices, surveillance devices and things like that, like. But it's, it's all going to be measured against the risk, you know, and there's all this terrific sort of covert evidence gathering we can do if you're aware that you know a child was being sexually assaulted at that address and you, you gotta respond quicker than that. (Police Officer Eleven)

This account demonstrated the balance police must consider in their approach to disrupting CSE. Disrupting CSE requires consideration of risk and whether more immediate policing measures are available to prevent a young person being harmed. Another officer also reflected on covert policing, but commented that gathering the evidence that would warrant use of covert policing is sometimes hard to gather:

So, then we have to concentrate on investigating the offences that we can prove, hmm, the child abuse material, the supply of cannabis and the supply of alcohol. But that's really difficult because it's all taking place within his house and some of the traditional methods that we can't, or that we might use in that area of covert policing may not be available. (Police Officer Twelve)

Evidently, police can face several barriers to disrupting and investigating cases of CSE, due to challenges with evidence gathering and the reliance on victim disclosure and cooperation. These barriers were further compounded by strains on police resourcing:

Yeah. In an ideal world, you'd love to just sit out the front of his house in a fully marked police car, day and night, on and off, to stop him from going, "Oh, well, I can't have them here because the cops are sitting out in front of my house". But you don't have the time or the resources to do that. (Police Officer Three)

9.6 Summary

This chapter presented key findings from qualitative interviews with 13 police officers which helped contextualise the accounts of young people and provided key insights into how police respond to young people in care who are at risk of CSE. Police officers described varied understandings of CSE. It was evident that some police officers used the victim-blaming language that permeates responses to young people who are at risk of CSE, framing them as in control, and profiting off their exploitation. In contrast, accountability and offending of perpetrators was obscured in many accounts. The language used by police in this study also raised concerns about the impact of prejudices and biases held toward young people in care, with one officer describing them as "shit kids". This is a stark contrast to the language used by one officer who described a perpetrator, as a "gentleman". Several police officers reflected that the fact that their early training in the NSW police academy did not equip them with the skills or knowledge needed to respond in a trauma-informed way to victims-survivors of CSE. Despite this, it was evident that some police officers put in a concerted effort to work in a trauma-informed way with young people in care and recognised that this was an area of much needed development for the police force overall. This was important in considering the accounts of a more junior police officer who reflected that their colleagues sometimes abused their power, ultimately causing harm to young people. Overall, the analysis of the police data provided valuable insight into police responses to young people in care at risk of CSE, including the challenges they face in such interactions. Together with the findings from young people, this data provides a clearer picture of responses to CSE for young people in residential care. In the next chapter, the findings from the two groups of research participants will be compared and discussed alongside literature on the issue.

Chapter Ten: Discussion and the “Predatory Pathway” Model

This research explored perceptions of young people in residential care about institutional responses to CSE and examined the current nature of police responses to CSE. Ten young people shared valuable insights into their experiences in residential care and provided useful knowledge about current institutional responses to CSE. Additionally, 13 NSW police officers provided helpful accounts about police practices and responses to CSE. This chapter begins by considering how the young people’s accounts of institutional responses to them fit within a child rights framework. Additionally, there is a discussion on the impact of victim-blaming, which is a well-established analytical perspective in feminist research that was evident in both the young people’s and police interviews. In the final section of the chapter a heuristic model called the “Predatory Pathway” is presented. This model proposes that systemic factors such as care-criminalisation, institutional constraint, emotional neglect and stigmatisation compound with other sources of marginalisation including ageism, racism, sexism, classism and ableism to increase the risk of CSE for young people in residential care. Although young people in care undoubtedly experience other intersecting forms of marginalisation based on other identity categories, these were the sources of marginalisation most evident in this study. The model also highlights the impact of trauma on young people, as well as the acts of resistance taken by them not only against perpetrators of CSE, but also against systemic oppression and marginalisation. This heuristic model shifts focus away from individual child vulnerabilities and “risks” toward systemic factors that marginalise young people and create the conditions in which young people are more likely to experience CSE.

10.1 Child Rights

As was discussed earlier, this research was underpinned by a child rights perspective. Key to a child rights perspective are rights to protection and participation; the idea that children not only have the right to protection from harm, but also the right to have their voices heard. As a signatory nation to the United Nations Convention on the Rights of the Child (UNCRC) (1989), Australia has a legal obligation to uphold these rights. However, findings from this research suggest that child rights are systematically overlooked for many young people in care. Young people’s accounts explored in this thesis describe a system that disregards their right to participation and to having their voices heard. The findings showed that many young people’s voices are only heard in constrained spaces, and they do not feel they are afforded opportunities to participate in decisions affecting their lives.

Simultaneously, their rights to protection also come into question given their accounts of being exposed to harm within care, including CSE, and of inadequate institutional responses to them.

Lundy's (2015) model of child participation rights involves four components: a space to express views, a voice to express views, an audience that listens, and influence that affects their life choices. Based on accounts from young people participants, it would appear that their rights are only superficially fulfilled in some domains, for example having a safe space and voice to express a view but not having an appropriate audience or influence. One of the most consistent themes identified in an analysis of the interviews with young people was the view that their voices are not heard, a belief shared by all ten participants. Many young people described feeling as though only superficial attempts were made by professionals to listen and integrate their views. Moreover, they believed these attempts to be performative for the purpose of "ticking boxes" rather than meaningful engagement. This was consistent with findings from the Royal Commission into Institutional Responses to Child Sexual Abuse (2017b) and several other studies whereby young people in residential care described not having a say on decisions that affect them (Cashmore, 2002; McPherson et al., 2021; Moore et al., 2017; Slaato, 2002) Perceptions of safety were explored by Moore et al. (2016) who found that participation and "having a say" were pivotal to feeling safe in care. In parallel to this, findings from this research suggest that not having a voice, or opportunities for exercising choice and agency reinforces young people's subordination and powerlessness, which in turn increased risk for them by leaving them with an unmet need for inclusion and participation. This highlights the extent to which structural factors within the care system that leave children and young people with unmet needs can directly contribute toward risk for CSE, a phenomena similarly described by Hallett (2017) Despite this, this research also found that young people want to have a say on matters that affect them, and that they are able to provide rich and unique insight into what is needed to keep them safe.

As addressed in Chapter Two, Tisdall (2016) observed that in child protection settings, children who were perceived as "vulnerable" are less likely to be consulted in decision-making, a finding that was also corroborated in this research in a number of ways. Firstly, through the process of recruitment for this research it was frequently observed that caseworkers, acted as gatekeepers and excluded young people whom they considered to be in some way vulnerable, even if they met the inclusion criteria for the research project. While such decisions were seemingly made in a young person's perceived best interest, the process

raised concern about choice and participation afforded to young people, particularly those deemed vulnerable by professionals, to comment on their perceptions of the system. Similarly, Vis and Fossum (2015) observed that social workers in residential care settings tend to have more risk averse attitudes toward participation than social workers in other settings, again raising questions about levels of choice afforded to some young people but not others. This was also evident in the findings when young people spoke about feeling that their voices were excluded based on workers' assumptions that they were too immature or would overreact. In contrast, Ben explained how the experience of being excluded resulted in increased hostility toward and mistrust of professionals, a significant point given that trust between professionals and young people has been identified as integral to young people's participation (Henze-Pedersen & Toberfeldt Bengtsson, 2024).

This suggests that inclusion and exclusion of young people's voices pivots on relationships between young people and professionals, which appears as a cycle of perceived "vulnerability", trust and mistrust. The more vulnerable a young person is perceived to be, the more likely they are to have their voices excluded, resulting in increased anger or frustration, thus reinforcing professionals' perceptions of them as "vulnerable" and therefore not able to have a say. This is particularly problematic in consideration of Brown's (2019) conceptualisation of "vulnerability" in the context of CSE, whereby she describes how young people's perceived "vulnerability" cannot be situated as an individual problem. Rather, she argues that "vulnerability" must be situated within the contexts of class, poverty, child protection involvement that influence young people's decision making and resistance against their constrained agency (Brown, 2019).

This process reinforces power held by professionals, which simultaneously reinforces marginalisation young people. Relational power evidently plays a large role in the enactment of a child's right to participate within residential care settings. It is critical then for professionals to consider the role they play in gatekeeping young people's rights to a voice and the influence of biases and assumptions in determining who can and cannot have equal access to participate. This aligns with Henze-Pedersen and Toberfeldt Bengtsson's (2024) position that power, is an innate force within child welfare services that must also be considered when integrating child participation rights.

In addition to findings that demonstrated that young people's participation rights were frequently overlooked within residential care, the research found multiple examples of how

the system fails to “protect” young people from harm. Children’s rights to protection are a key tenet of a child rights framework and are clearly stipulated within Articles 19 and 20 of the UNCRC (1989). However, this research found that there were multiple systems failures that contributed to placing young people at risk of harm, rather than providing protection. Several young people shared experiences where they had been exposed to harm within care, including by residential care staff and experiencing excessive force at the hands of police. Simultaneously, exposure to CSE or other forms of sexual harm was a common experience within the group of young people, demonstrating a further failure to “protect” young people from all forms of violence, abuse and neglect as stipulated under the optional protocol under the UNCRC (1989).

In addition, there were other child rights stipulated under the UNCRC (1989) that young people described not being met within care. Article 34 of the UNCRC (1989) stipulates that children and young people have a right to be protected from sexual abuse. While attempts at addressing the high rates of CSE within residential care are ongoing, systemic factors within the care system continue to place young people at risk, as they describe being left with unmet social and emotional needs, which is known to increase vulnerability to CSE (Hallett, 2025). This also raises questions about young people's right to having their physical and emotional needs met, stipulated under Article 27 of the UNCRC (1989). Evidently, Australia's residential care system requires serious improvement to ensure all children and young people are afforded equal access to their rights, specifically those relating to participation and protection. Further, as child rights are key to addressing CSE it is essential that they are better embedded within practice responses to young people at risk (Todres, 2017).

10.2 Victim-blaming Narratives

Feminist theorists have long examined the impact of victim-blaming narratives and “rape-myths” on criminal justice responses to survivors of sexual violence (Azzopardi, 2018, Brownmiller, 1975; George et al., 2021; Ryan, 2011). It is highly evident that unfounded stereotypes pertaining to sexual violence against women and children, including victim behaviour, perceived resistance and the relationship to the perpetrator have shaped legal responses to victims-survivors (George et al., 2021; Morley, 2014; Powell et al., 2017). Victims-survivors who do not fit within a narrow category of victimisation have been perceived to be less “credible” within legal systems, and therefore less likely to have their cases investigated and prosecuted. Further, institutions have a long history of covering up and silencing the voices of victims-survivors of CSA (Death, 2018). Studies have also demonstrated that police hold preconceived notions relating to “youth” in particular, who are

often viewed as “less than ideal” victims, a finding corroborated in this research (Ricciardelli et al., 2021).

The impact of victim-blaming narratives, particularly relating to perceived credibility and the behaviour of young people in care was a key finding identified in the analysis of data from both participant groups. It was evident that stereotypes, and preconceived ideas held by police toward young people in care may have influenced responses to them. For example, three young people described feeling as though police treated them differently depending on whether or not they were aware that they were “in care”. Dianne described attempting to report an assault to the police, but never hearing back from them, which she believed was due to the fact that the police viewed her as a “violent” person and therefore less deserving of a response. In contrast, several of the police officers described having difficulties with young people in care, describing them as unlikely to cooperate and being behaviourally challenging.

Two young people also described how professionals viewed them as likely to “make false allegations”, which had an impact on the way they were responded to. Lily provided an account of staff staying “locked in” their offices, to avoid young people making false ‘accusations’ against them and likewise Ash described how police were more likely to believe staff over the kids, because they were “known to lie to get the workers in trouble”. One officer also alluded to the credibility of young people, describing how police could not necessarily rely purely on allegations made by young people ‘which might not be true’.

The impact of victim-blaming narratives was also evident in relation to CSE. As explored in detail in the literature review chapters, historical tropes pertaining to “child prostitution” have resulted in a high-degree of blame and stigma attributed to victims-survivors of CSE (Laird et al., 2023). Historical conceptualisations of CSE as “child prostitution” have served to place responsibility onto a young person for their own abuse, while also shifting attention away from the offender (Montgomery-Devlin, 2008; Swan, 2000). Myths of “child prostitution” perpetuate the idea that young people are making an “informed choice” to engage in ‘prostitution’, rather than being forced as a result of their constrained circumstances or being groomed and coerced by an adult (Hallett, 2017). Goddard (2005) explained how language has a powerful impact and that words such as “prostitution” frames what is actually a form of abuse, as a form of labour that takes place within consensual, contractual arrangements. The impact of prostitution narratives was clear in the language used by some police participants, with one officer describing a young person

as having engaged in “sex work” when describing a CSE scenario. Further to this, two officers described young people as providing “sexual favours” to have their needs met, and another police officer described CSE as a “cash-cow” for a young person.

