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Practitioners' views on training and systemic barriers to deal with child sexual exploitation in residential care: Results of a qualitative study

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Abstract

Children and young people living in residential care are vulnerable to child sexual exploitation (CSE). Practitioners working with these young people require professional education and training to equip them with the knowledge and attributes to deal with this risk. These practitioners also have unique insights into the capacity of child protection and connected systems to protect these young people. However, research indicates major gaps about multiple important domains of professional practice and systemic responses to CSE. In particular, little evidence exists about: first, the professional training provided to practitioners who work with children in residential care who are at risk of CSE; second, practitioners' perceptions of the utility of this training; and third, practitioners' views about systemic barriers and facilitators to sound responses to CSE. This article reports on a qualitative study with ($n = 8$) practitioners working in residential care in the Australian state of Queensland. Research aims were to explore practitioners' views about: (1) their training, and its influence on their knowledge of key dimensions of CSE, and on their professional practice; and (2) impediments and facilitators to effective multi-agency collaboration to protect children and young people from CSE. Participants' responses yielded three clear thematic findings: (1) CSE training is effective and vital to enhanced practice in multiple ways; (2) diverse systemic problems in the residential care context impede effective multi-agency responses to CSE; and (3) key contextual factors are fundamental facilitators of effective multi-agency responses. Findings have implications for future practitioner training and systems reform.

Keywords:

child sexual exploitation, multi-agency working, professional practice, residential care, training.

Introduction

Children and youth in residential care settings and their vulnerability to child sexual exploitation in Australia

Children and young people who have experienced physical, emotional or sexual abuse or neglect may be placed to live in residential care facilities when they can no longer live safely in their home and exhibit profound impacts of childhood trauma that preclude placement in another environment such as foster or kinship care (Moore et al., 2017; Queensland Child Protection Commission of Inquiry, 2013). Made under formal statutory care orders, residential care placements are typically provided and administered by non-governmental organisations using properties staffed 24 hours a day on a rostered, on-call or live-in basis (Queensland Child Protection Commission of Inquiry, 2013).

These children and youth have complex and significant needs (Moore et al., 2017). They require intensive support to heal from their childhood trauma (Ainsworth & Hansen, 2015). While any child can be sexually exploited, children living in residential care are now recognised to be at particularly high risk (Gatwiri et al., 2020; Moore et al., 2016, 2017; Royal Commission into Institutional Responses to Child Sexual Abuse, 2017a). Their experiences of dysregulated attachment, feelings of being unsafe and disconnected in their placement, and normative adolescent needs, together with a tendency to leave their placement, heighten the risk of sexual exploitation and of being targeted by perpetrators (Gatwiri et al., 2020; Hallett, 2023). The Royal Commission into Institutional Responses to Child Sexual Abuse (the Royal Commission) defined child sexual exploitation (CSE) as occurring:

... when a child is manipulated or coerced to participate in a sexual activity in exchange for, or the promise of, an incentive. This can include incentives such as food, accommodation, clothing, drugs, alcohol, cigarettes or money. It can also include incentives such as love, affection, or safety. Child sexual exploitation is a distinct form of child sexual abuse because of this notion of exchange or reward. (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017b: p. 320)

This definition is consistent with recent scholarship (Laird et al., 2023). The developing recognition of CSE builds on early research that showed that substantial numbers of children and youth are known to experience CSE (Botka & Lye, 1993; Ferguson, 1993; Fitzgerald, 1997; Grant et al., 2001; Hancock, 1998; Martyn, 1998). A systematic review found that sexual risk behaviours, trauma and exposure to sexual violence are major risk factors for CSE (Laird et al., 2020). The growing recognition of the increased risk of CSE among children and youth in residential care has prompted increased government and academic attention in recent years (Gatwiri et al., 2020; Hallett, 2023; McKibbin, 2017; McKibbin & Humphreys, 2019; McKibbin et al., 2022b; Moore et al., 2017).

Practitioner needs

This complex environment is marked by intrinsic challenges for practitioners. It can be difficult for residential care workers to meet the complex needs of resident children and young people, especially when employers require minimal vocational

qualifications that are reflected in low rates of pay (Ainsworth & Hansen, 2015). Consequently, practitioner knowledge and skills may not be responsive to the needs of these children and youth. In relation to CSE, practitioners need knowledge and skills to understand and respond to normative adolescent behaviour, including sexual behaviour, and to understand risk of CSE.

