UNSW SYDNEY

Childlight (East Asia and Pacific Hub) & Gendered Violence Research Network

International Best Practice for Protecting Children from Child Sexual Abuse – Project 3: Identifying Perpetrators and Children at Risk

Final Report

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Commercial-in-confidence

For further information:

Michael Salter: michael.salter@unsw.edu.au
Professor and Director
Childlight (East Asia and Pacific)
School of Social Sciences
UNSW Sydney 2052
https://www.childlight.org/

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This document has been prepared for the sole purpose of our services provided to the Queensland Family & Child Commission (QFCC).

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Executive Summary

Early childhood education and care (ECEC) services play a vital role in the lives of Australian children and their families. While many children receive safe and nurturing care in ECEC, the sector faces several safeguarding complexities, including high staff turnover, inconsistent staff oversight, and limited pathways for identifying and escalating risks. These factors can interfere with the prevention, detection and responses to child sexual abuse (CSA).

This report, commissioned by the Child Death Review Board (CDRB), examines the risk of CSA within ECEC settings and among men working with children. Drawing on a rapid evidence review, illustrative case studies, and cross-national offender data, the report finds that ECEC settings present a high-risk environment for CSA. Offenders who work with children are often challenging to identify and take advantage of weak safeguards, limited screening tools, and low barriers to detection. In short, ECEC is a critical and currently exploitable site of risk for CSA.

Factors that Increase the Risk of a Child Being Abused

There is limited data on CSA in ECEC settings, particularly in Australia. Most evidence comes from isolated and substantiated cases, which likely underrepresent the accurate scale of harm. However, existing research and child sexual abuse material (CSAM) data show that preschool-aged children are vulnerable to severe abuse, due to their developmental stage, dependence on adults, and limited ability to recognise or disclose abuse.

This vulnerability is compounded by intersecting risk factors across the child's environment. Children with disabilities, from First Nations or culturally and linguistically diverse backgrounds, or living in socioeconomically disadvantaged communities, face elevated risks. At the institutional level, weak supervision, vague codes of conduct, and lack of training create opportunities for offenders to access and abuse children. Community and societal factors, such as cultural taboos, institutional mistrust, and minimising attitudes, hinder disclosure and effective responses.

The ecological model (Figure 1) illustrates how CSA risk emerges across multiple, interconnected levels: individual, family, institutional, and societal.

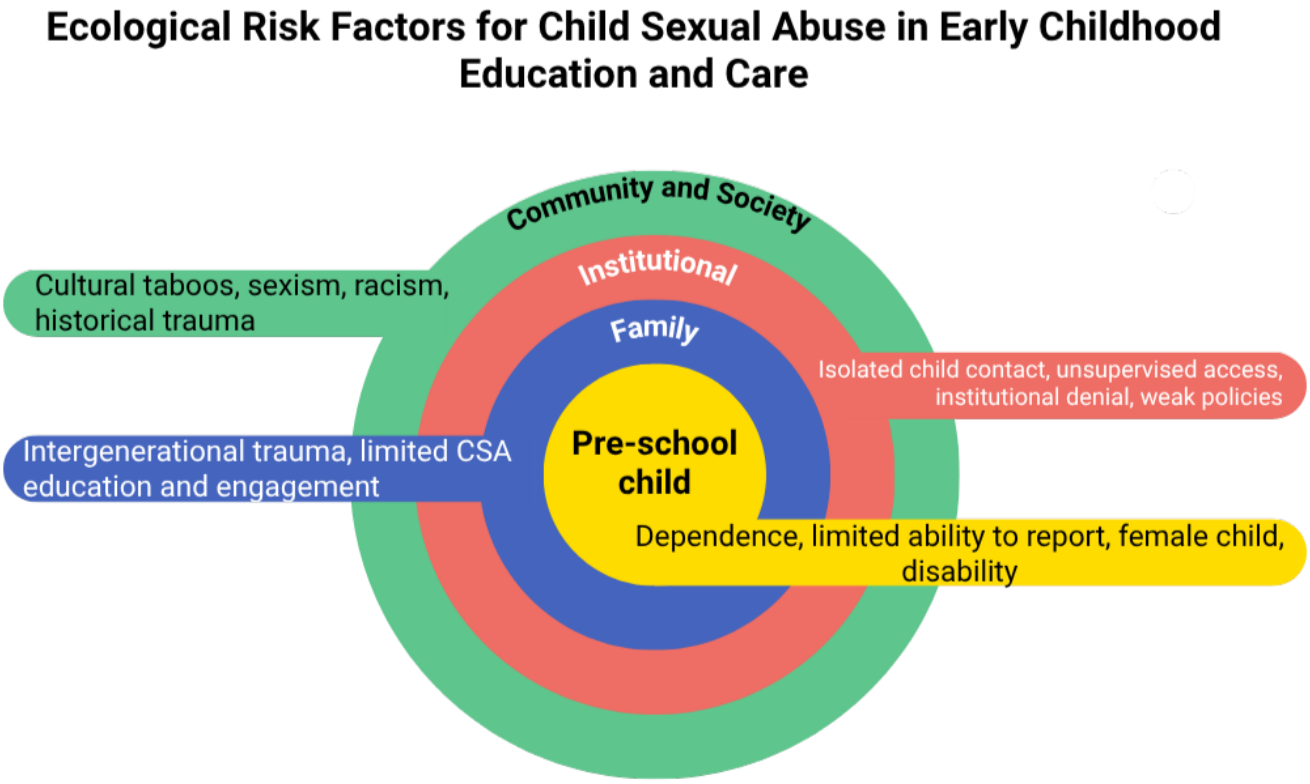

Figure 1. Ecological risk factors for CSA in ECEC.