This kind of terminology used by the police implied a mutually beneficial exchange and placed the onus of responsibility onto a young person being exploited. Use of terminology such as “sexual favours”, “cash-cow” and “sex work” not only implies consent, but also implies a high degree of free will on the part of the young person, positioning them as instigators of their own abuse. Such phrasing places responsibility onto a young person, reinforcing victim-blaming narratives about child prostitution and most importantly obscuring offending by the perpetrator who is largely absent from such accounts. Overall, it was most evident that victim-blaming narratives affected the credibility of young people in care and in cases of CSE, influenced responses to it. Such narratives significantly affect and reinforce harmful stereotypes about young people while simultaneously masking offending by perpetrators, whose grooming and manipulation tactics remain hidden.

10.3 Reconceptualising Push and Pull Factors

To date, much research on risk relating to CSE has focussed on the factors that “push” and “pull” young people toward it. As was explored earlier, commonly identified push factors such as rejection, being bullied, low self-esteem, changes in placement and exposure to violence, amongst others, have been identified as contributing toward CSE risk for young people in care (Jackson, 2014; Victoria Government, 2017). In addition, pull factors such as access to money, drugs and alcohol, a sense of belonging and spending time with peers simultaneously increase the risk for CSE, by pulling young people away from safety (Jackson, 2014; Victoria Government, 2017). Further, one of the most important and well-identified risk factors for CSE is young people “going missing”, an issue of great significance for young people in residential care as they “go missing” at rates much higher than in the general population (MacFarlane, 2019). Most research relating to risk of CSE for young people in residential care has focussed on individual factors linked to reasons why individuals are in care to begin with, such as past experiences of sexual or physical abuse and neglect (Laird et al., 2020). However, much less research has focussed on factors associated with the care and protection system itself, which can contribute toward risk for CSE. Addressing this gap, Hallett (2016) identified that having a sense of powerlessness and a lack of care, attention and connection to others within the child protection system increased the vulnerability of young people to being exploited, as was corroborated in this research.

In considering conceptualisation of push and pull factors and the dearth of research available that addresses systemic issues relating to care environments that contribute toward risk of CSE, the following section provides an overview of a heuristic model, titled the “Predatory Pathway”. The Predatory Pathway model, informed by ideas from feminist and child rights perspectives has been developed to address this gap. The findings from this research suggest that systemic issues relating to being in care increase risk and exposure pathways for CSE of young people. Institutional constraint, resulting in limited opportunities to exercise choice and agency, as well as emotional neglect were factors that propelled young people away from the care environment, creating a pathway for CSE to occur. Further, it is argued that the high level of stigma attributed to young people in care created feelings of shame that increased a need for connection and belonging, another pathway through which perpetrators could exploit them. In addition, it is argued that unmet needs and unresolved trauma, combined with other intersecting sources of marginalisation including ageism, sexism, racism, classism and ableism can be leveraged by perpetrators to exploit young people. Finally, the model also addresses over-criminalisation of young people in care. It is argued that criminalisation creates additional barriers for young people to seeking help and safety. This can in turn be leveraged by perpetrators and further impede prevention efforts as it creates a mistrust between victims-survivors and the legal system. It is proposed that such factors compound with one another, which opens a pathway that is leveraged and exploited by perpetrators of CSE; the “Predatory Pathway”. Therefore, addressing systemic factors is essential in improving responses to CSE for young people in residential care.

Institutional Constraint – Exercising Choice and Agency

The first systemic factor depicted in this model is institutional constraint, which it is argued, leaves young people with limited opportunities to meaningfully exercise choice and agency. The young people interviewed for this study described being constrained, both physically and emotionally by the child protection system. Systemic constraints reinforced a sense of powerlessness and marginalisation evident across the accounts of all young people participants in this research. It was abundantly clear that they lacked opportunities to exercise agency and choice and did not have the same everyday freedoms afforded to them as other young people, which is representative of structural issues in how residential care is operationalised. A similar theme has been reported in the literature, highlighting how structural factors that constrain young people’s right to exercise agency within care increases risk of CSE (Beckett & Pearce, 2019; Hallett, 2017; Pereda et al., 2022) Several of the young people described how being in care meant they weren’t allowed the same freedoms as other young people that would have provided them with a sense of choice and agency over their own lives. Through a Foucauldian (1978) lens, it can be argued that these structural constraints reflect forms of power that limit young people’s capacity to exercise agency, while simultaneously shaping the constrained spaces in which resistance is enacted, for example running away or leaving care which can be viewed as attempts at regaining autonomy and agency.

Katie for example described how not being able to “have friends over” or “have a sleepover” were driving factors in her decision to leave placement. This decision was not informed by a desire to “run-away”, but to meet a basic human need to belong and connect with others, in the only way she felt available to her. When talking about spending time at an older man’s home, she explained that as she was not allowed to have friends over at her own home, she needed to rely on someone else to provide the house where she and her friends could hang out. This highlights how young people’s unmet needs are co-opted by perpetrators, who purport facilitating a young person’s choice and agency. Further, it demonstrates the extent to which the conditions in residential care that leave young people with unmet needs increased risk of CSE, a theme that has been consistently reported across

Figure 10.1 Institutional Constraint



the literature (Hallett, 2017, 2025). Maya also described leaving placement due to constraints placed on her, describing the home as a “prison”, suggesting that the choice to leave placement offered a sense of agency, choice and control. Rather than “risk-taking”, Maya’s choice to leave placement appeared to be an act of resistance against what felt to her as an oppressive system, although this choice placed her at further risk of harm. This was similarly described by young people interviewed in Pereda et al., (2022), who viewed “running away” as a means by which they could regain control in situations that were unsafe or harmful.

It is therefore argued that the constraining nature of the care system, is a risk factor for CSE as it leaves young people with an unmet need for choice and agency. This can in turn be leveraged by perpetrators who present themselves, at least initially, to be encouraging the choice, agency and freedom of young people. The notion of the care environment contributing toward the problem of CSE was similarly explored by Hallett (2016), who found that care-giving practices instigated in response to CSE, can in fact compound the problem. Like the young people interviewed in this research, young people interviewed by Hallett (2016) also described feeling powerless within the care system. Hallett (2016) found that “risk-taking” behaviours such as “going missing” offered an opportunity for young people to regain control, and “assert” themselves, which aligns with the accounts from several young people within this research.

Beckett (2021) observed that young people’s agency in the context of CSE is often constrained and must be viewed within the often-oppressive circumstances imposed upon them. This was demonstrated here, as “choices” seemingly made by young people, such as leaving placement, engaging with older men, and going missing, which increased risk for CSE, were often attempts at getting basic needs met and regaining autonomy and choice. This is an avenue through which perpetrators can exploit a young person, offering what appears at first to be choice and freedom and then exploiting their vulnerability and lack of power. At the same time, a sense of powerlessness and constraint experienced within care may increase vulnerability to grooming tactics of perpetrators who, at least at first, instil a perception in a young person that they are in control and consenting agents.

Emotional Neglect- Need for Connection

Figure 10.2 Emotional Neglect



The next component of the Predatory Pathway model is emotional neglect, and the concurrent unmet need for connection. It is argued that an unmet need for connection is a pathway leveraged by perpetrators to exploit young people. This research found pervasive accounts of young people not having social or emotional needs met within care. It was evident that this is a systemic issue, representative of an institutional disconnect between the needs of young people and professionals there to care for them. Factors such as a high turnover of staff, risk-averse practice models and undertraining of staff create a wide emotional disconnect between young people and professionals around them. This was similarly described by young people in Dierkhising et al., (2020) study who reported that the residential care system could be improved if staff were better able to attend to their needs with more “compassion”. Unmet social and emotional needs are easily exploited by predators, who at least initially offer a young person the perception of attention, connection and fabricated love that they need. This suggests that such grooming strategies are structurally enabled, rather than disrupted by the care system.

It was clearly identified within the findings that young people felt emotionally disconnected and neglected within care. Every young person interviewed provided varying accounts of feeling emotionally and in some instances physically neglected within the care system. The extent of these experiences ranged from staff staying locked in their offices and therefore being unavailable, to having requests for help or support ignored. This mirrored findings from Hallett (2016) who found that young people’s experiences of feeling “invisible” within the care system increased their vulnerability to exploitation as it left them with a need for care and attention that should never have been there in the first place. Likewise, Death et al. (2021) also found that an unmet need or desire for connection, affection and attention increased girls’ vulnerability in care. Young people in this research similarly drew links between their need for protection and vulnerability to CSE. Dianne described girls coming into care, likely with a background of past trauma, as wanting to be “loved, to be held and to have that sense of security and safety” a basic human need that can be co-opted by perpetrators of CSE. Katie, in talking about a friend of hers who had been

exploited described the perpetrators as “nurturing” “caring”, and “protective”. This provided a useful, yet disturbing insight in to how profoundly unmet young people’s emotional needs are, and the manipulative grooming tactics of perpetrators offering the perception of girls being ‘loved’, ‘protected’ or ‘cared’ for. These findings also reflect highly heteronormative ideals whereby girls are perceived as “vulnerable” and in need of “protection”, and where men are viewed as the ones able to offer this so called “protection” even when they are the ones causing harm (Death et al., 2021). In addition to heteronormative constructions of girls as vulnerable and in need of protection, there is evidence that young people with diverse genders and sexualities may experience additional sources of marginalisation including homophobia, transphobia and stigma (Capaldi et al., 2024). Further to this, Capaldi et al., (2024) found that factors such as social and family rejection, stigma and isolation directly contribute to risk for CSE and other forms of abuse. This suggests that young people with diverse sexualities and genders in residential care may experience additional sources of marginalisation that increase vulnerability to CSE, although this was not spoken about directly by the young people in this study.

In contrast, some young people described supportive and trusting relationships with professionals as a key protective factor against CSE. This aligns with findings from other studies that found that trusting relationships with professionals were protective in keeping young people safe in care (Duppong et al., 2017; Larsson, & Ward, 2016; Schofield). This was also evidenced by the Royal Commission into Institutional Responses to Child Sexual Abuse (2016) whereby young people identified that having at least one trusting, consistent and reliable relationship with an adult worker was of great importance in helping them to feel safe while in care (Moore, 2018). Further they felt that their needs were best responded to when they were able to build trusting relationships with workers who recognised the risks for young people in residential care and were available to talk (Moore, 2018). The young people within this study highlighted a desire to build trusting and supportive relationships with professionals, however, systemic issues such as high staff turnover, reliance on casual agency staff who were undertrained for the job as well as a sense of not having their voices heard left them unable to do so.

Although the importance of trusting professional relationships was identified in the Royal Commission into Institutional Responses to Child Sexual Abuse (2017b) as a key component in preventing CSE and subsequently embedded within the Therapeutic Care Framework (TCF) for residential care in NSW, the findings suggest that young people in care

continue to feel emotionally and physically neglected, which increases their vulnerability to CSE by leaving them with unmet emotional needs and the desire for connection (Moore et al., 2018). Although it is clear, both within the findings of this research and within wider research literature that a desire for connection is a significant push factor for CSE. The research findings also suggest this as an issue stemming from systemic neglect of young people's emotional needs in care. This is important as it reconceptualises the issue into a systemic deficiency within the care system, rather than an individual deficiency of a child or young person. It is argued, that if young people's emotional needs were better met within the care system, they would be less vulnerable to predatory pathways leveraged by perpetrators of CSE. Therefore, there is a clear impetus for the child protection system to better address emotional needs of young people by prioritising professional relationship building and connection to family, culture and community (Wright & Collings, 2019). This would potentially reduce vulnerability to CSE by ensuring needs for connection are already met and unable to be exploited by perpetrators.

Being Stigmatised- A Sense of Belonging

The next component of the predatory pathway presented in the model relates to systemic stigma experienced by young people in care, which left them with a sense of self-blame and shame. One of the most poignant and consistent themes across the findings was the extent to which young people felt profoundly stigmatised because of being in care. This stigmatisation, reflected in practice and responses to young people, undermined their self-worth and capacity to disclose abuse. Fieller and Loughlin (2022) argued that social marginalisation associated with being in care not only reduces the likelihood of young people disclosing abuse but also reduces their perceived credibility when they do. Further, perpetrators can exploit feelings of shame and blame by purporting themselves to be accepting, and by providing young people with a space to “hang out” with friends, like “normal” teenagers and the possibility of achieving a sense of belonging.