Understanding of fundamental concepts is essential, but this is unusually complicated given the domain of CSE is one historically marked by terminological confusion and victim blaming (Goddard et al., 2005; Hallett, 2017; Laird et al., 2022; Melrose, 2013; Pearce, 2009; Scott et al., 2019). CSE was often referred to as 'opportunistic prostitution' (Botka & Lye, 1993; Ferguson, 1993), 'sex for favours' or 'quasi-commercial sexual transactions' (Department of Family and Community Services, 2000), 'survival sex' (Martyn, 1998) or 'commercial sexual activity' (Hanley, 2004; Martyn, 1998), all of which have inappropriately blamed children and youth, and absolved perpetrators. In other stages of societal responses to CSE, it has been approached too narrowly as a feature of online environments (Cameron et al., 2015; Krone, 2004, 2005a, 2005b; Krone & Smith, 2017; Krone et al., 2020). The development and understanding of appropriate terminology is an essential condition for sound policy, practice and prevention, including among frontline practitioners.

High levels of turnover in the industry, coupled with other systemic issues, such as poor planning and matching and limited placement availability, can create a residential care experience that is characterised by instability, and a lack of felt and actual safety (Moore et al., 2017). The staffing and systemic issues relating to residential care exacerbate the needs of the children and youth living in these placements. Practitioner training and workforce development therefore assumes great importance to build capacity to deal with the inherent challenges in this context. The Royal Commission made recommendations for state and territory governments to protect children in residential care from CSE. Recommendation 12.14 urged all state and territory governments to develop and implement coordinated and multidisciplinary strategies to protect children in residential care by identifying CSE and disrupting perpetrators, and to investigate in a child-centred way to better enable prosecutions (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017a). In relation to terminology, recommendation 12.15 suggested that child protection departments in all states and territories adopt a nationally consistent definition of CSE for collection and reporting of data on sexually exploited children in out-of-home care (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017a). This use of a theoretically robust definition of CSE that positions it as a type of child sexual abuse is important for effective practitioner training, knowledge formation and practice, as well as for legal frameworks and principles, prevention efforts, policy responses and the establishment of social norms (Mathews & Collin-Vézina, 2019).

Research gaps

Recent reviews of academic evidence indicate major gaps about multiple important domains of professional practice and systemic responses to CSE (Gatwiri, et al., 2020; Hurst, 2021; McKibbin, 2017; Mooney, 2022). In particular, little evidence exists about: practitioners' knowledge of key dimensions of CSE; the level of

professional training provided to practitioners who work with children in residential care who are being sexually exploited; practitioners' self-reported satisfaction with this training; and their views about systemic facilitators and barriers to sound responses to CSE. As shown by research in related fields (Fraser et al., 2010; Mathews et al., 2009, 2017), professional training is important to equip practitioners with the knowledge they require to fulfil their professional roles. Building on adult learning theory, professional education, whether pre-service, in-service or via continuing professional education, is premised on a theory of change in which education and training is essential to build accurate knowledge about complex core concepts, develop prosocial attitudes enabling appropriate responses to challenging individuals and situations, and expand personal and professional skills and capacities to perform key tasks (Knowles et al., 2011; Mukhalalati & Taylor, 2019; Sargeant et al., 2018). In addition, professionals can provide important information about systemic barriers to optimal responses.

The Royal Commission recommendations created a renewed impetus to understand CSE and protect children from it (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017a). Recent research has focused on how children living in residential care are affected by CSE, and the development of prevention and practice responses (Death et al., 2020; Gatwiri et al., 2020; Hallett, 2023, 2025; McKibbin, 2017; McKibbin & Humphreys, 2019; McKibbin et al., 2022a, 2022b; Moore et al., 2016). However, there is little research into practitioners' views about their training in relation to CSE, and about whether and how this training informs their knowledge and practice. There is also little evidence about practitioners' views in relation to systemic barriers to protection from CSE of children and young people in residential care. This article contributes to knowledge by reporting the findings from a small-scale, explorative, qualitative study of professionals' views on training and how this training informs their knowledge and practice in relation to CSE, as well as their reflections on systemic barriers to protecting children and young people in residential care from CSE. Findings have implications for future practitioner training and systems reform.

The Queensland Disrupting Child Sexual Exploitation (DICE) Project

Research aims

This research is part of the Disrupting Child Sexual Exploitation (DICE) Study, a mixed-method research study in the Australian state of Queensland, which in turn is one component of a broader three-state study. The objectives of the qualitative part of the Queensland study were, firstly, to consider residential care practitioners' views on training and how this training informed their knowledge of key dimensions of CSE. Secondly, practitioners were asked about their insights about impediments and facilitators to effective multi-agency collaboration to protect children and young people from CSE. This article reports qualitative findings from individual, semi-structured interviews from eight ($n = 8$) frontline and managerial practitioners who had participated in CSE training.