Barriers to Reporting

Barriers to reporting CSA in ECEC are distinct from risk factors but often interact with them to delay detection and response, thereby enabling abuse to continue undetected. Barriers to CSA identification and response in ECEC also operate across multiple, interconnected ecological levels. These include:

- **Individual barriers:** Young children, particularly those under five, can lack the verbal, cognitive, and emotional capacity to recognise or disclose abuse. Feelings of shame, fear, and trauma-related dissociation can further inhibit disclosure.
- **Relationship-level barriers:** Children may be silenced by the grooming behaviours of offenders, feelings of loyalty or fear, or concerns that they will not be believed. Some parents may misinterpret or dismiss signs of abuse or lack the knowledge or confidence to act.
- **Institutional barriers**: Within ECEC settings, poor staff training, unclear reporting protocols, and fear of consequences can lead to missed signs and failures to act. Staff may lack the knowledge or confidence to escalate concerns or may be actively discouraged from doing so.
- **Societal barriers:** Cultural taboos, racism, and prejudicial beliefs about the credibility of very young children can prevent disclosure. Broader mistrust in institutions may also discourage reporting.

These barriers do not simply delay disclosure; they contribute to conditions that reduce the likelihood of CSA being recognised, reported, or appropriately responded to. *Figure **2*** illustrates how these barriers operate across ecological levels, reinforcing the need for system-wide reforms that not only reduce the risk of harm but also strengthen the systems that enable early detection, accountability, and the protection of children.

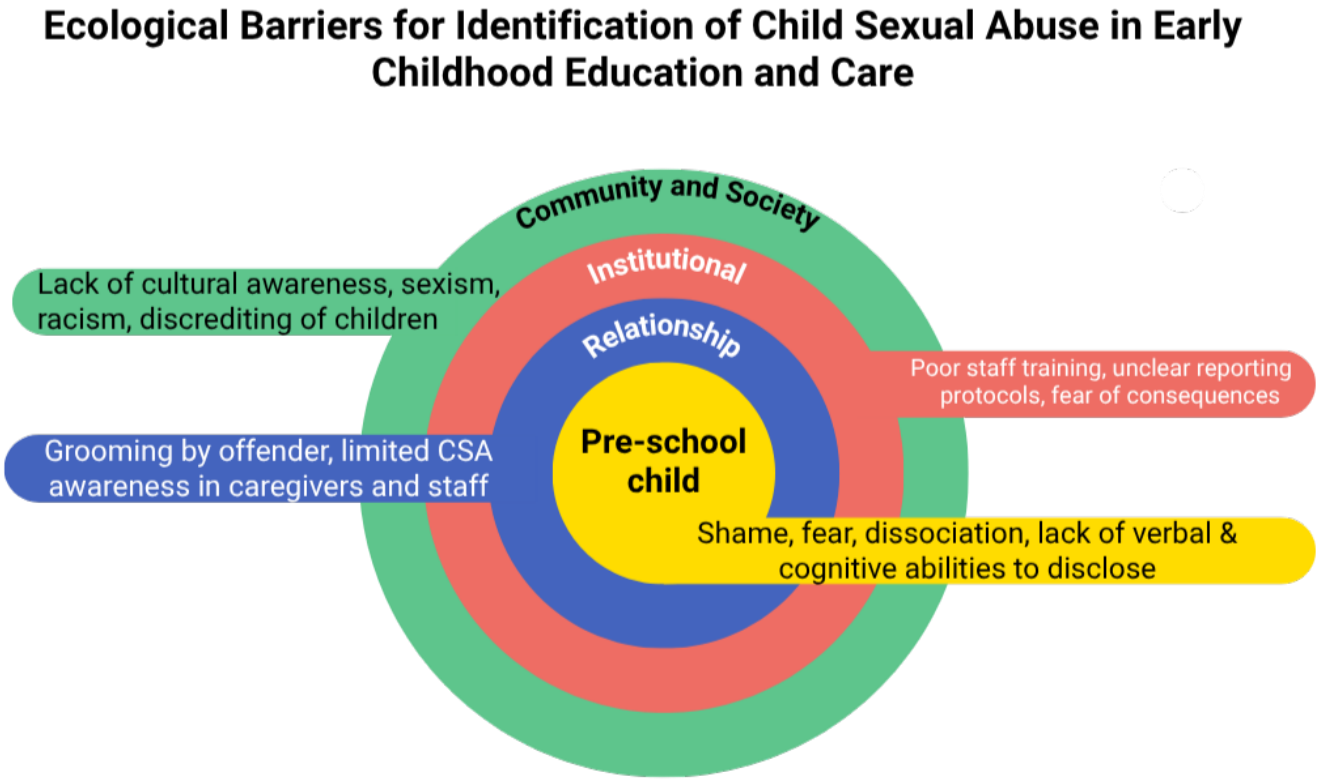

Figure 2. Ecological barriers for the identification of CSA in ECEC.

Tools, Frameworks, and Practices Used to Identify Risk in ECEC

There are gaps in the available tools and strategies used to identify children at risk and potential offenders in ECEC settings. Most current approaches, such as criminal record checks and staff conduct policies, lack evidence of effectiveness in preventing CSA. Screening tools that could identify children at risk of CSA are rarely used and have not been validated for extrafamilial abuse in ECEC contexts. Although several CSA prevention programs exist for children, few are specifically targeted at ECEC staff or designed to support bystander intervention when concerns arise. There is also limited training available that is tailored specifically for children with disabilities. Programs that engage children and parents, particularly those led by skilled facilitators and repeated over time, show the most promise. However, the absence of evaluated early identification tools for children at risk of CSA highlights an urgent area for investment and development.