Extending this, the findings from this research highlight how the experience of being stigmatised leaves young people vulnerable to exploitative strategies of perpetrators. Young people who are stigmatised and blamed within the system purportedly there to care for them,

Figure 10.3 Being Stigmatised



are left with an unmet need for belonging and acceptance. This unmet need opens a pathway that can be exploited by perpetrators of CSE who offer a distorted sense of inclusion. Several of the young people described leaving their placement to spend time with friends, often in unsafe or exploitative contexts. It appeared that such behaviours, labelled by professionals as “risk-taking” represented opportunities for reclaiming a sense of normalcy and belonging for young people. This can also be understood in the context of Mythen and Weston’s (2023) argument about risk within care systems. They argue that “risk-averse” practices, such as increased surveillance and control, position young people as lacking capacity and agency, which not only increases said “risk” but also positions risk as being situated within the individual rather than the system. Ash for example, explained that they and their friends had been spending time at man’s house, who was a known offender who had exploited children, because it was a case of “follow the leader”. Likewise, Jen explained leaving home to spend time with friends was something that “any normal teenager would do”. Contrasting this, Katie differentiated herself from “normal” teenagers, explaining that she didn’t have the same experiences as those in ‘normal’ [nuclear] households. As a young person in care, she was exposed to more risky situations, but without parents or other trusted adults to “pull her back”. It appeared that for many of the young people, leaving care and spending time with friends, even in exploitative environments offered a sense of belonging that they were denied within their formal care environments.

The desire for belonging and acceptance makes sense in considering the vast accounts of young people describing feeling “othered”, blamed and shamed because of being “in care”. It appeared that although each young person had a diverse life experience, and multiple aspects of their identity which revealed their uniqueness, the responses to them were primarily informed by their care identities. This is significant, considering the stigmatising impact that being “in care” can have, not only in terms of being criminalised, but also in relation to being viewed as less credible. This was corroborated in accounts by some police officers, who used stigmatising and blaming language toward young people such as one officer describing them as “shit kids”. Further, and of great concern was the burden of blame and shame disproportionately held by the young women who also held other marginalised identities. Several of the participants of diverse backgrounds, including Zoe, an Aboriginal young woman, bore a high degree of stigma associated with her experience of CSE and being in care. Likewise, Lily and Dianne, both young women from diverse cultural backgrounds described having intersecting forms of stigma and blame attributed to them. Lily described

being met with scepticism and disbelief by the police, and Dianne described being labelled as “violent” even when seeking help. This suggests that stigmatising responses may be even more pronounced for young people with intersecting marginalised identities, who face compounding forms of stigma not only due to their care status but also due to racist and cultural biases embedded within institutional responses to them.

This is a form of epistemic injustice, whereby structural bias and stigma undermines a young person’s right to be believed and to be viewed as knower of their own life experience (Day, 2022, Fricker, 2007). Fieller and Loughlin (2022) similarly argued that by virtue of being in care young people experience a form of epistemic injustice, whereby stigma, and marginalisation associated with their care identities serves to undermine both their knowledge and credibility. The impact of this was clear across the findings, as young people who disclosed experiences of CSE, also attributed blame to themselves, and appeared to doubt their own victimisation. Maya, for example described her victimisation in reciprocal terms, saying she was “hurting him back” in response to the violence inflicted upon her by her much older “boyfriend”. Zoe, having been groomed and exploited at 13 years of age confidently explained that she was the one causing harm, describing herself as a “narcissist”.

Feminist scholarship has long highlighted the damaging impact that victim-blaming can have in upholding systems of patriarchal control by undermining victim credibility and silencing their disclosures. The accounts shared by young people highlighted intersecting forms of stigma, as young people in care, as children and as victims-survivors of CSE. The consequences of this were evident in that they hinder attempts at accessing support and reinforce known grooming tactics used by perpetrators, which instil a belief in victims-survivors that they are complicit in, or responsible for their own abuse. Therefore, experiences of stigmatisation create a predatory pathway toward CSE that can be leveraged by perpetrators. As has been described, stigma associated with being in care, intersecting with other forms of marginalisation such as past-trauma, racism and sexism can lead to feelings of self-blame, shame and marginalisation that can be leveraged by perpetrators of CSE who at least initially offer young people a distorted sense of inclusion and acceptance. Further complicating this are the grooming strategies that perpetrators then use to create a belief in young people that they are responsible for the harm they experience, which when compounded with shame and stigma already experienced by young people creates significant barriers to seeking help and safety. This reinforces the need for a shift toward understanding

the risk of CSE of young people in residential care as an issue that is located within systemic failures rather than purely individual deficits.

Being Criminalised- Safety

Figure 10.4 Being Criminalised



The final component addressed within the model is criminalisation, which is an issue that intersects with CSE and creates significant challenges to safety and disruption. It was well evidenced in the literature review chapter of this thesis that young people in residential care face high rates of criminalisation (Colvin et al., 2018; Gerard et al., 2019; Hayden & Graves, 2018; Hunter, 2022; McFarlane, 2017; Turpel-Lanford, 2009), a theme that was corroborated in the findings of this research. Gerard et al. (2023) wrote that NSW police described having frequent and intensive involvement with young people from care, a theme that was also discussed by the police interviewed for this study. All police officers

interviewed for this study asserted that police had frequent, sometimes daily contact with young people in residential care. Likewise, young people described having frequent contact with the police, either at their home or in public spaces. Further, it was clearly established by police officer participants that the single biggest reason for their involvement was in relation to missing persons investigations. The findings suggest that young people's experiences of being responded to in relation to CSE is closely intertwined with their experience of being criminalised because of their case status. Improving responses to CSE for young people in residential care cannot occur without simultaneously addressing the issue of care-criminalisation. Criminalisation is included in this model, as to date it has not adequately been addressed as a key factor that simultaneously correlates with risk for CSE, while also creating additional barriers to safety. This was however a clear theme discussed by young people in this research, particularly pertinent for five of the young people who disclosed direct experiences of CSE and contact with police.

Several of the young people provided accounts that suggested the process of care-criminalisation continues to be linked to the over reliance on police as a behaviour management tool. Ben, for example described how the police were likely to be called in response to behavioural challenges of young people and disclosed that he had been charged with offences relating to property damage, a relatively minor offence that would not

necessarily merit a police response in other circumstances (McFarlane, 2016). This was also described by Dianne, who stated that workers who were poorly trained, or “scared” of young people were more likely to “call the coppers” on them. Similarly, police described frustration with frequently being called out to residential care homes to manage behavioural disturbances. This points toward a need for strengthening the ongoing training of residential care staff in de-escalation strategies aimed at reducing the need for police contact, particularly given that this was identified as a key tenet of the Joint Protocol to Reduce the Contact of Young People in Residential Out-of-Home-Care with the Criminal Justice System (2019).

Staines (2016) found that much of the literature pertaining to the criminalisation of young people in care has focussed on the pre-existing ‘adverse influences’ that pre-dispose young people in care to criminalisation, such as mental health challenges and poor educational attainment. However, findings from this research suggest that criminalisation of young people in care is also closely tied up with the stigma and prejudices held toward them by some police officers. It has been established that the police hold more preconceived negative attitudes toward young people compared to the attitudes of the general population (Richards et al., 2019), a finding that was corroborated by Gerard et al. (2023) who found that for young people in residential care, police perceptions were even more negative. One officer in Gerard et al. (2023) described young people from care as “shit kids” interestingly almost identical language used by one officer in this study whereby they described them as “the shit kids on the street”. The impact of such prejudices and biases was also clear in accounts by young people who described being treated differently by police when they were aware that they were “from care”. It was also evident in accounts by some police that they did not view CSE as a potential concern when encountering young people, even when significant risk indicators were present, such as being a missing person.

This is concerning, given the findings by McVie and McAra (2010) that pre-held biases and stereotypes can have long-standing effects on young people, including that once a young person is profiled as a “usual suspect” by police, attempts at exiting the justice system are inhibited. Considering this, a most concerning finding from this research was the disclosure by one police officer that other officers sometimes enjoy escalating, agitating and provoking young people into physical altercations or “wrestles” with them. This paints a disturbing picture of police responses to young people that are re-traumatising and deliberately entrench

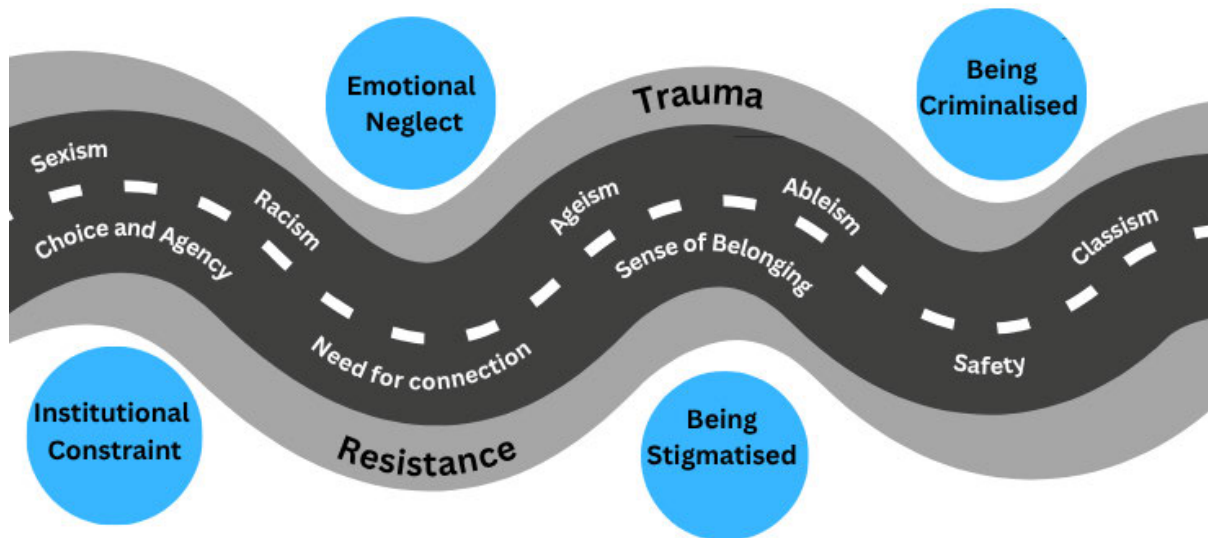
them into the criminal justice system. This practice is not only harmful to the young person but also raises serious concern about police conduct.

The impact of prejudices undeniably extends into responses toward CSE, and have been identified in the literature in a high degree of cross over between criminalisation and CSE (Cockbain & Brayley, 2012). Further, young people are more likely to be identified as offenders before being identified as victims (Cockbain & Brayley, 2012). There was evidence of this within the findings of this research, as young people described being met with criminalising responses from police, despite being in situations that should have raised concerns about their vulnerability to perpetrators of CSE, such as being a minor in the company of an unknown adult male. For example, Dianne described being called a “slut” by a police officer in response to being alone in a car with an older man, resulting in an escalation that led to her being arrested whilst the alleged perpetrator was free to leave. It is argued that criminalising responses create additional barriers to safety for young people, as they incorrectly label them as offenders rather than victims. This not only strengthens the hold of the perpetrator over the young person but also decreases the likelihood of them cooperating with law enforcement, a major challenge discussed by the police participants.

Together, findings from both police and young people participants suggest that despite the implementation of the Joint Protocol, police continue to have high frequency contact with young people from residential care. The findings from this research align with other studies that found evidence of prejudices and stereotypes in police responses to young people in care (Gerard et al., 2023, Richard, 2019). These negative assumptions and biases directly contribute toward the criminalisation of this cohort of young people and there is clear impetus for research that investigates this further. It is also argued that processes of criminalisation need to be viewed as intertwined with and not separate from CSE for young people in care. The findings from this research point toward criminalisation creating additional barriers to safety for young people who have experienced CSE, as the process of criminalisation further isolates them from seeking help and creates mistrust between them and law enforcement. Further, experiences of criminalisation add to the stigma they experience, which can then be leveraged by perpetrators to stop them from seeking help, as was described in the previous section. Evidently, criminalisation is an issue that is closely intertwined with CSE, and as such it is included as a key component of the Predatory Pathway model that is holistically presented and explained further below.