Methods

In order to achieve the research aims, this study employed a qualitative methodology, taking advantage of the expertise of a multidisciplinary research team combining scientific and practitioner expertise, and employing a co-design method to develop the interview guide. Qualitative methodologies enable research into complex social problems through reflective exploration and close listening to individuals from populations whose voices have not been adequately heard (Creswell & Poth, 2016). Qualitative research was suitable for this study because it enabled knowledge generation based on an exploration of the ways that practitioners in residential care understand, think and feel about CSE (Colorafi & Evans, 2016; Trimble & Fisher, 2006). The research team is an experienced multidisciplinary team, and the researcher that conducted the interviews has professional frontline experience in social work, and specifically in CSE. The industry partner collaborating with academic researchers on the Queensland DICE project is a not-for-profit organisation called the Integrated Family and Youth Service (IFYS). IFYS delivers a range of specialist support and intervention programs for children, young people and families across Queensland, and hosts multiple residential care services throughout the state. Approximately 800 frontline residential care practitioners are employed by IFYS state-wide, and it has been a key non-government organisation in this context for several decades. IFYS has been concerned about CSE which has featured in their work over the past 40 years. CSE is a persistent problem affecting the safety and wellbeing of children and young people in IFYS's residential care services. An in-house program, Project Paradigm, was developed to respond to this concern. Project Paradigm practitioners deliver specialised training to practitioners in IFYS and other organisations.

Measures

In a co-design process involving the academic researchers and the Principal Advisor from Project Paradigm, key research questions of interest were identified. Residential care practitioners from the industry linkage partner come from a range of backgrounds, including those completely unrelated to child protection and youth work, and therefore are likely to have varied levels of professional knowledge. There is a great need for these practitioners across the organisation to have a high level of knowledge to underpin core competencies, as is the case across professions dealing with CSE (Mathews & Collin-Vezina, 2016). A schedule of core and stem questions were developed to answer the research questions.

Ethical approval

The broader DICE Project received ethics approval from the University of Melbourne on 31 May 2022 (#2022-23612-28831-4). The Queensland qualitative study received ethics approval from Queensland University of Technology's Human Research Ethics Committee on 19 August 2022 (#5904).

Setting

The research was set in Queensland, which is a state in the northeast of Australia with an estimated population of 5,608,666 people as of September 2024 (Queensland Government Statistician's Office, 2024). Queensland is an affluent state; the per capita gross domestic product was reported at 93,524.000 AUD in 2023 (CEIC, 2023). Compared with other states, Queensland has

the highest number of children and young people in residential care (Department of Child Safety, Seniors and Disability Services, 2023). As of 30 June 2023, there were 11,593 children and young people in care in Queensland, and 1763 in a residential service (Department of Child Safety, Seniors and Disability Services, 2024). A significant proportion of children and young people in residential services have additional vulnerabilities through age, disability and cultural identity (Department of Child Safety, Seniors and Disability Services, 2023). As a provider of multiple residential care services throughout the state, IFYS supported the recruitment of residential care practitioners from both urban and regional settings.

Participants

The industry partner collaborated with academic researchers to recruit participants to this study. Participants were recruited from a convenience sample of state-wide frontline residential care practitioners by Project Paradigm's Principal Advisor and Project Officer. An initial email was sent to operations and regional managers requesting that they shared an invitation to participate to the staff in their teams. The contact details of the research assistant were provided in the email, and the residential care practitioners emailed the research assistant to express their interest in participating. Four participants responded to the initial email and these participants were interviewed between January and April 2023. A second recruitment email invitation was sent via managers in May 2023, and an additional four participants were interviewed between June and September 2023. Overall, there were 11 respondents to the email invitations, but only eight of these progressed to an interview. Participants were not offered compensation for their contribution but were made aware that their involvement in the project could contribute to knowledge development that can be used for advocacy for systems change.

The participants gave their informed consent to participate by completing a consent form. The sample included Deputy Operations Managers, Regional Managers, Residential Youth Workers and a Foster Care Co-ordinator. All eight participants had experience of working as frontline practitioners, collectively spanning metropolitan, regional and rural settings. Six participants were female and two were male. All the participants had attended in-house training that was facilitated by Project Paradigm practitioners within the previous year and remained in contact with Project Paradigm for case consultations. Practitioners in IFYS and other organisations are offered CSE training that is designed and delivered by the Project Paradigm team, whose capacity to manage these educational interventions is based on their professional roles and formal qualifications. During the training, participants learn about CSE in the international and Australian context, they learn how to identify children or young people at risk of CSE by discussing risk indicators. Tools and techniques are introduced to support staff to engage with children and young people at risk of CSE and understand how to support them. Participants receive a range of practice tools and materials that assist in their ability to prevent, identify and respond to CSE, including a risk assessment tool that has been adapted for Australian contexts. The training is endorsed by Community Work Australia as a Continuing Professional Development opportunity.

The participants in this study had all received training from Project Paradigm but may also have received training through other educational programs or when attaining qualifications.