In Plain Sight: Failures Across ECEC Settings

Seven international case studies from Australia, the UK, the US, the Netherlands, and Sweden illustrate how CSA in ECEC settings can occur and persist without detection. Each case involved children under the age of five, highlighting serious failures in oversight, communication, and systemic safeguards. The case studies illustrate the interplay between institutional vulnerabilities, child risk, and offender behaviour, and show how CSA occurs, remains undetected, or has been mismanaged in ECEC settings.

Key lessons from international case studies include:

- **Known risks not addressed:** In several cases, prior concerns, such as formal risk assessments, parental complaints, or staff observations, did not result in protective action. Detection often occurred only through police-led online CSA investigations, rather than through internal safeguards.
- **Oversight gaps in casual, agency, or trainee roles:** Offenders exploited fragmented oversight in short-term, rotating, or unsupervised placements. Staffing agencies, relief roles, and trainee placements emerged as blind spots where children were left vulnerable.
- **Failures in organisational culture and governance:** Trusted institutions failed to escalate concerns or detect abuse due to cultures of loyalty, weak whistleblower protections, or assumptions of competence. In one case, abuse continued despite external warnings, only being uncovered through a co-offender's arrest.
- **Abuse within networks:** Several cases involved offenders operating within broader abuse networks. Institutional detection mechanisms were insufficient, underscoring the importance of multi-agency coordination and intelligence sharing.

These case studies highlight the institutional and cultural blind spots that allow CSA to occur and remain undetected within ECEC environments. While they demonstrate how institutional failures contribute to missed opportunities for intervention, they also raise a critical question: who is most likely to offend in these settings, and what patterns make them identifiable? To address this, the second component of the report turns to a large-scale survey of Australian men, examining the characteristics, behaviours, and attitudes associated with offending, particularly among those working with children.

Identifying Men at Risk of Offending

A nationally representative online survey of Australian men (n = 1,939) examined men's sexual interest in, and offending behaviour against, children. The sample included 316 men whose occupations involved contact with children.

Figure 3. How many men are offenders.

Prevalence: 11.1% of men working with children met the criteria for motivated offending (individuals who reported both sexual interest in, and offending against, children) compared to 3.8% of those who do not work with children. This made men working with children over three times more likely to be offenders compared to men who do not work with children. As Figure 3 shows, 1 in 9 men working with children are offenders.

Risk profile: The findings reveal a pattern of risk among offenders working with children, including demographic, behavioural, psychosocial, and attitudinal domains. These men were more likely to be older, married or cohabiting, living with children, and earning higher incomes. They also demonstrated frequent use of encrypted digital platforms, daily consumption of pornography (including violent or illegal content), and engagement with offender networks. Psychosocial vulnerabilities, including

anxiety, depression, and adverse childhood experiences, were significantly elevated. Importantly, many held beliefs that minimised the harms of CSA and reported peer associations with offenders that further increased risk. This profile underscores how risk may be concealed beneath outwardly stable life circumstances and professional roles. *Figure **4*** illustrates the greater odds of personal and social risk factors among offenders compared to other men working with children.

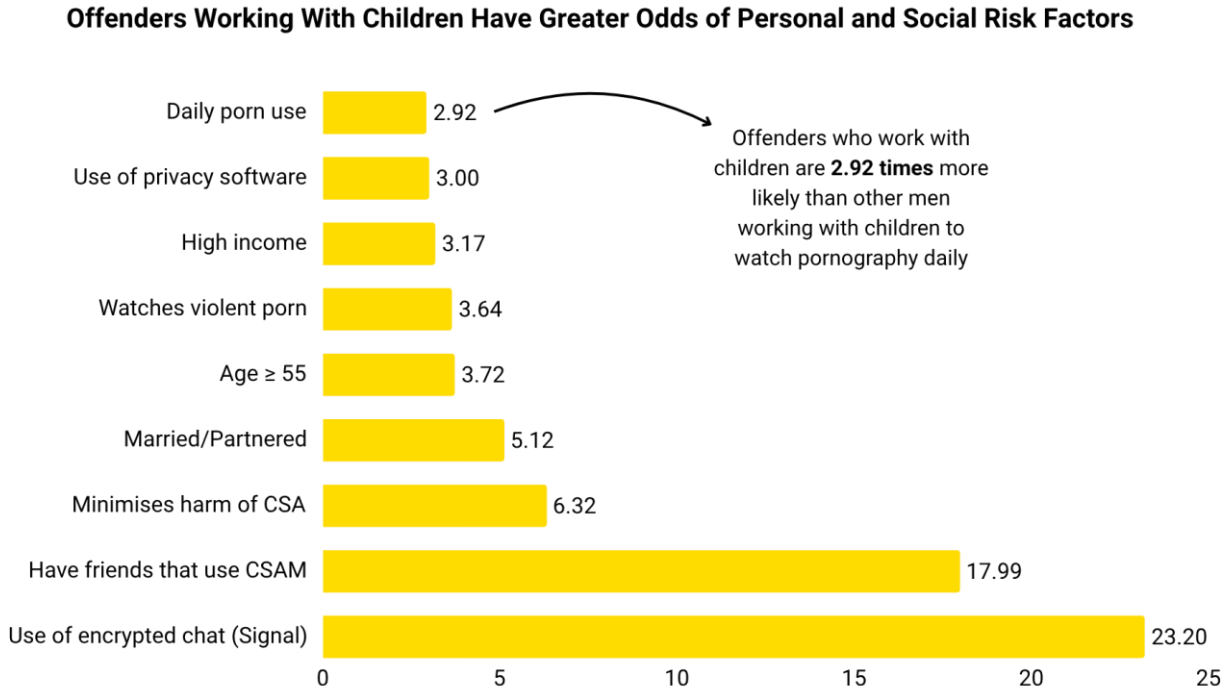

Figure 4. Greater odds of personal and social risk factors for offenders.