10.4 The Predatory Pathway Model

Figure 10.5 The Predatory Pathway Model



The Predatory Pathway model pulls together the systemic factors discussed above that increase young people’s vulnerability to CSE, including institutional constraint, systemic neglect, stigmatisation and criminalisation. These factors are outside of the young person’s control but facilitate risk of CSE as they foster the unmet needs that are then exploited by perpetrators. Within the predatory pathway, the human needs that are left unmet by the system, including a need for belonging, choice and agency, connection and safety are depicted alongside other intersecting sources of marginalisation including ageism, racism, classism, sexism and ableism that are experienced by young people in care. In addition, trauma is also depicted as the curb along the pathway as it was a major theme spoken about by young people that intersects with risk for CSE. On the other side of the pathway, resistance is depicted as it clear that young people resisted the many forms of oppression experienced by them.

Trauma

Past and ongoing experiences of trauma have a profound and ongoing impact on young people in care. Further, impacts of unresolved trauma can be leveraged by perpetrators to gain access to and exploit young people. It is well-established that young people in residential

care often have significant past histories of trauma prior to entering care that can have a profound impact on them, including CSA, physical abuse, neglect and emotional abuse (Cole et al. 2014; MacKillop Family Services, 2020; Quadara, 2016). Also, young people who have experienced CSE are also more likely to have past histories of cumulative harm, and experience ongoing trauma as a result of the CSE (Cockbain et al., 2014; Roe-Sepowitz, 2012). It was evident in the findings that young people viewed their past histories of trauma as being related to risk for CSE. For example, Dianne, who had disclosed past experiences of CSE as well as significant experiences of trauma suggested that for girls entering care, “they come in with a lot of trauma on their shoulders. All they want to do is be loved, to be held and just have that sense of security and safety”. The impact of unresolved trauma was also described by several other young people, who similarly stated that they believed unresolved trauma was a factor that might increase risk for CSE. It is argued that trauma, when compounded with unmet needs for connection, can be leveraged by perpetrators who provide young people with a falsified sense of love and belonging. This was alluded to by Katie, who described a friend of hers having “relationships” with older men, as they provided her with that “caring effect” that she never received from her parents. Therefore, it is argued that past experiences of trauma, compounded with other systemic factors such as institutional constraint, emotional neglect, criminalisation and stigmatisation can increase the risk for CSE and therefore trauma is an essential component of the predatory pathway model.

In addition to past histories of trauma described by young people, it was also clear that young people had ongoing experiences of trauma that affected them while in care. Experiences of trauma in care often intersected with the themes explored above such as being stigmatised, being criminalised, experiencing emotional neglect and systemic constraint. For example, Lily provided an account of a stigmatising and traumatic event whereby police were not responding to her calls for help due to her being a young person from care. Further to this, Sophia described deeply traumatic events surrounding her suicide attempt whereby she was dragged along the train tracks by police, highlighting not only how insidious the impact of past trauma can be (as she disclosed being sexually abuse as a child by her father) but also how she experienced further abuse and trauma in care.

It is clear then, that for young people in care and at risk of CSE, experiences of trauma can be historical, current and ongoing but appear to be a steadfast feature in their lives. Therefore, it was essential that trauma was recognised as a key component of the heuristic model, occurring alongside systemic factors that influence young people. It is well

established that trauma can have a profound and wide-ranging impact on young people, and can undoubtedly influence the way they experience safety, connection and belonging. To effectively disrupt CSE, it will be essential to ensure that front-line professionals, including social workers and police officers respond to young people in a more trauma-informed way. This is particularly pertinent when considering the accounts from the police officers that suggested they have limited knowledge of the impact of trauma, as well as accounts of harmful and stigmatising police practice. Experiences of trauma that affect young people also overlap with intersecting forms of marginalisation they may experience, such as ageism, racism, sexism, ableism and classism, which are also depicted in the Predatory Pathway model and explored further below.

Intersecting Forms of Marginalisation

Along the upper curve of the pathway depicted in the model are some of the intersecting forms of marginalisation experienced by young people in care and at risk of CSE. These include ageism, sexism, ableism, racism, and classism. Although there are undoubtedly other identity categories that are sources of marginalisation for young people in care, these were the primary categories identified in the findings of this study. Critically examining external sources of marginalisation is essential to ensuring an adequate understanding of challenges experienced by young people at risk of CSE, who face intersecting forms of inequity outside of their control (Cage et al., 2018). As discussed in Chapter Two, an intersectional lens allows for a deeper interrogation of factors that contribute to young people's experiences of CSE that provides space for more nuanced responses that attend to their difference and diversity (Bernard, 2019). This is important in avoiding homogenising experiences of victims-survivors of CSE into one category.

One of the most obvious sources of marginalisation experienced by the young people was ageism, which was evident across the findings from both participant groups. As highlighted by Gran et al. (2023) young people experience the same oppressions as adults but with the additional challenges of being vulnerable and having rights dictated by adults. This was evident in the findings as young people described the difficulties they faced in having access to basic human rights dictated by professionals, including having a say on decision-making about their lives. Further to this, ageism was present in accounts by police. For example, one police officer described them as "shit kids" and another cast doubt on their credibility in cases of CSE due to their age. This is corroborated by Richards et al. (2019)

who found that police hold more negative views toward young people than the general population.

Another source of marginalisation evident in the findings that is particularly pertinent to understanding responses to CSE against young people is sexism. As has been discussed, CSE like other forms of CSA is a gendered issue, with girls more likely to be affected than boys (Laird et al., 2020; Mathews et al., 2023). Further to this, institutional responses to CSE and CSA continue to be influenced by sexist narratives that undermine victims-survivors' credibility within institutions (Whittier, 2016). The impact of sexist narratives was clear in the findings as two young people described being called "sluts" by different professionals who should have been there to support and protect them. Such narratives not only undermined their credibility but also their trust in the system there to protect them. In Dianne's case she ended up being arrested after retaliating against a police officer who called her a "slut" which was the start of a long and complex period of her life where she experienced CSE, was criminally exploited and frequently arrested by police. There was also evidence of sexist narratives in accounts from police, particularly relating to the degree of blame they placed on girls who had experienced CSE. For example, one police officer described how girls chose to send nude images to older men for "attention" and another officer described how young girls were providing "sexual favours" to older men. Both statements cast doubt on the credibility of these young people despite their young age and vulnerability, therefore highlighting how narrow categories of "ideal" victimisation shape responses to victims-survivors that do not fit into these categories.

In addition to sexism, another form of marginalisation was ableism, as several young people described having different forms of neurodiversity and mental health challenges, often relating to their trauma, that was not always accounted for in responses to them. Ben, for example described how having Autism Spectrum Disorder made it challenging for him to manage his emotions and anger, which he felt was not considered by his care providers or police when he had escalations in aggression. Three other young people also spoke about mental health as a significant challenge that they and other young people faced in care. This is consistent with the findings from MacKillop (2020), which found that 80% of young people in residential care had a diagnosed mental health condition and 37% had a diagnosed disability or learning difficulty. Despite it being clearly identified that young people in care are likely to have mental health challenges or other forms of developmental or physical disability, some young people that participated in this study spoke about responses that

further ostracised them because of differences. This included Sophia and Ash who both described harmful responses from police that further stigmatised them because of mental health issues.

It was also clear that some of the young people experienced racism as an additional form of marginalisation. The young people who participated in this study had diverse identities, including three from an Aboriginal or Torres Strait Islander background and three from a Culturally or Linguistically Diverse background. Two young people, both from diverse backgrounds, provided descriptions of racism in police responses to young people, in care. This was disturbing in considering the high rates of Aboriginal and Torres Strait Islander young people in care, and the legacy of racism, colonialism, increased surveillance and dispossession that results in higher rates of criminalisation against them (Aboriginal Legal Service, 2023). Further, this highlights how deeply felt intersecting forms of marginalisation are for young people from diverse backgrounds who face institutional racism alongside other sources of oppression such as ableism or ageism (Thomas et al., 2023).

Finally, it was evident that young people were also marginalised because of classism. Young people in care are more likely to be from impoverished backgrounds and to have experienced poverty (Barnardos, 2023). Poverty is also a major challenge for young people leaving care (Australian Housing and Urban Research Institute, 2021). Therefore, poverty and having a low socio-economic status is a common experience for young people in care and for those leaving care, which represents an additional source of marginalisation. It is posited that some stigmatising responses experienced by young people, that cast them as “other” are closely linked to stigma associated with classism whereby those from a low socio-economic status are viewed as less deserving of support. This was evident in the language used by one officer to describe young people from care as “street kids”, less in need of, or deserving of support or help from police. Overall, it was clear that young people in care face intersecting forms of marginalisation and it was essential to recognise this within the Predatory Pathway model. This was to highlight the multiple structural systems of oppression that young people in care navigate, as such oppressions create additional barriers to safety and support and therefore create additional risk of CSE. Importantly, responses to CSE against young people in care that do not attend to difference and diversity risk overlooking their experiences (Nadan et al., 2015).

Resistance

The other curb of the Predatory Pathway model is resistance which acknowledges the important individual and collective acts of resistance demonstrated daily by young people, that were not only central to their survival in care but also their resilience. As discussed in Chapter Three, conceptualisations of CSE that focus solely on narrow categories of vulnerability and victimisation, without accounting for choice and agency risk overlooking the creativity, strength and fortitude of young people who have experienced CSE (Brown, 2019). Further, it is essential to recognise that victims-survivors of CSE do not have one universalised experience, and that they are active agents who use choice and resistance in navigating their often-constrained circumstances (Coates & Wade, 2004). Specifically, Death et al. (2021) found that young people in residential care often utilised strategies for negotiating risk to their sexual safety, but that their care environments did not consistently support them in doing so.

Accounts of resistance were evident throughout the findings from young people, often in behaviour that would be considered by professionals to be risk-taking. For example, “going missing” which is rightly acknowledged as a major risk indicator for CSE, was in several instances framed by young people as being an act of resistance against the constraints associated with being in care, a theme similarly described by Pereda et al., (2020) in their study with young people who had experienced CSE. Zoe, for example spoke about strategies she used to evade police attention while she was missing from care, such as using a different name and changing her hair colour. While it is undeniable that the situation she was in was extremely unsafe, for her this represented an act of resistance against a system that she viewed to be oppressive, further complicated by her background of a significant history of trauma. Acknowledging young people’s resistance is not to minimise their vulnerability but instead integral to gaining a more in-depth understanding of the complex conditions and power dynamics in which CSE occurs (Beckett, 2021).

As highlighted by Beckett (2021) and Hallett (2017), conceptualisations of CSEs that do not account for young people’s choice and agency risk overlooking the harm experienced by young people who do not fit into narrow categories of vulnerability and who perceive themselves to be “in control”. The importance of this was clear in the account of Maya, who viewed her decision to leave placement, which she described as a “prison” as an act of resistance against a system that she experienced to be oppressive. While she described herself as in control in her relationship with her much older “boyfriend” she simultaneously

described being harmed by him, although again her resistance was also evident in a situation she described as “hurting him back”. Her self-portrayal as being in control likely contributed toward an inadequate service response that did not consider her vulnerability and the harm she had encountered, resulting in her placement being terminated. There was also evidence of resistance in the ways that young people described protecting themselves, and their friends from unsafe situations and people who might exploit them. For example, Amelia described a situation where she feared her friend was being exploited by an older man who was “obsessed” with her and had provided them with alcohol. She described how rather than leaving her with him, she stayed with her to help keep her safe. This again points toward the importance of highlighting young people’s resistance, even in situations that are unsafe. Amelia described being “in trouble” after this incident, with her choice deemed to be “risk-taking”. However, through a lens of resistance her decision to stay with her friend to help keep her safe, demonstrated her capacity to exercise agency in navigating an unsafe situation, where there were complex power dynamics at play. Ultimately, young people’s choice to participate in this study, to bravely share their voices, experiences and draw attention to the ways that the care system had failed them is also an act of resistance that demonstrated their undeniable strength, power and concern for others. Most young people described their reason for participating in this research was so that professionals could learn how to respond better to them, so that other young people in care did not have to go through the same trauma, abuse and adversity.

10.5 Summary

The above model depicts factors that separately or together may increase vulnerability to CSE. The Predatory Pathway model is deliberately curved as it is clear that the factors are non-linear, and that the pathway toward CSE is not direct nor straightforward. The interconnected components of this heuristic model provide a framework to identify and understand systemic conditions that increase the risk for CSE of young people in care. Rather than situating risk within the individual young person, the Predatory Pathway model highlights how structural factors, including restrictions on agency and choice, emotional disconnection and stigmatising, blaming and criminalising responses, create conditions for perpetrators to exploit young people who have unmet social and emotional needs. Additionally, experiences of stigmatisation and criminalisation further marginalise young people and create additional barriers to safety for them.