The research team member who interviewed the participants was not an employee of IFYS and was not involved in delivering training. This enabled participants to share honest reflections about the training they had received. Individual, semi-structured interviews were administered anonymously through a secure online platform.

Procedure

The schedule of core and stem questions enabled participants to provide data that would address the research questions, but their cues were followed, and time was given to digressions from the schedule (Hesse-Biber, 2007). This approach maintained the participants' interest and energy, and created opportunities to uncover topics that may not have been previously considered (Hesse-Biber, 2007). It was envisaged that the interview would take an hour, and this was the case for all eight interviews. The questions were open-ended and included questions that asked residential care practitioners to define CSE in their own words, to describe situations of CSE that they encountered in their work and ways that they identified the situations. Then they were asked the ways in which CSE training contributed to their knowledge about CSE and their ability to identify CSE in their work. Finally, participants were asked about their perceptions of the major factors that impede and facilitate collaboration with other agencies and any issues specific to health, education, child protection and policing agencies.

The interviews were recorded using videoconferencing software and the digital files were securely stored in the University of Melbourne DICE Project cloud drive in accordance with the project data management plan. Personal, conceptual and theoretical reflections that resonated after the initial interviews were recorded in memos in One Note, incorporated into the focus of future interviews and contributed to early analysis of the data.

The interviews were recorded and transcribed. The videoconferencing software transcription tool was used to create a basic transcription. However, the recording of each interview was re-heard, and the basic transcription was significantly edited to produce a de-identified, verbatim transcription (Halcomb & Davidson, 2006). A pseudonym was applied at the transcription stage to protect the identities of the participants, who requested that this pseudonym was randomly allocated. This transcription process enabled the researcher to be familiar with the data and develop early reflections about the relationship between the data and the research questions (Braun & Clarke, 2006).

Qualitative data collation and analysis

A pragmatic approach to data collation was adopted by recording and summarising the views of participants as authentically and transparently as possible through taking of contemporaneous notes on each participant's interview schedule against each question asked. Many approaches to the qualitative method employ the concept of saturation as the point during data analysis at which interviews produce no new useful information in relation to the research questions (Guest et al., 2020). Using this approach, in this study, saturation was reached after the eighth interview,

consistent with consensus that it may be attained by as little as six interviews (Fusch & Ness, 2015; Guest et al., 2006). All eight participants were asked the same questions and consistent responses and themes were observed in fieldwork memos, which indicated no new information was being attained and that further recruitment and data collection was not warranted. Other approaches to the qualitative method instead justify sample size and decisions to end further participant recruitment on the basis of pragmatic judgments, informed by considerations of factors including data collection practicalities, research funding agency requirements and the likely depth of data obtained from respective participants (Braun & Clarke, 2019). Our use of the data collected from the eight participants in this study was similarly consistent with this approach.

Data analysis was conducted using orthodox thematic methods (Colorafi & Evans, 2016; Hsieh & Shannon, 2005). The transcripts were coded and analysed using thematic analysis to find repeated patterns of meaning within the data (Braun & Clarke, 2006). Themes were extracted from the notes about key topics, with the researcher iteratively extracting key themes and sub-themes from the interviews according to salience, adopting conventional methods used in qualitative research to achieve trustworthiness, authenticity and credibility (Braun et al., 2014; Colorafi & Evans, 2016; Sandelowski & Lehman, 2012; Whittemore et al., 2001). The process of coding involved the development of preliminary empirical observations, which were then refined into more conceptual insights and relevant categories (van den Hoonaard, 2018). An inductive approach was taken, and the themes were linked to the data themselves, rather than being fit into a pre-existing coding framework (Braun & Clarke, 2006).

Results

The participants' responses in the qualitative interviews yielded several clear thematic findings. In relation to the first research question, a major finding was that participants thought CSE training is effective and vital to enhanced practice. Specifically, participants believed their engagement with training transformed their awareness and attitudes. A further specific impact of training was that participants described how training improved their professional practice; for example, they were able to view the behaviour of children and young people in their care differently, such that although they may have previously been inclined to blame children for their conduct, they instead began to observe indicators of CSE that would have been missed and gather information about perpetrators.

A major finding in relation to the second research question was that participants identified diverse systemic deficits in the residential care context that impeded effective responses to CSE. These systemic problems combined with negative attitudes toward marginalised children and young people, resource restrictions and a lack of shared knowledge in statutory agencies to impede effective identification and prevention of CSE. A third finding was that several contextual factors are broadly understood as being fundamental facilitators of effective multi-agency collaboration.

Specific findings in relation to these overarching themes are further detailed below.