Our unique data on undetected offenders working with children underscores the challenges of screening or detecting ECEC employees who pose a risk to children. Offenders are over-represented amongst men who work with children, and this group appears to be superficially prosocial and trustworthy. Alongside their offending, they are more likely to associate socially with other offenders, minimise the harms of CSA, and use encryption and privacy software that obscures their online activities. Prevention and safeguarding in ECEC settings must grapple with the challenge posed by this offender cohort.

1. Introduction

1.1 Early Childhood Education and Care in Australia

Early childhood education and care (ECEC) is a foundational part of Australian social infrastructure. In 2024, more than 1.4 million children were enrolled in formal ECEC services, including long-day care, family day care, preschool/kindergarten, and outside-school-hours care.[1] Most children attending these services are under the age of five, with long day care being the most common arrangement.

The sector is supported by approximately $15 billion in annual government combined subsidies and employs over 250,000 workers.[2] Most of the industry is comprised of female workers, with only 7.6% of the workforce being male.[2] More than 17,000 approved services are operating nationally.[1] Over half of these are run by for-profit providers, including large corporate chains and private equity-backed operators.[3] This increasing commercialisation has generated longstanding concern about balancing financial objectives and child wellbeing.[4]

While many children receive high-quality care, the sector faces well-documented challenges, including:

- high staff turnover and understaffing
- inconsistent regulatory oversight
- limited mechanisms for identifying and escalating serious risks [4]

These widespread pressures create an environment in which safeguarding failures can occur, particularly in relation to CSA, where the signs are often subtle, victims are often too young to disclose, and institutional responses are inconsistent.

1.2 Background

The sexual abuse of children in ECEC settings is a crime that profoundly breaches community trust. These are environments in which children are meant to be safe, nurtured, and supported. Yet, the exploitation of their vulnerability in such contexts stands in direct opposition to societal expectations of child safety and care.

A recent investigation by the ABC's *Four Corners* program into the broader maltreatment of children in ECEC settings, including sexual abuse,[5] revealed serious regulatory failures, inconsistent oversight, and widespread under-reporting of significant breaches. Disturbing incidents included sexual abuse, children being restrained or force-fed, and deliberate efforts to conceal non-compliance during inspections. Whistleblowers described chronic understaffing, fraudulent qualifications, and a workplace culture that discouraged reporting. Quality ratings were found to be unreliable, with some services staging favourable assessments while failing to meet minimum national standards. Despite thousands of reported breaches, regulatory responses were often inadequate. The program called for urgent reform, including consideration of a Royal Commission, to address a sector rife with secrecy, weak enforcement, and misaligned incentives. While the specific claims in this media investigation have not been independently substantiated, the issues raised reflect concerns echoed in broader literature and public discourse.

This context provides an important backdrop to the research presented in this report. In environments with clear regulatory gaps and organisational cultures of fear or intimidation, the sexual abuse of children can go undetected. Such settings may also attract individuals seeking to exploit systemic weaknesses and the vulnerabilities of young children.[6] While some commentators have argued that

early childhood education settings pose a lower risk of sexual abuse, citing perceived limitations on offender access or opportunity,[7] a growing body of evidence from offender-generated CSAM involving children under five challenges this assumption.[8] These crimes are rarely self-disclosed, as children are often too young to communicate the abuse, and they are seldom identified through traditional reporting mechanisms. In many high-profile, confirmed cases of CSA in ECEC settings, it is CSAM that has provided the digital trace revealing otherwise hidden patterns of harm.[9] The absence of disclosure should not be interpreted as the absence of abuse. Instead, it highlights the urgent need for improved detection, professional awareness, and robust systemic safeguards.

1.3 Commissioning and Scope

This report was commissioned in early 2025 by the Queensland Family and Child Commission (QFCC) under the Terms of Reference for the Review of Systems Responses to Child Sexual Abuse.[10] The Child Death Review Board is conducting the review under section 29I of the *Queensland Family and Child Commission Act 2014*, using the Ashley Paul Griffith matter as a case study. The purpose of the broader review is to examine how existing laws, policies, and systems, particularly those within early childhood education and care, policing, and the Blue Card framework, can be improved to protect children from sexual abuse.

This report represents Project 3 in a series of four expert reviews commissioned by the QFCC. It was prepared by Childlight (East Asia and Pacific Hub) and the Gendered Violence Research Network (GVRN) at the University of New South Wales (UNSW Sydney). The project addresses two interrelated domains of concern:

1. Identifying children at risk of CSA in ECEC settings.
2. The identification of risk indicators and patterns of CSA offending among men who work with children in Australia.

To reflect the differing data sources and methods, the report is structured in two distinct parts:

- **Part One:** Evidence Review draws on published literature, grey research, and illustrative case studies of known ECEC-based CSA cases. It addresses systemic vulnerabilities, child-level risk factors, detection tools, and institutional barriers to identification and response.
- **Part Two:** Offender Data Analysis presents original analysis of a large cross-national dataset examining the psychosocial characteristics, offending behaviours, and attitudes of men who work with or have offended against children.

The case studies included in **Part One** provide applied examples that cut across both parts of the report. They illuminate the interplay between institutional vulnerabilities, child risk, and offender behaviour, and are used to illustrate how abuse has occurred, remained undetected, or been mismanaged in ECEC settings.

Together, these two components provide complementary insights into the systems, contexts, and behaviours that enable CSA in early childhood settings. The report contributes to the broader review by focusing specifically on detection, risk assessment, and gaps in systemic response, rather than prevention or therapeutic interventions.