It is also suggested that intersecting sources of marginalisation, such as ageism, racism, sexism, classism and ableism compound the harms experienced by some young people. Additionally, trauma is also presented in the model as it was spoken about by young people as a major feature in their lives that increased the risk for CSE. On the side of the pathway, resistance is presented to demonstrate the many ways that young people resisted the varying forms of oppression experienced by them.

This model fits within conceptualisation of CSE that propose greater attention toward the structural factors, particularly within child protection systems that increase risk for CSE (Brown, 2019; Beckett & Pearce, 2019; Hallett, 207, 2023, 2025). Instead, it invites policy makers and front-line professionals, including social workers and police to consider how systemic issues within the care system such as a high turnover of staff, lack of adequate fiscal investment and risk-averse or restrictive practice may inadvertently contribute toward the conditions in which CSE can occur, a theme that has been well established across the literature (Brown, 2019; Hallett, 2025; Mythen & Weston, 2023). Ultimately, this model calls for a shift toward more trauma-informed and child rights-oriented practice that focusses on strengthening relationships for young people, centres their voices and dismantles systems that reinforce victim-blaming, stigmatising and criminalising responses.

This chapter has explored how some of the key themes discussed in the findings fit within the broader literature. The findings from young people were discussed in relation to the child right's perspective that underpinned this research, demonstrating that the findings from this thesis suggest young people in residential care's rights to both protection and participation are not being upheld within Australia's OOHC system. In addition, the victim-blaming narratives that have been well-established within feminist analytical perspectives were also discussed, demonstrating that responses to CSE continue to be influenced by narratives about "child prostitution", "rape" myths and stereotypes about victims-survivors. Finally, this chapter has introduced the Predatory Pathway model for understanding the systemic conditions that contribute toward the risk for CSE. The implications of this will be discussed further in the following concluding chapter of the thesis.

Chapter Eleven: Conclusion and Implications for Practice

The findings from this study have clear implications for policy and practice with young people in care, not only in relation to CSE, but also more broadly in relation to reducing stigma and marginalisation that they experience. One of the most pressing issues that arose from the study is the need for the child protection system to make genuine and sustained efforts to meet young people's basic human needs for connection, belonging and acceptance. In addition, there is a clear need to address the high degree of stigmatisation that young people in care are exposed to and consider how responses to them could better attend to their individual uniqueness and diversity. Finally, there is an urgent need to review police practices with young people in residential care, and consider the effectiveness of the Joint Protocol, as well as to improve police understanding of CSE and address legislative barriers faced by police in disrupting and responding to it.

11.1 Improving Institutional Responses to Young People at risk of Child Sexual Exploitation

The Predatory Pathway model presented in the previous chapter highlights how institutional responses to young people at risk of CSE must also address the systemic conditions that increase their vulnerability to CSE. Alongside addressing children and young people's unmet needs for acceptance, belonging, and emotional safety left by the care system, there is a need to address the criminalising and stigmatising responses to young people in care that further marginalise them. This may involve much further training across the child protection, social work and policing sectors to improve knowledge in identifying and responding to CSE in a trauma-informed way. Also, there is a need for NSW police officers to be educated about the reasons why young people are in residential care to begin with, including the impacts of unresolved trauma and cumulative harm.

Another implication for practice is the strengthening of relationships between professionals and young people to increase emotional safety and act as a protective measure against CSE. As previously described, it is well established in the literature that relationships with trusted professionals play a key role in disrupting CSE, however factors such as a high turnover of staff and reliance on casual agency staff within the care system create barriers to this (Beckett et al., 2016; Death et al., 2021; Moore et al., 2016). The recent system review into OOHC in NSW (Talbot, 2024) also identified that strengthening relationships and connections was an essential and pressing issue. This was corroborated within the findings

from this research and presented as a key issue in the Predatory Pathway model. Therefore, there is significant need for changes to policy to ensure that young people are connected with a consistent team of professionals who show genuine interest and compassion toward them. It is not acceptable for the team members to remain locked in their offices and disconnected from young people under their care. The young people in this study also spoke about relationships with professionals being strengthened when they showed genuine interest, had a shared culture or engaged with the young person's hobbies or interests outside of the care setting. Although it was not spoken about in detail by the participants in this study, there is also clear evidence to suggest that strengthening connections and relationships with family, culture and community must also be at the forefront of practice for young people in care (Wright & Collings, 2019).

In addition to strengthening young people's connections to others, there is an urgent need for reform in the training and capacity building of professionals who respond to young people in care. The findings from this study suggested that biases and assumptions toward young people were influencing the responses they received from a range of front-line professionals. Likewise, Hallett (2023) found an overall lack of awareness and informed understanding of CSE in the Australian care, policing, child protection and health contexts. This was corroborated by the insights shared by the police officers for this study who indicated that they had limited knowledge of CSE. Also, some police held highly stigmatising biases and assumptions about young people that seemingly their influenced responses. This was of great concern as it could not only impede responses to CSE but also potentially lead to further harm or criminalisation of young people in care. In addition, given the ongoing over-representation of Aboriginal and Torres Strait Islander children in residential care and the legal systems, alongside the disturbing accounts of racism shared by young people in this study, there is an urgent need for ongoing review of systemic racism entrenched within policing responses.

Despite the Joint Protocol being implemented in NSW to reduce contact between police and young people in care, it is unclear how effective it has been at doing so. Therefore, in addition to reviewing how effectively the Joint Protocol (2016) has been implemented, it should also be reviewed to ensure that the impacts of CSE and other forms of exploitation, including criminal exploitation, are recognised as related to the criminalisation of young people in care. As previously highlighted, other comparative protocols from the United Kingdom and other jurisdictions include CSE as a key factor in addressing the criminalisation

of young people in care, and the findings from this study suggest that the two are closely related, however CSE is not currently mentioned in the NSW Joint Protocol (2019).

11.2 Integrating Children and Young People's Voices

Another area of reform relates to young people's rights to choice, agency and to have their voices heard within care. The importance of prioritising all children's voices and upholding their right to participation has clear implications for child protection practice, particularly for social workers who hold an ethical responsibility to promote both social justice and child rights to participation. The findings from this thesis point toward the need for urgent policy and practice reform to better centre young people's participation and autonomy in care provision. This will be particularly pertinent as the sector moves toward more neoliberal, risk-averse and managerial approaches that impede attempts at including children's voices (Morley et al., 2023). Providing young people with a greater degree of choice and agency within their everyday lives would potentially intercept pathways to CSE by redressing the power imbalances they experience and giving them back a sense of choice and control in their lives (Brown, 2019; Hallett, 2017; Pearce, 2009). Therefore, integrating children and young people's voices needs to be viewed as an integral part of preventing and responding to CSE.

Moore et al. (2016) found that having a say was pivotal to safety for young people in care. Further, participation in decision-making is a child's right specified in the UNCRC (1989). Although listening to the voices of young people is clearly identified as a key principle in a trauma-informed care framework (TCF) underpinning some parts of the Australian OOHC system, Talbot et al (2024) highlighted that services were not adequately integrating children's voices in meaningful ways, a finding that was very much corroborated within this research. It is proposed that systemic reform aimed at responding to CSE must go beyond risk-management practice to also redress power imbalances wherever possible and ensure that young people's voices are genuinely heard, and their thoughts are integrated into practice. Further, services must ensure a more individualised approach to care whereby the degree of choice and freedom afforded to a young person is assessed on an ongoing basis. This should consider individual factors such as development, age and other intersecting factors to ensure young people are given the most developmentally appropriate freedoms and choices, while also prioritising safety. Again, this is a principle specified within the Therapeutic Care Framework for Independent Therapeutic Care, however the findings from this research suggest that services need to take further initiative to ensure this is being

implemented in meaningful ways in practice. Additionally, it is argued that a child rights framework should be embedded within all social work education to help ensure that social workers practicing with children and young people view child rights as an ethical and legal obligation that is integral to their practice.

11.3 Strengthening Disruption and Multi-Agency Working

One aspect of strengthening police responses to CSE of young people will be to review the current legislation available to police for disrupting it. As was discussed in Chapter Three, relative to other states and jurisdictions within and outside of Australia, NSW has limited legislation that can be utilised by police to disrupt CSE without bringing about criminal charges. In other states, such as Victoria, “harbouring notices” offer an important avenue for police to disrupt CSE by stopping a person of interest from “concealing”, “counselling” or “inducing a child to be absent from their placement” (Victoria Government, 2017). A review into current legislation available under the *Crimes Act 1900* (NSW) or *Children and Young Persons (Care and Protection) Act 1998* (NSW) is currently being undertaken by a senior police officer involved in the broader DICE project. It is recommended that the findings from this review be considered by the Minister for Police to provide alternative avenues for police to disrupt CSE. Alongside this however, it is imperative that any increase in police powers occur alongside significant upskilling of police in identifying and responding to victims-survivors of CSE so that no further harm or risk is caused, thereby possibly criminalising them further.

Alongside this, it will be essential for there to be ongoing strengthening of multi-agency working as a key component of CSE disruption. As previously highlighted, multi-agency working is essential to disrupting CSE (Cameron et al., 2015; McKibbin et al., 2020), and while several police participants spoke about working with residential care staff and other child protection professionals, this appeared to be primarily based on necessity and not as part of a larger multi-agency prevention agenda. Further, young people also identified components of multi-agency working that they viewed as essential to prevention of CSE, for example, trusted professionals being the ones to ask young people about CSE rather than police, and police and residential care staff working more closely together. While the broader DICE project has also addressed the need to strengthen multi-agency working, there is a need for ongoing commitment to strengthening multi-agency approaches by key stakeholders, including NSW police, DCJ, residential care providers, NSW Health and the Department of Education. There will also be value in improving the overall knowledge base of CSE amongst

professionals, businesses and non-government organisations who may not be directly involved in child protection. For example, hotels were identified by two young people as sites used by perpetrators to commit CSE, and so strengthening the capacity of hotel providers to identify and report suspected CSE may offer another form of disruption.

Additionally, another implication that arises from this study is the need for social media companies to take greater accountability for the safety of young people using their platforms and to be included as essential stakeholders in CSE prevention and disruption efforts. As was evident in the findings, online platforms present a major avenue through which perpetrators are able to access, groom and exploit young people. Several young people noted concerns about the ways that online platforms are used by perpetrators to exploit and groom young people, with Maya notably referring to Snapchat as the “devil’s app”. Further, the lack of cooperation by some social media companies was also raised by police, who commented that these impeded their investigations into CSE. However, despite increasing acknowledgement of the risks that online platforms pose to young people’s safety, and the high levels of reports about online CSE to the Australian Centre to Counter Child Exploitation (2024), social media companies continue to demonstrate low levels of accountability and cooperation with efforts at improving young people’s safety online (eSafety Commissioner, 2024).

11.4 Attention to Perpetrators

Salter et al. (2023) identified how common sexual offending against children is amongst the male population in Australia, however little is known about men who perpetrate CSE specifically. While Hallett (2025) offered four useful CSE perpetrator typologies, including opportunistic, organised, family and peer perpetrators, there is a need for much more research to build further knowledge on the different types of perpetrator categories. As highlighted, the available international data on perpetrators of CSE suggest that they have complex offender profiles and motivations for offending (AUSTRAC, 2022; Brown & Bricknell, 2018). Additionally, perpetrators of some forms of CSE may operate from within organised crime networks, which may present additional challenges to identifying perpetrators (AUSTRAC, 2022). However, this only further cements the urgent need for greater research and investment into identifying who perpetrators of CSE are.

The limited knowledge about perpetrators of CSE particularly from the Australian context underscores challenges in developing effective prevention and best-practice responses to CSE. Further, it is reflective of historical tropes and victim-blaming narratives, pertaining

to “child prostitution” whereby CSE was not viewed as a form of abuse, and therefore the perpetrators of it less warranting of attention. As one police officer who was interviewed for this research described, police perceived themselves to have a limited capacity to target perpetrators, stating “you’ll never catch the perpetrators”. This lack of knowledge about perpetrators of CSE and seemingly limited capacity to target them is also of concern as it shifts responsibility on to the young people who experience the CSE. As prevention and disruption efforts focus primarily on the young person rather than the perpetrator, they become the primary focus of police attention, which in turn can have a criminalising effect.