Training is effective and vital to enhanced practice

CSE training increases knowledge and overcomes inaccurate beliefs

The participants reported that their participation in specialised CSE training raised their awareness of CSE and deepened their capacity to identify when children and young people in their care were being sexually exploited. Before receiving training, the participants believed that CSE was an issue mainly affecting children living in poverty in developing countries.

My understanding was it's really easy to identify ... in the third world countries where it's young children and on the street ... But I never even thought about ... that sort of thing [happening] in our backyards. (Jackie, Residential Youth Worker)

It wasn't sort of something that I'd actually acknowledged that Australia and you know the white race and everything else would, would do. (Jessica, Regional Manager)

Jessica and Jackie's statements reflect the widely held public perception that CSE is associated with abject poverty, race and culture (Gill, 2023), and therefore, does not occur in Australia.

To check their understanding, all the participants were asked to explain the nature of CSE in their own words. While their descriptions differed in the words used, all reflected the Royal Commission's definition of CSE and the elements of manipulation, coercion and exchange. With this awareness and understanding, the participants explained how specialised training transformed their perceptions of sexually exploited children and young people and challenged the socio-cultural tendency to blame victims of abuse. Chloe explained that before she received CSE training, when a young person started to accrue new possessions and money, she, and other practitioners believed the child was making an active behaviour choice to participate in sex work, rather than experiencing sexual exploitation as a victim.

A young lady that I was working with ... and initially when I was working with her, we'd seen it as her prostituting herself because we were uneducated. And in hindsight [after training about this] she was absolutely being exploited. (Chloe, Deputy Operations Manager)

Ryan explained that when he worked in residential care 4–5 years ago, he and other workers heard that the children aged 12 years, and even younger, that were in his care were hanging around at the homes of adults aged 16–30 years. However, the situation was determined to be the outcome of the child's choice (i.e. behaviour), not an indicator of sexual exploitation.

We'd just refer to police and then it didn't seem like anything was happening [to protect the child], because the child was there willingly. At least under a police definition and our definition as well, yeah. (Ryan, Foster Care Co-ordinator)

The participants related how, in their view, professionals in police and child protection services who have not received CSE training retained victim-blaming attitudes and responses. Rebecca described some of the attitudes that police and child safety officers have expressed about sexually exploited children and young people that are negative and victim blaming.

[Police and child safety officers have expressed that] ... they ask for it. They put themselves in the environment. If they just stayed away. They can get drugs elsewhere, or if they just didn't do drugs, they wouldn't need to be there. A lot of it probably is more than anything. Well, they kind of ask for it. (Rebecca, Deputy Operations Manager)

Rebecca, Ryan, Olivia and Chloe shared similar descriptions of police and child safety attitudes about children in residential care and connected these attitudes to a lack of training and knowledge.

I guess for IFYS ... we would just refer straight to the CSO [Child Safety Officer] and if the CSO wasn't someone who has the same training we have, they're not going to see it as significant or as big a risk as we will. (Ryan, Foster Care Co-Ordinator)

CSE training enhances practice responses

Based on participant reflections and views, the significant consequence for frontline service provision after practitioners were trained in CSE was that they accrued skills to identify when children in their care were being sexually exploited. All of the participants articulated this transformation in various ways. Olivia described how she shared her improved awareness about the indicators of CSE with her team to transform practices. Her view was that, as a result of this, practitioners who work with Olivia now consider if the behaviour of children in their care indicates CSE. She gave an example of how practitioners changed their perspective towards a female resident known to have sexual relationships with different partners. When this young person began to exhibit other issues as well, such as higher levels of substance abuse, and going missing from placement more frequently, residential care practitioners changed their mindset.

Then when we kind of ... picked up on those few things we started to change our narrative ... and we were able to find ... out that it was, it is in fact an older male. (Olivia, Deputy Operations Manager)

Lucas described some of the open conversations he has had with young people in his care since attending training to help them know the risks of child sexual exploitation and recognise perpetrator manipulation.

And I started having conversations with some of our young people ... especially if they're like 'Oh, we went to this party and had lots to drink, and then we smoked lots of weed.' And you're like, 'Who's paying for the weed?' 'Oh, they just gave it' and you're like 'Don't do that!' (Lucas, Residential Care Worker)

CSE training delivery faces challenges

While recognising the benefits of specialised CSE training, participants acknowledged that it is impossible to train everybody in the organisation about CSE owing to high levels of turnover of practitioners and shift-work patterns.

I think there's a lot of staff turnover in residential care, youth work especially ... So that would be a barrier. (Ryan, Foster Care Co-ordinator)

Rebecca and Jessica identified that training has the potential to cause distress for practitioners who have lived experience of CSE or other forms of CSA.