1.4 Research Questions

The review addresses the following key questions, developed in consultation with QFCC:

1. Who is at risk of CSA in ECEC settings? This includes analysis of individual, family, community, and institutional risk factors.
2. What barriers prevent CSA from being identified, reported, or acted upon in ECEC? This includes cultural, procedural, and systemic barriers to early identification or effective response.
3. What tools, systems, and frameworks are used to identify children at risk in ECEC? This includes screening tools, reporting mechanisms, multi-agency practices, and training models relevant to Queensland and comparable contexts.

Each research question considers:

- First Nations children
- Children from culturally and linguistically diverse (CALD) backgrounds
- Children in rural and remote communities
- Queensland-specific systems and legislative frameworks

In addition, the report includes a offender-focused analysis drawing on a large cross-national dataset of men who work with or have offended against children. This component examines the characteristics, risk indicators, and patterns of behaviour associated with child sexual offending in occupational and institutional contexts.

2. Methodology

2.1 Evidence Review Approach

This report draws on a rapid evidence review to address three key research questions related to identifying children at risk of CSA in ECEC settings. The review aimed to identify risk factors, detection tools and frameworks, and barriers to identification or reporting across institutional contexts.

Given the limited availability of preschool-specific research, a tiered search strategy was applied across all three research questions to capture the most relevant and transferable evidence. This included:

- **Tier 1** – Publications explicitly focused on ECEC settings
- **Tier 2** – Publications referencing children aged 0–5 years
- **Tier 3** – Publications involving younger children in early school years
- **Tier 4** – Broader literature on CSA in institutional or school-based settings
- **Tier 5** – Literature on CSA victimisation in general

This approach enabled the research team to prioritise findings most applicable to preschool-aged children while drawing on transferable insights where direct evidence was lacking. Given the limited number of studies specifically focused on CSA in ECEC settings, particularly for children aged 0–5, the review included a broad range of publication dates. Older but contextually relevant studies were incorporated where they offered insights that were not addressed in more recent literature.

In addition to setting-specific findings, the review includes general CSA risk factors supported by the broader literature, which are widely recognised as increasing children's exposure to harm across settings. While not exclusive to ECEC, these risk factors are relevant to early learning environments and help compensate for the limited number of studies focused exclusively on children under five. Please refer to Appendix A for more details on the search strategy and methods used (see page 67).

The review also incorporates a series of detailed case studies involving CSA in ECEC settings across international jurisdictions to further address evidence gaps. The case studies were selected based on shared characteristics that maximise relevance and analytical value. Each case occurred in a high-income country with broadly comparable ECEC systems, involved more than five known victims, took place in a preschool or ECEC setting, and resulted in criminal prosecution of the offender. These criteria ensured that the cases reflected serious institutional safeguarding failures with documented outcomes, while offering transferable insights for the Queensland context. Each case was analysed using a structured format to identify recurring risk factors, systemic failures, and barriers to detection. While not exhaustive, these case studies offer concrete insights into how abuse involving very young children has occurred, remained undetected, and been mishandled in institutional contexts. They are presented in a standalone section in **Part One** of the report and serve to illustrate key themes emerging from the broader evidence base.

2.2 Offender Data Analysis

To address the perpetrator-focused component of this report, a new analysis was conducted using data held by UNSW from an extensive, cross-national survey on child sexual offending behaviours and attitudes. This dataset provides contemporary insights into the common patterns, psychosocial

characteristics, and contextual risk factors associated with offending behaviours among men, including those working with children.

The survey includes responses from nearly 5,000 men across Australia, the United States, and the United Kingdom. Participants were recruited using national demographic quotas to align with census distributions for age, income, education, and workforce participation.

The dataset includes over 150 validated items spanning:

- demographic characteristics
- online behaviours
- pornography consumption
- attitudes towards CSA
- psychosocial functioning
- sexual feelings toward children
- engagement in child sexual exploitation and abuse (CSEA)

This report focuses on the factors associated with perpetration among the subsample of Australian men who work with children (n = 316), with comparisons to Australian men who do not work with children (n = 1,624).

Part Two of this report provides more details of the methods used in the offender data analysis.

2.3 Summary of Methodological Strengths and Limitations

This report addresses a significant evidence gap in detecting CSA in early childhood education and care settings, particularly for children aged 0–5. The lack of targeted research in this area has been widely acknowledged and was evident during the evidence review process, where few studies explicitly addressed the developmental, institutional, and communicative vulnerabilities of very young children.[11]

A triangulated methodology was adopted to address known limitations in the evidence base. First, a rapid evidence review was conducted to identify current tools, frameworks, risk factors, and systemic barriers to identifying CSA in ECEC settings. This was followed by a series of structured case studies examining publicly documented CSA incidents in early education contexts, which aimed to supplement the limited literature on children under the age of 5. These case studies provide a grounded picture of how abuse has occurred and remained undetected across various jurisdictions. Finally, a secondary analysis of a large cross-national dataset of men who work with children was undertaken to identify patterns of psychosocial risk and offending behaviour that are not visible in the published literature.

While this multi-source approach provides a robust foundation for analysis, it also carries certain limitations. The literature base underrepresents preschool-aged children; the case studies, although detailed, are illustrative rather than representative; and the offender dataset focuses on male participants, potentially missing some offender profiles. Nonetheless, using three complementary data sources enhances the validity of the findings and supports the development of actionable insights across multiple levels of risk and response. In some cases, older literature was included in the review due to the narrow scope of relevant research specific to CSA in ECEC settings. While efforts were made to prioritise recent sources, these foundational studies continue to make an important contribution to identifying patterns and risk factors unique to the institutional care of very young children. The ongoing salience of these earlier studies reflects the need for contemporary CSA research in ECEC contexts.