Therefore, there is a need for urgent research at both the Australian and international levels to identify who the perpetrators of CSE are and the different ways in which they exploit young people. The limited knowledge available to date about perpetrators of CSE presents a significant failure in keeping children and young people safe. This should include not only gathering key demographic information about perpetrators, but also their motivations for perpetrating CSE, the circumstances in which they do and the strategies they use to target vulnerable young people. While the Australian Centre to Counter Child Exploitation, led by the Australian Federal Police has added significantly to the knowledge base about online forms of CSE, further intelligence gathering by police at both the state and federal levels on in-person forms of CSE, including who the perpetrators are, is urgently needed to effectively disrupt CSE.

11.5 Conclusion

Overall, this research makes a significant contribution to understanding institutional responses to CSE of young people in residential care. The findings also draw attention toward significant gaps and failings within the child protection system and given the degree of harm described by young people in this research, as well as the long-standing history of children being harmed within care, serious questions need to be asked about whether a total reimagining of the OOHC system is not needed. Although, in the final weeks of writing this thesis DCJ has announced a significant reform plan for the OOHC system in NSW, the long-term impact of these reforms is likely to be years away and the need to address CSE within residential care is pressing and urgent.

This thesis provides useful insight into the current nature of institutional responses to young people at risk of CSE whilst in residential care. The research findings highlight the importance of viewing CSE as a systemic issue, rather than representative of an individual

problem. There is a clear impetus for much further research and capacity building across the policing and child protection workforce to ensure that young people who are at risk of CSE are met with a more trauma-informed approach. Finally, this research demonstrates the importance and value of including children and young people's voices on matters that affect them. The capacity for the young people interviewed in this study to reflect most poignantly on the vast challenges they had experienced, to make suggestions for change and remain empathetic and hopeful about the future is greatly inspiring. I will remain eternally grateful to these young people for sharing their stories with me, often laughing along as they did. I hope I have given your voices justice. This thesis concludes with a message from Jen:

So just remember, we are all human. People in out-of-home-care, large majority, if not all of the young people living in out-of-home-care have had trauma and that affects us for the better, or a large chunk of our life if not for the rest of our lives and our decisions that we make with that background will differ from quote unquote, a regular person.

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Appendices

Appendix A: Interview Anchor Points Young People

Discussion Guide Anchor Points



Young People

Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: susan.hewardbelle@sydney.edu.au

Ms Nina Melander (PhD student) | Email: nina.melander@sydney.edu.au

In keeping with my feminist methodology which aims to reduce any perceived power imbalances between participant and researcher and build relationship rapport, I have chosen not to include specific interview questions, but rather to be guided by potential anchor points. This will allow the participant control and choice over the direction of the interview which is keeping with both the feminist and child right's frameworks which underpin this research.

1. Conversation will start with participant being invited to share some details about themselves, including but not limited to age, where they live, hobbies and interests, friends, and relationships.
2. The conversation will explore the participant's experiences of the OOHC system, including living in residential care. This will aim to uncover background information such as: how long they have lived in their current home, important relationships within the home, what they do and don't like about their current home (or previous home).

3. Relationships within the home that are important to them. Including relationships with friends and housemates and professional relationships with staff, case-managers, counsellors etc.
4. If a particular relationship is identified as important/ supportive, the researcher will aim to explore what it is about this relationship that the young person finds important/supportive.
5. The researcher will introduce the vignette, first giving a brief overview of the vignette, explaining that it is a short story describing a young person who is missing from care who may be at risk. At this point, the researcher will check in with the participant and ask if they have any questions/ are happy to proceed. If they are happy to proceed, the steps outlined in Appendix (I) will be followed.
6. At the completion of the vignette exercise, the young person will be asked if they have any questions or concerns. They will then be asked what they would like front-line professionals to know about how they can better respond to young people living in residential care. E.g. 'If you could tell your DCJ worker one thing, what would it be?,' 'If you could say one thing to the Police about responding to young people in residential care, what would it be?'
7. The interview will conclude with any final thoughts or reflections, a final check in e.g. 'how was that for you', 'do you have any questions for me', 'is there anything you would like me to know?'
8. Interviewer will thank them for their time and provide voucher.

Appendix B: Interview Anchor Points Police

Semi-structured interview Discussion Guide



NSW Police

Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: susan.hewardbelle@sydney.edu.au

Ms Nina Melander (PhD student) | Email: nina.melander@sydney.edu.au

1. The interview will commence with the researcher thanking the Police Officer for their willingness to participate in an interview for the project, as well as asking a bit of background on their role and position within the NSW Police Force.
2. I will explore what kinds of interactions they have had with children and young people who live in residential care, including any challenges they describe with these interactions.
3. The interview will explore what the Police Officer knows about child sexual exploitation
4. I will then ask the participant if they are happy to proceed with reading through the vignette. If so, I will proceed with the steps outlined in.
5. Following this, I will open up space for the participant to share their perceptions of what a best-practice response to children and young people who are at risk of (or have experienced) CSE would look like.
6. The interview will end with the researcher thanking the Police Officer for their participation and inviting them to share any final thoughts or reflections.

Appendix C: Human Research Ethics Committee Approval University of Sydney



Research Integrity & Ethics Administration
HUMAN RESEARCH ETHICS COMMITTEE

Thursday, 18 May 2023

Dr Susan Heward-Belle
School of Education and Social Work Research Operations; Faculty of Arts and Social Sciences
Email: susan.hewardbelle@sydney.edu.au

Dear Dr Heward-Belle,

The University of Sydney Human Research Ethics Committee (HREC) has considered your application. I am pleased to inform you that after consideration of your response, your project has been approved.

Details of the approval are as follows:

Project No.: 2023/294
Project Title: How can we help you? Exploring the voices of children and young people in residential care who are at risk of child sexual exploitation.
Authorised Personnel: Heward-Belle Susan;
Approval Period: 18/05/2023 to 18/05/2027
First Annual Report Due: 18/05/2024

Documents Approved:

Date Uploaded	Version Number	Document Name
27/03/2023	Version 1	Appendix A Letter of Introduction
27/03/2023	Version 1	Appendix B Study Information Sheet Young People
27/03/2023	Version 1	Appendix C Visual Tool Transcript
27/03/2023		Appendix D Consent Form Young People
27/03/2023	Version 1	Appendix G Participant Information Statement Police
27/03/2023	Version 1	Appendix H NSW Police Consent Form
27/03/2023	Version 1	Appendix I Vignette Sequence Young People
27/03/2023	Version 1	Appendix J Distress and Disclosure Protocol Young People
27/03/2023	Version 1	Appendix K Distress or Disclosure Protocol NSW Police
27/03/2023	Version 1	Appendix L Discussion Guide Young People
27/03/2023	Version 1	Appendix M Discussion Guide Police
27/03/2023	Version 1	Appendix N Vignette Sequence Police

Special Condition/s of Approval

The HREC approved the application in the absence of ethical objections and on the basis of satisfactory scientific merit. The special conditions of approval are as follows:

The HREC thanked you for submitting an excellent application; it was very thoughtful and well-written.

- It will be a condition of approval that the inclusion and exclusion criteria for this study are included in Appendix B Study Information Sheet Young People, including age range and 'at least 3 months in residential care within the past 3 years'.
- It will be a condition of approval that the options for contact regarding future research and data use in future research mentioned in Appendix H NSW Police Consent Form are also mentioned in Appendix G Participant Information Statement Police, or removed from the consent form if they are not applicable.
- If the mobile phone number in the recruitment materials is the PhD candidate's personal number, it will be a condition of approval that this be replaced with a university phone number (either a university mobile phone number or diverted to a university landline) for privacy and safety reasons.

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Appendix C: Human Research Ethics Committee Approval University of Sydney



- If you will not be targeting or excluding pregnant women or people with a mental illness, please note for future applications that your answers to Q5 and Q29 should be 'possible recruitment'.
- It will be a condition of approval that a letter of agreement is retained on file from organisations supporting recruitment prior to the relevant part of this research commencing. You do not need to provide a copy to the Ethics Office; however, you will need to keep a copy on file as part of your records.
- A researcher safety protocol or risk assessment is needed. Note that this is a Faculty, School, or Department process. You do not need to provide a copy to the Ethics Office; however, you will need to keep a copy of the approved document on file as part of your records.

Condition/s of Approval

- Research must be conducted according to the approved proposal.
- An annual progress report must be submitted to the Ethics Office on or before the anniversary of approval and on completion of the project.
- You must report as soon as practicable anything that might warrant review of ethical approval of the project including:
 - Serious or unexpected adverse events (which should be reported within 72 hours).
 - Unforeseen events that might affect continued ethical acceptability of the project.
- Any changes to the proposal must be approved prior to their implementation (except where an amendment is undertaken to eliminate *immediate* risk to participants).
- Personnel working on this project must be sufficiently qualified by education, training and experience for their role, or adequately supervised. Changes to personnel must be reported and approved.
- Personnel must disclose any actual or potential conflicts of interest, including any financial or other interest or affiliation, as relevant to this project.
- Data and primary materials must be retained and stored in accordance with the relevant legislation and University guidelines.
- Ethics approval is dependent upon ongoing compliance of the research with the *National Statement on Ethical Conduct in Human Research*, the *Australian Code for the Responsible Conduct of Research*, applicable legal requirements, and with University policies, procedures and governance requirements.
- The Ethics Office may conduct audits on approved projects.
- The Chief Investigator has ultimate responsibility for the conduct of the research and is responsible for ensuring all others involved will conduct the research in accordance with the above.

This letter constitutes ethical approval only.

Please contact the Ethics Office should you require further information or clarification.

Sincerely,

Appendix C: Human Research Ethics Committee Approval University of Sydney



[Redaction]

Associate Professor Haryana Dhillon
Chair
Human Research Ethics Committee (HREC 3)

The University of Sydney of Sydney HRECs are constituted and operate in accordance with the National Health and Medical Research Council's (NHMRC) [National Statement on Ethical Conduct in Human Research \(2018\)](#) and the NHMRC's [Australian Code for the Responsible Conduct of Research \(2018\)](#)

Appendix C: Human Research Ethics Committee Approval University of Sydney



Research Integrity & Ethics Administration
HUMAN RESEARCH ETHICS COMMITTEE

Thursday, 2 November 2023

Dr Susan Heward-Belle
School of Education and Social Work Research Operations; Faculty of Arts and Social Sciences
Email: susan.hewardbelle@sydney.edu.au

Dear Susan,

Your request to modify this project, which was submitted on 25/09/2023, has been considered.

After consideration of your response to the comments raised, this project has been approved to proceed with the proposed amendments.

Protocol Number: 2023/294
Protocol Title: How can we help you? Exploring the voices of children and young people in residential care who are at risk of child sexual exploitation.
Annual Report Due: 18/05/2024

Documents Approved:

Date Uploaded	Version Number	Document Name
26/10/2023	Version 3	Consent Form Young People Clean
26/10/2023	Version 3	Letter of Introduction Clean Version
26/10/2023	Version 3	Study Information Sheet Clean Version

Please contact the ethics office should you require further information.

Sincerely,

[Redaction]

Associate Professor Nathan Johnson
Interim Chair
Modification Review Committee (MRC 2)

The University of Sydney of Sydney HRECs are constituted and operate in accordance with the National Health and Medical Research Council's (NHMRC) [National Statement on Ethical Conduct in Human Research \(2018\)](#) and the NHMRC's [Australian Code for the Responsible Conduct of Research \(2018\)](#)

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ABN 15 211 513 464
CRICOS 00026A

Appendix D: Visual Tool

Visual Tool Transcript



Young People

Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: susan.hewardbelle@sydney.edu.au

Ms Nina Melander (PhD student) | Email: nina.melander@sydney.edu.au

Nina: Hi there, my name is Nina Melander, and I am a research student at the University of Sydney. I am doing a research project about how young people who live in residential care would like professionals, including social workers, police and Department of Communities and Justice (DCJ) workers to respond to them.

Sometimes young people who live in residential care come into contact with Police or other professionals because they might have been taken advantage of or been exploited by other young people or adults. This research project is focussed on learning directly from young people about how they think professionals should respond when this happens.

You have been shown this video because we think you could make a valuable contribution to this project, and we would really like to hear what you have to say about how professionals could better respond to you and other young people in residential care.

If you are interested, you will be asked to participate in a 1-hour interview in which I will ask your opinion on a short story about a young person who has gone missing from a residential care home and may be at risk of harm. I will also ask you a few other questions about your experiences interacting with professionals such as residential care staff, Police, or social workers.

If you do decide to participate, you can change your mind at any time during or after the interview and you do not need to answer any questions or share any information that you do not feel comfortable with.