A lot of [staff have been] triggered by the training, and it has brought up their own child sexual exploitation history. (Rebecca, Deputy Operations Manager)

Diverse systemic problems in the residential care context impede effective multi-agency responses to CSE

Keeping children in residential care safe and connected

The participants described how the nature of residential care and other systemic deficits create and exacerbate the complex and significant needs of children in residential care, and that perpetrators can exploit these. The participants explained that children and young people in residential care are subjected to extensive rules and constant surveillance, which limit their freedom, so they are unable to live like other children and spend time with their peers.

... they want to hang out with their friends after school and we're saying, 'Well, no, it's not the house rules.' You say no and have to go through all these approval processes. (Ryan, Foster Care Co-ordinator)

The rules and surveillance meant to keep children safe paradoxically place them in a more unsafe position because, instead of complying, they will leave their placement without permission or without notifying practitioners of their whereabouts. Several participants agreed that children leave their residential care placements for connection.

The sole reason is just to find attachment or find companionship outside, you know, they just ... their deepest desire is to be loved wanted and needed and the system is so ... Look, the sad thing is they don't get to grow up as normal kids. (Jackie, Residential Youth Worker)

Children and young people in residential care have limited access to financial and material resources, so it is common for perpetrators to exploit the poverty of children in care to actively coerce them into performing sex acts in exchange for money.

Most of the time it's been old men seeking out our young people ... to perform sexual acts, or to send them child exploitation materials ... from their own personal devices and arranging to meet up with young kids for money. (Grace, Senior Residential Youth Worker)

Owing to experiences of marginalisation and socioeconomic deprivation that Aboriginal and Torres Strait Islander people and communities have experienced since colonisation, the identification, intervention and prevention of CSE for these children is less than for other children.

There's such a mistrust of services and police and government and everything in the communities that for one, a lot of the time they'll try to deal with it themselves. (Olivia, Deputy Operations Manager)

Yet, the most significant deficit of residential care is the impossibility of emulating safe, loving and reciprocal relationships.

They don't get a normal life, unfortunately, and that's what a lot of these kids just want; to be normal kids and want to be just accepted by their peers and wanted and loved. (Jackie, Residential Youth Worker)

When perpetrators seemingly offer them love and connection, children in residential care are very vulnerable to manipulation and coercion. Chloe described how an 18- or 19-year-old male was able to exploit a 15-year old because of her need to feel loved and connected.

For her it was a sense of being loved and having a relationship with someone, and she was being taken advantage of because she was so vulnerable. (Chloe, Acting Deputy Operations Manager)

Resource limitations

Participants recognised that deficits in training and resourcing in police and child safety statutory agencies are evident in the responses of police officers and child safety officers who do not prioritise the needs of children and young people living in residential homes.

When youth crime is ... high, and police are always dealing with that sort of thing, you know they're people at the end of the day, and they're probably going to get fatigue around that, too, which then makes them grumpy and not really willing to put up with ... when they're misbehaving. [Be]cause it's like I've been dealing with this all week, and this is just another case. (Lucas, Residential Care Worker)

The participants explained that because police do not prioritise responses to sexually exploited children in residential care, despite evidence being made available to them, opportunities to apprehend perpetrators are missed. Jessica explained how she supported a sexually exploited child in her care and communicated with police so they could gather evidence from the child, but the police didn't attend.

I was ringing the police begging the child protection unit. You need to get out and interview this girl now ... I've said that I'm going to be there right beside her and support her. She's ready to talk. Never. (Jessica, Regional Manager)

The outcome of police responses that do not disrupt the perpetrator or result in a conviction is that perpetrators continue to sexually exploit children. Chloe reported that children in their care ended up living with their perpetrators.

Her [15 year old child's] placement closed because she wasn't staying home long enough ... and she ended up just living with them ... police would do nothing because she was in a safe place. (Chloe, Acting Deputy Operations Manager)

Participants explained that child safety officers are under-resourced, so each child safety officer is responsible for the safety of many children in care. In the views of participants, this made it very difficult for children in residential care to have a relationship with their allocated child safety officer, in turn diminishing the child safety officer's responsibility towards them.

It's really hard to establish relationships, working relationships because of the high turnover of staff ... Sometimes it's really difficult to even get in contact with your young persons' Child Safety Officer. We've got a good one at the moment, we've had other ones in recent times that have just been ridiculous. (Jackie, Residential Youth Worker)

Children and young people in residential care are difficult to work with, and due to these difficulties and resource constraints there can be a tendency for statutory agencies to delegate their professional responsibilities to residential care providers.

I think many of our children are put in that too hard basket, and from a child safety perspective, police, health. As soon as they're placed with a provider ... it's the providers' problem. (Rebecca, Deputy Operations Manager)

Inconsistent knowledge and policy deficits

The participants reported that they believed another impediment to multi-agency collaboration is that when child safety officers and police are not trained in CSE, they do not have the same understanding of CSE or the procedures or legislation to respond to it effectively.