3. Part One - Rapid Evidence Review

3.1. Introduction

This section presents key findings from the rapid evidence review examining how children at risk of CSA can be identified within ECEC settings. Due to the limited ECEC-specific research, the review employed a tiered search strategy to capture the most relevant and transferable evidence across five levels, ranging from studies directly focused on ECEC environments to broader literature on CSA victimisation. Findings are drawn from both targeted research and general CSA risk factors applicable across settings, with a particular focus on their relevance for children aged 0–5. The review also examines barriers that impede the identification and reporting of CSA, including developmental, institutional, and societal factors. It evaluates the effectiveness of current tools and strategies used to detect risk in ECEC contexts.

To further address gaps in the evidence base, the review includes international case studies of CSA in ECEC settings, offering concrete examples of risk factors, institutional failures, and missed opportunities for detection. These sources provide a foundation for identifying key vulnerabilities and informing prevention efforts in early learning environments.

3.2. Prevalence and Incidence of CSA in ECEC Settings

Overall, there is a lack of data on CSA victimisation in ECEC settings, both in Australia and globally.[12] Available evidence is typically limited to officially reported, investigated, and/or prosecuted individual cases, which are rarely compiled at the national level. In Australia, no such national data is currently available. The only relevant study we found was conducted in the US following the highly publicised McMartin Preschool case in Manhattan Beach, California. In this study, Finkelhor and colleagues (1988)[13] identified 270 daycares with reported and substantiated CSA cases of 1,639 victimised children across the US between 1983 and 1985. As the authors note, the rate of substantiation for initial allegations was very low (21%), suggesting that the actual numbers may be significantly higher, as many of the later substantiated cases had previous unsubstantiated allegations. This low substantiation rate can be attributed mainly to the difficulties in collecting evidence, given the developmental stage of very young children, an issue we explore in Section 3.4.

Preschool children can also be subjected to severe forms of sexual violence. The study into US daycares found that 93% of victims experienced penetration, whether through intercourse, digital penetration, or the use of an object.[13] Similarly, a review of 74 cases involving sexually abused children aged 2 to 5 referred to specialised services revealed that 60% were victims of some type of penetration or oral rape.[14] These findings directly challenge claims in some academic literature that, for anatomical reasons, young children are less likely than older children to be victims of penetrative sexual abuse.[7]

Research on sexual and other forms of interpersonal violence consistently shows that official reports significantly underestimate the prevalence compared to findings from population-based surveys. According to the Australian Bureau of Statistics' *Personal Safety Survey* (2021–2022), 12% of individuals who experienced sexual abuse before the age of 15 reported that the first incident of abuse occurred between 0 and 4 years.[15] This estimate aligns with findings from comparable countries.[16-18]

Another source of data that can give us an idea of the scope of the problem is CSAM of young children detected online. Prepubescent children represent the largest group depicted in CSAM; however, determining the specific proportion of preschool-aged children is challenging due to variations in age categories and the different CSAM detection methods employed across various reporting systems.

The International Association of Internet Hotlines (INHOPE; 2025)[19] reported that in 2024, 93.24% of identified CSAM victims were between the ages of three and thirteen. On the other hand, the Canadian Centre for Child Protection (2016)[20] found that 50% of reported CSAM included children appearing to be under the age of 8. However, data from the Internet Watch Foundation (IWF; 2024)[21] indicates that only 3% of CSAM reported to their agency involved children estimated to be between 0 and 6 years old.

Although CSAM featuring preschool-aged children appears to constitute a smaller share of overall content, it is disproportionately characterised by explicit and extreme forms of sexual violence. The Canadian Centre for Child Protection (2016)[20] reported that the younger the child, the higher the prevalence of both sexual assaults and extreme sexual assaults. Similarly, the IWF (2024)[21] found that 92% of CSAM involving the youngest age group of 0 to 2 years, that is babies, toddlers, and even newborns, depicted the most severe and sadistic forms of sexual abuse, while such extreme violence accounted for 71% of CSAM involving children aged 3 to 6.

Many cases of CSA in ECEC settings, both in Australia and internationally, have come to light only through investigations into offenders' online behaviour. This raises critical questions about how many such offences may have gone undetected prior to the advent of digital technologies and the widespread production and distribution of CSAM. Given the risks posed by CSAM in today's society, specific prevention strategies targeting CSAM offending should be integrated into broader efforts to prevent CSA in institutional settings, including ECEC.[22]

Another concerning finding is that men diagnosed with paedophilia are significantly more likely—over 11 times as likely—to target preschool-aged children as victims.[23] This is confirmed by other studies that show that "professional offenders" (i.e. offenders dedicated to systematically targeting children, whom they use highly sophisticated techniques to manipulate both their organisational environments and their victims) are more likely to operate within care or educational settings.[24]

3.3. Children at Risk

Sexual abuse can occur in any institution where children are present alongside an offender.[25] However, certain factors can increase "the probability of child sexual abuse being perpetrated in a particular setting or against a particular child".[26] While the presence of risk factors does not mean that CSA will necessarily occur, ECEC institutions should assess the specific risk factors relevant to their context and implement targeted strategies to mitigate them.

Our analysis of risk factors for CSA is informed by the public health approach to violence prevention, which commonly utilises the **ecological systems model** to identify risks and prevention strategies at different interconnected levels of society.[24] In this framework, researchers most typically analyse CSA and its risk factors using the intersecting levels of the individual, family, community, organisations/institutions, and society,[27] an approach we apply in this report.