Your decision to be involved or not involved in the research will not impact how services interact with you and your participation and answers will be kept confidential, except if you identify that you or another young person is at risk of significant harm.

To thank you for your time, you will be provided with a \$50 voucher for Westfield.

*If you think you might be interested or would like to have a chat about the research, you can call me on **** * * * **

Thanks for your time in listening to this video. Hopefully I hear from you soon.

Appendix E: Study Information Sheet Young People

Study Information Sheet

Young People



Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: susan.hewardbelle@sydney.edu.au

Associate Professor Ruth Phillips (secondary researcher)

Email: ruth.phillips@sydney.edu.au

Ms Nina Melander (research student)

Email: nina.melander@sydney.edu.au

Hello! Our names are Nina Melander and Susan Heward-Belle and we are social work researchers from the University of Sydney.

1. What is this about?

This research is about understanding how young people who have lived in residential care homes describe helpful or unhelpful responses from front-line professionals including residential care workers, Department of Community and Justice (DCJ) workers, Police officers and other professionals. Children in residential care come into contact with these workers sometimes because they have been hurt or harmed by other young people or adults who exploit them. This research is interested in learning about how Police, DCJ and other professionals could better respond when this happens, to stop it from happening again.

We have asked you to be a part of our study because you are currently living or have previously lived in a residential care home, and we would like to hear what you have to say.

You can choose to take part, but you don't have to. This sheet will tell you more about what will happen so you can make up your mind.

If you have any questions, you can ask us, or you can talk to your case manager/ support worker. If you want to, you can call Nina on 0481 011 049 or via email on nina.melander@sydney.edu.au.

2. What will happen if I say yes?

If you decide you want to be in our study, you will be asked to participate in an interview with Nina who will meet you at a location that you can choose. You can also do the interview online if you prefer. You will be asked about your experiences of interacting with front-line professionals and will also be asked to comment on a short story which describes a young person who has gone missing from residential care and may be at risk. You can choose to do the interview on your own or have a support person with you if you like.

When we ask you questions you can choose if you want to answer. If you don't want to talk about something, that's ok. You can stop talking to us at any time.

If you say it's ok, we would like to record what you say with an audio recorder so we can remember what we talk about. All information relating to your interview will be kept on a password protected computer or in a locked filing cabinet.

3. What are the good or bad things about the study?

There might be some good and bad things about the study. One bad thing that could happen is that you may become upset when discussing topics like abuse, sexual exploitation, harm, or violence, particularly if you or someone close to you has experienced abuse in the past. If this happens, there is a 'distress protocol' that the researcher will follow to support you if you become upset. This may include being supported by a case manager or support person if you choose.

The other potentially bad thing might be that abuse or illegal activity is disclosed during the interview, which may require the interviewer to make a report to the Police or Child Protection. This will be discussed further with you prior to the interview, should you wish to participate. The researcher, your case-manager or another support person will make sure you are okay after the interview.

One good thing about the study is that the knowledge you share might help other young people in residential care in the future. Another good thing about the study is that to thank you for your time and for sharing your knowledge, you will be provided with a \$50 Westfield gift card.

4. Who can participate?

To be eligible to participate in this study you will need to be:

- Between the ages of 16-21 years old.
- Have spent more than 3 months living in residential care in the past 3 years.

Unfortunately, you will not be eligible to participate in this study if:

- You are currently involved in legal proceedings in relation to child sexual assault matters.
- If you are experiencing significant life stressors that would make it difficult for you to participate in the study. If you think this might apply to you, please feel free to reach out to the research team to discuss your eligibility to be involved.

5. What are your rights?

Whatever you tell us during the study will be kept private. We will write about the things we learn from you in a report, but we won't use your name and we won't say anything that could tell other people who you are.

If you change your mind that's ok. It won't change how we feel about you and nothing will change for you. All you have to do is tell us you don't want to be part of the study anymore and we won't use anything you tell us. But this needs to happen before we finish the report about the study. No one, including any of the services you work with will be told whether you have been involved in the study or not. Unless you choose to tell them.

It is important to know that– just like teachers and doctors – we might have to report things that are illegal or things that might be important for your safety or the safety of other people.

If you have any questions about the study you can talk to:

Nina Melander via email on: nina.melander@sydney.edu.au

6. What if I am not happy about the study?

If you are not happy with how we are doing the study and want to contact someone else, you can:

- **Call** the university on +61 2 8627 8176
- **Email** the manager at human.ethics@sydney.edu.au

This sheet is for you to keep

Appendix F: Study Consent Form Young People

Study Consent Form



Young People

Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: susan.hewardbelle@sydney.edu.au

Associate Professor Ruth Phillips (secondary researcher)

Email: ruth.phillips@sydney.edu.au

Ms Nina Melander (research student) | Email: nina.melander@sydney.edu.au

Participant Name _____

If you are happy to be in this study, please

- **Check** your **name** is in the space above
- **Sign** your **name** at the bottom of the next page
- **Provide** your **contact details** if you would like to know what we learn

By saying yes to being in this study, I am saying that:

- I know what I will be asked to do and have been given a Study Information Sheet to keep.
- I know that this study is about understanding how young people in residential care would like front-line professionals to respond to them when they might be at risk of harm or exploitation.
- Someone has talked to me about the study and what it means for me.
- I know that I will be asked to participate in an interview with a researcher called Nina, either in person or online.
- I know that I don't have to be in the study if I don't want to.
- I know that I can choose not to talk about something if I don't want to.

- I have been asked if it is ok or not ok to record what I say.
- I have been told that all information relating to my interview will be kept on a password protected computer or in a locked filing cabinet.
- I have been told that I can change my mind if I don't want to take part anymore.
- I have been told that if I say yes or no it won't change how the study team feel about me.
- I know that what I say or do in this study is private and when the study team write about what they learn they won't use my name or anything that could tell other people who I am.
- I understand that after I sign and return this consent form it will be kept by the researcher, and that I can ask for a copy at any time.

Your Name _____

Your Signature _____

Today's Date _____

We would like to tell you what we learned once we finish the study. How can we contact you to tell you what we found out? (write your address, email or phone number)

Appendix G: Participant Information Statement Police

Participant Information Statement



Police

Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: susan.hewardbelle@sydney.edu.au

Ms Nina Melander (PhD student) | Email: nina.melander@sydney.edu.au

7. What is this study about?

Thank you for your interest in learning about this research study. This study is about better understanding how young people living in residential care homes who are at risk of child-sexual exploitation would like front-line professionals, including Police to respond to them. The aim of the research is to generate new data about contemporary, trauma-informed professional responses to young people who are at risk of CSE in residential care.

Please read this sheet carefully and ask questions about anything that you don't understand or want to know more about.

8. Who is running the study?

The study is being carried out by the following researchers:

Nina Melander, PhD Student, Faculty of Arts and Social Sciences, Sydney School of Education and Social Work, University of Sydney.

Professor Susan Heward-Belle, Faculty of Arts and Social Sciences, Sydney School of Education and Social Work, University of Sydney.

Nina Melander is conducting this study as the basis for the degree of Doctor of Philosophy in Social Work and Policy Studies at The University of Sydney.

This study is being funded by an Australian Research Council (ARC) Linkage grant.

9. Who can take part in the study?

We are seeking Police Officers of varying rank and position from the New South Wales Police Force who have experiences interacting with children or young people living in residential care homes to participate in this study.

10. What will the study involve for me?

If you decide to take part in this study, you will be asked to participate in a one-hour semi-structured interview with the researcher who will meet with you at a location that is suitable for you. You can also do the interview online if you prefer. You will be asked about your experience of interacting with and responding to young people in residential care who are at risk of CSE. You will also be asked to respond to a short case study/ vignette about CSE.

11. Can I withdraw once I've started?

Being in this study is completely voluntary and you do not have to take part.

Your decision will not affect your current or future relationship with the researchers or anyone else at The University of Sydney. If you decide to take part in the study and then change your mind you can withdraw right up until the final paper is written by contacting Nina directly at Nina.Melander@sydney.edu.au

If you take part in an interview you may refuse to answer any questions that you do not wish to answer. If you choose to withdraw, we will not collect any more information from you. Please let us know at the time you withdraw what you would like us to do with information we have collected about you up to that point.

12. Are there any risks or costs?

The biggest risk to you is that you may feel distressed during the interview due to the sensitive nature of the topic being discussed. A distress protocol has been developed to respond appropriately in the event that you feel distressed. Child sexual abuse may also be disclosed during the data collection process, or you may feel coerced to participate by your senior managers. Possible disclosure of child sexual abuse will be managed through a disclosure protocol. The risk of feeling coerced will be managed through senior managers seeking your agreement to share your email address with the researcher, and then the researchers following up with you directly so that there is limited opportunity for pressure to be applied to you to participate.

13. Are there any benefits?

You may not experience any personal benefits from participating in the research, however your ideas may contribute to a better understanding of the current state of responses to CSE. In addition, you will have the opportunity to share your ideas on desired system enhancements. Overall, you may contribute to keeping children and young people safe from sexual exploitation.

14. What will happen to information that is collected?

By providing your consent, you are agreeing to us collecting information about you for the purposes of this study.

Any information you provide us will be stored securely and we will only disclose identifiable information with your permission, unless we are required by law to release information. We are planning for the study findings to be published. You will not be individually identifiable in these publications.

The interviews will be audio recorded and then transcribed using a University of Sydney approved transcription service (Smartdocs). The audio interviews will then be deleted, and the transcripts kept on a password protected computer. The transcripts will be destroyed after 5 years and will not be used for any other project except this one.

15. Will I be told the results of the study?

You have a right to receive feedback about the overall results of this study. The researcher will send an email update once the interviews have been completed. You can also be sent a brief lay summary of the findings and access the final report when it is published by ticking the box '*I would like feedback on the overall results of this study*' on the consent form. The findings of this research will also be published in academic journals and presented at conferences.

16. What if I would like further information?

When you have read this information, the following researcher/s will be available to discuss it with you further and answer any questions you may have:

Nina Melander, PhD Student, University of Sydney
Email: Nina.Melander@sydney.edu.au

17. What if I have a complaint or any concerns?

The ethical aspects of this study have been approved by the Human Research Ethics Committee (HREC) of The University of Sydney [2023/294] according to the *National Statement on Ethical Conduct in Human Research (2007)*.

If you are concerned about the way this study is being conducted or you wish to make a complaint to someone independent from the study, please contact the University:

Human Ethics Manager
human.ethics@sydney.edu.au
+61 2 8627 8176

This information sheet is for you to keep

Appendix H: Participant Consent Form Police

Participant Consent Form



NSW Police

Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: susan.hewardbelle@sydney.edu.au

Ms Nina Melander (PhD student) | Email: nina.melander@sydney.edu.au

Participant Name _____

I agree to take part in this research study. In giving my consent, I confirm that that:

- The details of my involvement have been explained to me, and I have been provided with a written Participant Information Statement to keep.
- I understand the purpose of the study is to investigate current responses to children and young people in residential care who are at risk of sexual exploitation.
- I acknowledge that the risks and benefits of participating in this study have been explained to me to my satisfaction.
- I understand that in this study I will be required to participate in an interview with a researcher at a location of my choosing.
- I understand that my participation will be audio recorded and transcribed using a University of Sydney approved transcription service.
- I understand that being in this study is completely voluntary.
- I am assured that my decision to participate will not have any impact on my relationship with the research team or the University of Sydney.
- I understand that I am free to withdraw from this study at any time and that I can choose to withdraw any information I have already provided (unless the data has already been de-identified or published).
- I have been informed that the confidentiality of the information I provide will be protected and will only be used for purposes that I have agreed to. I understand that

information identifying me will only be told to others with my permission, except as required by law.

- I understand that the results of this study may be published, and that publications will not contain my name or any identifiable information about me.

- I confirm the following:

I consent to recordings (audio) Yes No

I would like to review my interview transcripts Yes No

I would like feedback on the overall results of this study Yes No

If you answered **yes**, please provide your preferred contact details (email/telephone/postal address):

- I understand that after I sign and return this consent form it will be retained by the researcher, and that I may request a copy at any time.

Participant Name _____

Signature _____

Date _____

Vignette Sequence



Young People

Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: Susan.HewardBelle@sydney.edu.au

Ms Nina Melander (PhD student) | Email: Nina.Melander@sydney.edu.au

1. *Jane is a 15 has been living in residential care 18 months, before that she changed placements a lot. She has recently been speaking to a man, James on Skout and has sent him a couple of nude selfies. He has asked her to hang out and she is thinking of going.*

The researcher will ask the participants what they think about the story described above, including what they think of the relationship between James and Jane. Also, if they think Jane might need some help/support/advice at this stage. If so, what kind of help/ support/ advice.