I worked in child safety for 12 years, I'd never received child sexual exploitation training of any sort, nor had I ever been given a document to read or any resources ... And I continue to hear that now from a number of child safety officers across the state. (Rebecca, Deputy Operations Manager)

Four participants explained that when they work with CSOs who have knowledge about CSE, there is a significant difference in their response.

We've worked with people that do have knowledge in this area ... do genuinely ... see how high risk it is and are concerned ... There's definitely been times where there's that complacency, or they're ... so overworked that they just don't have time to address it. But for the most part here we've had a pretty good run with Child Safety. (Olivia, Deputy Operations Manager)

Ryan and Jackie noted that police are limited in their ability to pursue and disrupt perpetrators because policy and procedures are not specifically tailored to CSE and they don't have the legislative powers that they need.

I understand the difficulty that police have ... and I think the laws and legislation have to be overhauled as well because they can only do what they can only do with the legislation that they work within. (Jackie, Residential Youth Worker)

Key contextual factors are fundamental facilitators of multi-agency responses

The participants described ways that multi-agency responses are facilitated within the current statutory systems and structures. Shared knowledge, localised initiatives and professional relationships have created opportunities to stop children from being sexually exploited and disrupt perpetrators.

Shared knowledge leads to effective partnerships

Olivia described effective partnership work with child safety officers when they share knowledge about CSE.

We've worked with people that do have knowledge in this area, and ... genuinely ... see how high risk it is and are concerned. (Olivia, Deputy Operations Manager)

Chloe described positive changes after a local network received training from the Principal Advisor about CSE. Professionals in the network became more aware of CSE and their use of different language demonstrates that they were able to view the behaviour of children and young people differently.

The language has changed ... I'm seeing people talk more about vulnerable young people that are being taken advantage of, not, 'Oh this young person's got high risk behaviours' ... so seeing a shift in that language. (Chloe, Deputy Operations Manager)

Localised initiatives and professional relationships

Localised initiatives and relationships with police officers have been beneficial. Chloe identified close relationships with police in a smaller community and Lucas described how police officers have improved their relationships with children and young people in residential care.

Our relationship with the local police there is amazing ... they'll just rock up to the house unannounced, and ... throw a football around the yard with the kids ... have a bit of banter with them, and ... take time to build connections where it's a bit harder in the ... bigger area [because there is] so much happening. (Lucas, Residential Youth Worker)

In Grace's region, there is a designated officer from the Child Protection Investigation Unit (CPIU) who attends monthly stakeholder meetings and is available to case managers, has a good awareness of what is going on and provided direct support in response to concerns about CSE.

[The designated CPIU officer] went through the young person's phone, he explained the laws and the processes around that, and if he required a referral, he could refer him on to, like trauma assist. (Grace, Senior Residential Worker)

The limited impact of facilitators of multi-agency responses

However, even when there is improved and effective multi-agency collaboration, the participants were unable to identify any successful outcomes where the perpetrator was apprehended and the child protected.

I can't really think of any big wins. It's just seems ... that helplessness and powerlessness of you thinking ... something needs to be done to stop this adult having access to this child, but I don't think I've seen anywhere it's stopped really. (Ryan, Foster Care Co-Ordinator)

Discussion

The findings from this study revealed practitioners' perspectives about specific CSE training and how training informed their knowledge of key dimensions of CSE. Firstly, the participants thought CSE training is effective and vital to enhanced practice. CSE training improved awareness and understanding of CSE, overcoming inaccurate beliefs, which, in turn, enhanced professional practice. Participants reported that, after training, they were better able to identify when children in their care were being sexually exploited, had increased capacity to instigate open conversations with them about CSE and were prepared to gather information about CSE perpetrators. These enhancements to

knowledge and capacities exemplify the translation of adult learning theory (e.g. Knowles et al., 2011) into effective responses in lived experience by specific stakeholder groups – in this instance, residential care practitioners. There are challenges in delivering face-to-face training to an entire organisation or sector, yet these findings demonstrate that effective responses to various types of child sexual abuse, including CSE, require the development of cognitive awareness of the context and affective empathy to respond appropriately (Mathews & Collin-Vezina, 2016).

The second finding revealed that diverse systemic problems in the residential care sector impede effective multi-agency collaboration and responses to CSE. Participants described the difficulties they face in ensuring that the needs of children in residential care are fulfilled, which compromises their capacities to feel safe and connected, and to receive required services including education, health care and police responses. These findings resonate with the concerns expressed by the Royal Commission and in academic literature that children living in residential care are highly vulnerable to CSE due to their unique and complex needs, and that this vulnerability is exacerbated by a lack of service provision. This creates an environment in which perpetrators have the opportunity to exploit this special vulnerability. Generally, effective multi-agency collaboration is doubly compromised by negative and judgemental socio-cultural attitudes towards children in residential care, compounded by resource limitations and police lacking legislative powers to intervene. The outcome is that perpetrators are less likely to be disrupted or apprehended, and child safety officers are less able to respond to the young person's needs.