Different levels of the model interact and overlap, often compounding the risk faced by specific children within particular contexts. As Wonnacott (2013)[6] observed in an analysis of two reported cases of CSA in the UK, the opportunity for abuse in ECEC settings arises from imbalanced power dynamics among various stakeholder groups (children, parents, staff, the local community, and external regulators), which can enable offenders to occupy positions within the systems that supported and sustained their abusive behaviour. Research also shows that many offenders actively identify and exploit individual vulnerabilities in their victims and environment as part of their offending behaviour.[28, 29]

Furthermore, it is important to note that much of the research that identifies risk factors of CSA, especially on the child and family levels, is based on population or clinical samples and therefore

includes both intrafamilial and extrafamilial abuse. Intrafamilial CSA refers to abuse within the family environment perpetrated by a parent, sibling or grandparent, but can also include those that the child feels are family, such as a foster carer or their parents' partner.[30] Extrafamilial CSA occurs outside the family, and the perpetrators are often peers, acquaintances, neighbours or individuals in institutional roles. While the risk factors differ depending on the perpetrator of CSA, evidence shows that these differences are not significant overall.[31] Risk factors such as inadequate supervision, access to children, and the child's limited capacity to recognise and disclose abuse are common vulnerabilities across intra- and extrafamilial contexts.[32, 33]

3.3.1. Individual-Level Risk Factors

While CSA reporting generally rises with age, with the most victimised children between the ages of 8 and 15,[24] preschool-aged children are particularly vulnerable to abuse due to their **developmental stage**, characterised by:

- emotional dependence
- need for personal/intimate care
- limited cognitive capacity
- physical vulnerability
- inability to recognise and report sexual abuse.

These factors contribute to a significant power imbalance between young children and perpetrators[39] that is further amplified in contexts where situational and systemic factors reduce protection or increase access (see Table 1). Individual, situational and contextual risk factors intersect as perpetrators exploit specific characteristics or circumstances that facilitate abuse.

The sex of a child is a significant and consistent risk factor for CSA, with girls being up to three times more likely than boys to experience abuse.[24] This disparity is evident even among preschool-aged children. Finkelhor et al. (1988)[13] found that, of 1,639 children sexually abused in daycare settings, 62% were girls and 38% were boys. Likewise, Fontanella (2001)[14] reported that 60% of the 74 victims aged 2-5 were girls. The Royal Commission into Institutional Responses to Child Sexual Abuse (2017)[36] also found that the majority of survivors whose abuse began in childcare settings were female (62%). However, evidence from this sector was limited.

Furthermore, children with **disabilities** are 3.14 times more likely to be subjected to sexual abuse than their non-disabled peers, with preschool-aged children facing the highest rates of abuse among all age groups of these children.[40] Perpetrators may deliberately target children with disability, as certain aspects of their support needs can make the abuse less likely to be detected. These factors include increased dependence on caregivers for personal care and greater difficulty in recognising and/or disclosing abuse, particularly among children with:

- visual impairment,
- hearing impairment,
- cognitive impairment, or
- behavioural disability.

The ongoing impacts of colonisation in terms of cultural abuse and collective trauma contribute to the elevated risk faced by **First Nations children**.[17] According to the Royal Commission report (2017),[36] Aboriginal and Torres Strait Islander people were significantly overrepresented among survivors, comprising 14.3% despite being only around 3% of the national population. Structural discrimination and historic mistrust of systems' responses often created barriers to disclosing or reporting abuse and

reduced the likelihood of receiving an adequate response when they did. For similar reasons, children from **CALD backgrounds** were also identified by the Commission as more likely to face circumstances that increased their risk of abuse in institutional settings.[36]

Table 1. Individual-level risk factors.

Risk Factor	Evidence from ECECs^	Evidence for <5s*	Evidence for <18s*	Discussed in relations to marginalised community	Evidence Tier
Sex of the child[13, 17, 24-26, 34-37]	✓	✓	✓		Tier 1
Race and cultural identity[17, 25, 36, 38]			✓	First Nations; CALD	Tier 4
Disability[7, 17, 24, 25, 36, 39, 40]	✓	✓	✓		Tier 2
Capacity to recognise and report sexual abuse[12, 17, 29, 36, 37, 41]	✓	✓	✓		Tier 1
Psychosocial distress[17, 24, 39]	✓	✓	✓		Tier 4
Need for personal/intimate care[7, 40]	✓	✓	✓		Tier 2
Reduced self-advocacy or support [17, 36, 39]	✓		✓		Tier 4
Minority sexual or gender identity[17, 36, 39]			✓		Tier 4
History of maltreatment[7, 34, 36, 39]			✓		Tier 4
Being a high-achieving student[36]			✓		Tier 4
Perceived physical appearance [13]	✓				Tier 1

Notes: ^ Evidence found directly in ECECs applies specifically to extrafamilial perpetrators of CSA.
* Evidence relevant to children under the age of 5 and 18 includes both intrafamilial and extrafamilial perpetrators of CSA.

3.3.2. Family-Level Risk Factors

Most research into parental/family characteristics that are associated with increased risk of CSA does not distinguish between abuse perpetrated by family members and that by non-family members. However, some evidence indicates significant overlap in the family-of-origin of victims of intrafamilial CSA, extrafamilial CSA, or both.[31] These broader family risk factors include: (1) a **parental history of child maltreatment**, particularly a maternal history of CSA, which has been linked to the intergenerational transmission of violence and trauma; 2) **family dysfunction**, such as domestic violence, absence of one or both parents, or the presence of non-biological and transient caregivers, which is especially associated with increased risk of intrafamilial abuse; and 3) **socio-economic disadvantage**. These factors act as stressors that may **impair parental capacity** for consistent care

and supervision, thereby increasing children's vulnerability to both intrafamilial and extrafamilial perpetrators.

Evidence specific to **ECECs** highlights the following family/parental risk factors that make children more vulnerable to CSA in an institutional context:

- lack of knowledge about the signs and symptoms of CSA,
- lack of knowledge about risk factors specific to ECECs,
- lack of involvement with the childcare institutions, and
- close relationships with ECECs staff, which makes parents more reluctant to raise concerns or believe disclosure.