2. *Jane has started spending lots of time with James. She tells the other residents that he is her boyfriend. Recently, Jane has started inviting other residents to hang out at James' place too where they can smoke weed and drink alcohol. Sometimes there are other older men there too.*

The researcher will again ask the participant what they think about the scenario described. If they do perceive potential issues, the researcher will ask the participant about what they think the other residents should do in response to this situation (including talking to a trusted professional). They will also be asked about what kind of support they think Jane might need from residential care staff/ DCJ.

3. *Jane has been missing from her placement for several days. The residential care staff are worried and have reported her as missing to the Police. Some of the other young people know that she is at James' house but don't want to 'dob' her in. After a few days, the Police and her DCJ worker Billie, find her at James' house and return her to the residential care home. She is angry at the other residents and does not want to speak to the Police. There are no charges laid against James.*

The participant will be asked about how they think the Police and DCJ worker should respond to Jane. They will be asked about what might be helpful or unhelpful for Jane in this scenario. Also, about why they think the other young people in the residential care home might not want to 'dob' Jane into the staff.

Vignette Sequence



Police

Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: susan.hewardbelle@sydney.edu.au

Ms Nina Melander (PhD student) | Email: nina.melander@sydney.edu.au

- 2. Jane is a 15 has been living in residential care 18 months, before that she changed placements a lot. She has recently been speaking to a man, James on Skout and has sent him a couple of nude selfies. He has asked her to hang out and she is thinking of going.*

The researcher will ask the participant if this is a situation they are familiar with. They will be asked about what kinds of Police interventions might/might not be available to disrupt CSE at this stage.

- 3. Jane has started spending lots of time with James. She tells the other residents that he is her boyfriend. Recently, Jane has started inviting other residents to hang out at James' place too where they can smoke weed and drink alcohol. Sometimes there are other older men there too.*

The researcher will again ask the participant if this situation is familiar to them. They will be asked what a Police response to this scenario might look like (with a particular focus on disrupting the activities of the perpetrator) and what the challenges might be here.

- 4. Jane has been missing from her placement for several days. The residential care staff are worried and have reported her as missing to the Police. Some of the other young people know that she is at James'*

house but don't want to 'dob' her in. After a few days, the Police and her DCJ worker Billie, find her at James' house and return her to the residential care home. She is angry at the other residents and does not want to speak to the Police. There are no charges laid against James.

The participant will be asked how they think Police could respond to Jane in this scenario in (particularly what it might look like to be trauma-informed in responding to Jane). Also, what the challenges might be with this, including with targeting the perpetrator.

Appendix J: Distress and Disclosure Protocol Young People

Distress and Disclosure Protocol Young People



Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: susan.hewardbelle@sydney.edu.au

Ms Nina Melander (PhD student) | Email: nina.melander@sydney.edu.au

This distress and disclosure protocol has been developed based on the below and the protocol used for interviews with children and young people for the Royal Commission into Institutional Abuse (2017).

Draucker, C. B., Martsof, D. S., & Poole, C. (2009). Developing distress protocols for research on sensitive topics. *Archives of psychiatric nursing*, 23(5), 343-350.

Table J1: Disclosure Protocol Young People

Disclosure	Question/s	Action
Disclosure of abuse	<ol style="list-style-type: none"> 1. Stop the interview 2. Acknowledge the disclosure. ‘Thank you for sharing that with me, is it okay if I ask you some more questions about that as I am concerned about your safety’ 	<p>If the abuse is historical, has been reported and there is no further risk of harm, no action may be taken.</p> <p>If the abuse is ongoing, or there is a current risk of harm to the young person action will need to be taken.</p>

	<p>3. Assess the nature of the disclosure</p> <p>‘When did that happen to you’</p> <p>‘Is the person that did this to you still in your life’</p> <p>‘Are you still in danger’</p> <p>‘How can I help keep you safe’</p>	<p>Make arrangements with the young person (and their care provider if appropriate) to keep them safe.</p> <p>Ask the young person if they would like to be involved in making a mandatory report.</p> <p>Ask the person if they have a support person, they would like me to contact.</p> <p>Mandatory report as per NSW mandatory reporting guidelines.</p>
<p>Disclosure of perpetrating abuse or harm to others</p>	<ol style="list-style-type: none"> 1. Stop the interview 2. Acknowledge the disclosure. 3. Remind them of your mandatory 	<p>Assess the nature of the disclosure. Assess whether the disclosure is historical and has been reported to NSW Police.</p>

	<p>reporting obligations.</p> <p>4. Assess the nature of the disclosure</p> <p>5. Assess whether there is imminent risk of harm to others.</p>	<p>If the perpetration of child sexual abuse is ongoing, take action: make a report to NSW Police and the NSW Department of Communities and Justice Child Protection Helpline.</p> <p>Ask the young person about supports they have available or refer to appropriate support provider.</p> <p>Check in within 36 hours.</p>
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Table J2: Distress Protocol Young People

Sign of Distress	Question/s	Action
<p>Displaying signs of distress e.g. crying, shaky voice, disengagement from interview.</p>	<p>1. Stop the interview.</p> <p>2. Acknowledge the emotion.</p>	<p>If the young person appears acutely distressed, the interview should be stopped or</p>

	<p>3. Offer support and allow them to 'regroup'.</p> <p>4. Assess how they are feeling: 'Do you want to talk about what's going on for you?' 'What feelings are you having?' 'Do you feel safe?'</p> <p>5. Offer options: 'What do you want to do?' 'Is there anything I can do to support you?' 'Did you want to stop the interview, have a break or keep going?'</p>	<p>paused. Check in with the young person: 'Are you okay?'</p> <p>'Has this interview brought up some distressing emotions for you?'</p> <p>Remind the young person of your responsibility to act.</p> <p>Identify an appropriate support person in consultation with the young person.</p> <p>Act, support, refer.</p> <p>Handover to appropriate support person.</p> <p>Check in within 36 hours.</p>
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<p>Indicates that they are thinking of hurting themselves.</p>	<ol style="list-style-type: none"> 1. Stop the interview 2. Acknowledge the disclosure and express concern. 3. Assess whether the young person is at imminent risk by asking: ‘Thank you for sharing these thoughts with me’ ‘Can you tell me more about the thoughts you are having’ ‘Do you have any plans to act on these thoughts’ ‘When do you intend to harm yourself’ 4. Identify safety plan and next steps of action to keep young person safe. 	<p>Identify supports with the young person.</p> <p>If the person is in imminent danger, remind them of your responsibility to report.</p> <p>Identify appropriate supports and next course of action with young person.</p> <p>If young person is at imminent risk of harm, make appropriate reports to Department of Communities and Justice and Mental Health Line.</p> <p>Act, support, refer</p> <p>Identify steps to safety with young person.</p>
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		Check in within 36 hours.
Indicates they are thinking of hurting others.	<ol style="list-style-type: none"> 1. Stop the interview 2. Acknowledge the disclosure and express concern. 3. Assess the situation: ‘Can you tell me more about the thoughts you are having’ ‘Do you intend to harm someone’ ‘How do you intend to harm them’ ‘When do you intend to harm them’ 4. Assess whether there is imminent risk of harm to others. 	Identify supports with the young person. Remind the young person that if there is imminent danger, you have a responsibility to act. Consult with the young person to identify supports. Act (support, refer, report).

Draucker, C. B., Martsof, D. S., & Poole, C. (2009). Developing distress protocols for research on sensitive topics. *Archives of psychiatric nursing, 23*(5), 343-350.

Appendix K: Distress and Disclosure Protocol Police

Distress and Disclosure Protocol NSW Police



Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: susan.hewardbelle@sydney.edu.au

Ms Nina Melander (PhD student) | Email: nina.melander@sydney.edu.au

Table K1: Disclosure Protocol Police

Disclosure	Question/s	Action
Disclosure of historical child abuse	<ol style="list-style-type: none"> 1. Stop the interview 2. Acknowledge the disclosure. ‘Thank you for sharing that with me’ ‘Is it okay if I ask some more questions to check you are okay’ 3. Assess the nature of the disclosure ‘When did that happen to you’ 	<p>If the abuse is historical, has been reported and there is no further risk of harm, no action may be taken.</p> <p>If there is a current risk of harm to children, action will need to be taken.</p> <ol style="list-style-type: none"> 1. Make arrangements with the participant to access support either through their

	<p>‘Has this been reported to the Police’</p> <p>‘Are you still in danger’</p> <p>4. Assess whether there is an ongoing risk of harm to children or young people.</p> <p>‘Do you know if there is still a possibility of this person harming children?’</p>	<p>own organisation or externally.</p> <p>2. Ask the participant if they would like to be involved in report.</p> <p>3. Ask the participant if they have a support person, they would like to contact.</p> <p>4. Mandatory report as per NSW mandatory reporting guidelines.</p>
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Table K2: Distress Protocol Police

Sign of Distress	Question/s	Action
Displaying signs of distress due to content of interview e.g. becoming teary, shaky voice,	<p>1. Stop the interview.</p> <p>2. Acknowledge the emotion.</p>	If the participant appears acutely distressed, the interview should be

<p>disengagement from interview.</p>	<p>3. Offer support and allow them to 'regroup'.</p> <p>4. Assess how they are feeling:</p> <p>'Do you want to talk about what's going on for you?'</p> <p>'What feelings are you having?'</p> <p>'Do you feel safe?'</p> <p>5. Offer options:</p> <p>'What do you want to do?'</p> <p>'Is there anything I can do to support you?'</p> <p>'Did you want to stop the interview, have a break or keep going?'</p>	<p>stopped or paused. Check in with the young person:</p> <p>'Are you okay?'</p> <p>'Has this interview brought up some distressing emotions for you?'</p> <p>Identify an appropriate support person in consultation with the participant.</p> <p>Handover to appropriate support person.</p> <p>Check in with the participant following the interview (within 36 hours)</p>
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<p>Indicates that they are thinking of hurting themselves or others.</p>	<ol style="list-style-type: none"> 1. Stop the interview 2. Acknowledge the disclosure and express concern. 3. Assess whether there is an imminent risk of self-harm or harm to others: <p>‘Thank you for sharing these thoughts with me’</p> <p>‘Can you tell me more about the thoughts you are having’</p> <p>‘Do you have any plans to act on these thoughts’</p> <p>‘When do you intend to act on these thoughts’</p> <ol style="list-style-type: none"> 4. Identify safety plan and next steps of 	<p>If the person is in imminent danger, remind them of your responsibility to act.</p> <p>Identify appropriate supports and next course of action with the participant.</p> <p>If there is a significant risk of danger to themselves or others, report to NSW Police or NSW Mental Health Line.</p> <p>Identify safety plan.</p>
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	action to mitigate risk.	
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Appendix L: Letter of Introduction

Letter of Introduction



Research Study: How can we help you? Exploring the voices of young people in residential care.

Professor Susan Heward-Belle (Head Researcher)

Phone: +61 2 9351 6888 | Email: susan.hewardbelle@sydney.edu.au

Ms Nina Melander (PhD student) | Email: nina.melander@sydney.edu.au

To whom it may concern,

My name is Nina Melander, I am a PhD Candidate in Social Work and Policy studies at the University of Sydney.

I am currently in the process of recruiting participants for my study and am writing to see if you might be interested in sharing information about the study with young people in your organisation who may be interested in participating.

The research project is part of a tri-state action research project which aims to disrupt the high rates of child sexual exploitation within Australia's out-of-home-care (OOHC) system through the implementation of three primary elements of an enhanced child sexual exploitation response – trauma-informed disruptive policing; multi-agency working; and attention to children and young people going missing from residential care.

The aim of the PhD research is to propel the voices of young people who have lived in residential care and to use their knowledge to generate new data about contemporary responses to CSE. The goal of the research is to specifically seek the perceptions of young people in residential care about how they would like front-line professionals to respond to them and to better understand their perception of risk.

The research involves the young person undertaking a 1-hour interview with the researcher which can be done at a location of the young person's choosing. The age range for participants is 16-21 years old and is open to all young people who have lived in a residential care home within the previous 3 years.

If you are interested in supporting the recruitment of participants within your organisation, I will provide you with an information pack, including a plain language statement and consent form which can be discussed with and distributed to potential participants. I am also very happy to provide any further information that may be required.

Please do not hesitate to contact me.

Kind Regards,

Nina Melander

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