Finally, participants described facilitators to multi-agency working. Shared knowledge about CSE improved partnership working and mutual empathy for sexually exploited children. Localised initiatives and professional relationships are beneficial and ensure that residential care practitioners receive direct support in response to their concerns about CSE. Nonetheless, even when there is improved multi-agency collaboration, responses are not necessarily more effective. The participants were unable to identify any successful outcomes where the perpetrator was apprehended and the child protected.

Conclusions

This qualitative study explored Queensland residential care practitioners' views on training and its impact on knowledge and practice in relation to key dimensions of CSE, and their insights about impediments and facilitators to effective multi-agency collaboration to protect children and young people from CSE. Practitioners' views indicate that customised training enhances knowledge and capabilities in relation to CSE with consequential improvements to professional practice. Practitioners' views also reveal insights into diverse systemic problems that impede effective multi-agency responses to CSE in residential care settings. This study provides valuable new insights informed by practitioners with lived experience of this setting. Further research with larger samples, employing both qualitative and quantitative methods, would be useful to provide further evidence about the efficacy of training. Research could also assess longer-term retention of knowledge and attitudes that training seeks to develop, and the duration of enhanced practice. In addition,

research of this type should be conducted in other jurisdictions because contextual, cultural, legal and historical factors may influence the nature and efficacy of outcomes. Research in other jurisdictions would likely also yield jurisdiction-specific insights into systemic barriers and facilitators, which may also be influenced by local factors.

To fully realise the recommendations from the Royal Commission and ensure children in residential care are protected from CSE, not just by residential care practitioners, but by all statutory government agencies, the diverse systemic problems in residential care that impede effective multi-agency responses must be resolved. Statutory services that respond to children in residential care need to be adequately resourced, including with knowledge and awareness of CSE. They require a mandate and resources to disrupt CSE perpetrators, and the legislative powers and procedures to intervene effectively. Without significant improvements to multi-agency responses to CSE, children in residential care will remain highly vulnerable to CSE perpetrators.

Knowledge translation and impact

Research aims were to explore practitioners' views about: (1) their training, and its influence on their knowledge of key dimensions of CSE, and on their professional practice; and (2) impediments and facilitators to effective multi-agency collaboration to protect children and young people from CSE. Participants' responses yielded three clear thematic findings: (1) that CSE training is effective and vital to enhanced practice in multiple ways; (2) that diverse systemic problems in the residential care context impede effective multi-agency responses to CSE; and (3) that key contextual factors are fundamental facilitators of effective multi-agency responses. Findings have implications for future practitioner training and systems reform.

The finding that training frontline practitioners in residential care was effective and enhanced practice suggests it would be beneficial for CSE training to be available to all practitioners working in the residential care sector. Delivering training to the entire workforce can be achieved through varied and innovative training strategies. These modes of training delivery must incorporate a trauma-informed approach to ensure the wellbeing of those who participate when they have lived experience of CSE or other forms of violence. Moreover, informed by theory and studies elsewhere (Assini-Meytin et al., 2025; Knowles et al., 2011;

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Mathews & Collin-Vézina, 2016), professional education should aim to increase knowledge, foster empathy and affective skills and build these attitudes and commitments among institutional leaders as well as practitioners. Our study indicates shared knowledge about CSE improves collaboration across agencies, and fosters mutual empathy for sexually exploited children. Therefore, creating opportunities for child safety officers, police and other professionals to attend training together and to participate in communities of practice would be beneficial.

A Queensland Commission of Inquiry into the Child Safety System was recently announced and the terms of reference promise reform of the residential care system (Department of Justice, 2025). The findings of this qualitative study are relevant to the scope of this inquiry and can inform its deliberations. It is hoped that reforms will result in a residential care system that keeps children and young people safe and connected and fulfils their significant and complex needs so they can heal from trauma and reduce their vulnerability to perpetrators of CSE.

To overcome some of the impediments to multi-agency collaboration, systemic reform would include developing a mandate in policies and procedures so that child safety officers and police have a practice framework to improve responses to sexually exploited children and young people. Police require legislative powers to enable them to pursue and disrupt perpetrators. The child safety department and police service require adequate resourcing to fulfil their statutory obligations to protect children and young people in residential care from CSE.

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Conflicts of Interest

On behalf of all authors, the corresponding author states that there are no conflicts of interest.

AI transparency statement

Generative AI was not used in this research.

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