Parents are often reluctant to believe cases of CSA that do not align with their expectations of the nature of the abuse or the profile of the offender, for example, in the case of a female offender.[37] However, overall, parents tend to underestimate their children's vulnerability to sexual abuse while simultaneously overestimating their own ability to recognise the signs of abuse and children's capacity to disclose it.[17]*Table **2***

*Table **2*** summarises the family-level risk factors identified in this review.

Table 2. Family-level risk factors

Risk Factor	Evidence from ECECs^	Evidence for <5s*	Evidence for <18s*	Evidence Tier
Disrupted caregiving relationships[24, 32, 34, 35, 39]			✓	Tier 4
Limited caregiving capacity for consistent supervision[36, 39, 42]			✓	Tier 4
Family stress or exposure to violence[7, 25, 32, 34-36]		✓	✓	Tier 2
Disrupted parent-child connection[24, 25, 34, 36]			✓	Tier 4
Caregiver mental health challenges[24, 25]			✓	Tier 5
Caregiver substance use or dependency[24, 25, 32, 35, 42]		✓	✓	Tier 2
Maternal history of CSA[24, 32, 34]		✓	✓	Tier 2
Socioeconomic disadvantage[24, 32, 42]		✓	✓	Tier 5
Intergenerational violence[35, 42]			✓	Tier 5
Limited awareness of CSA indicators[37]	✓			Tier 1
Lack of knowledge of institutional risk factors[37]	✓			Tier 1
Lack of engagement with the childcare institution[37]	✓			Tier 1

Risk Factor	Evidence from ECECs^	Evidence for <5s*	Evidence for <18s*	Evidence Tier
Difficulty believing or recognising CSA disclosures[37]	✓			Tier 1
Close personal ties with ECEC staff[6]	✓			

Notes: ^ Evidence found directly in ECECs applies specifically to extrafamilial perpetrators of CSA.
* Evidence relevant to children under the age of 5 and 18 includes both intrafamilial and extrafamilial perpetrators of CSA.

3.3.3. Institutional-Level Risk Factors

Historically, all types of child-serving institutions have provided **extensive opportunities for offenders** to exploit and abuse children.[36] Some "professional offenders" deliberately seek employment in such settings to gain access to children. In contrast, others take advantage of situational opportunities, institutional vulnerabilities, or their positions within organisations to perpetrate abuse.[29, 39] Offenders often work to establish trust with staff, management, and parents, and may show a particular interest in specific children, cultivating close emotional relationships as a means of manipulation. Young children are especially vulnerable, as they are socialised to trust and obey institutional staff. Institutional failures to protect children range from unintentional oversights — often stemming from a lack of knowledge or resources — to deliberate cover-ups driven by complicity or a desire to preserve the institution's reputation.[39]

Institutional cultures that inhibit transparency and accountability, both internally and externally, significantly heighten children's vulnerability to abuse. Institutions that resist external scrutiny by regulatory authorities or parents limit oversight of their internal operations. Rigid hierarchies, staff factionalism, and strong personal relationships can discourage reporting misconduct due to fear of retaliation or a sense of loyalty to the group.[7] Allegations may be thus ignored or minimised, particularly when the accused holds a high-status position within the organisation. In such cases, concern for institutional or professional reputations may be prioritised over the safety and well-being of children.

The absence of clear **internal rules, procedures, and practices** aimed at preventing CSA further increases the institutional risk of abuse. Many institutions rely solely on criminal background checks, despite evidence that most offenders have no prior convictions.[25] Codes of conduct may be vague or poorly enforced, and staff are often inadequately trained to:

- recognise the strategies used by offenders,
- identify signs and symptoms of CSA, and
- understand their obligations under existing reporting procedures.

These risks are amplified by the use of temporary staff and students, who typically receive even lower levels of training and supervision.[39]

Offenders often exploit these institutional weaknesses to gain **unsupervised access to children,** an essential precondition for CSA. Research consistently identifies high-risk locations where children are alone and required to undress, such as bathrooms or toilets.[6, 13] This risk is exacerbated by the intimate care needs of young children (e.g., assistance with toileting or nappy changing) and inadequate staff-to-child ratios, which increase the likelihood of unsupervised staff interactions with children.

Without adequate structural safeguards and a proactive culture of child protection, institutions remain highly vulnerable to enabling abuse. *Table **3*** summarises the institutional risk factors identified in this review.

Table 3Table 3. Institutional-level risk factors

Risk Factor	Evidence from ECECs^	Evidence for <5s*	Evidence for <18s*	Evidence Tier
Closed to external oversight[13, 25, 36]	✓		✓	Tier 1
Insufficient pre-employment screening processes[25, 28, 29, 36, 37]	✓		✓	Tier 1
Lack of internal oversight and disciplinary processes[6, 7]	✓			Tier 1
Lack of rules, practices, and culture prioritising child safety[7, 25, 29, 37, 43]	✓		✓	Tier 1
Insufficient internal training and CSA awareness[6, 36, 39]	✓		✓	Tier 1
Failure to investigate concerns and intervene[6, 13, 29, 39, 43]	✓		✓	Tier 1
Lack of internal reporting channels[29]			✓	Tier 4
Small staff numbers[13, 37]	✓			Tier 1
Closed and hierarchical staff structure[6, 7, 36, 37]	✓		✓	Tier 1
Unsupervised staff-child interactions[6, 13, 29, 36]	✓		✓	Tier 1
Lack of prevention education of children[36, 44]			✓	Tier 4
Normalisation of harmful practices[36]			✓	Tier 4
Extended institutional exposure of children[25, 36]			✓	Tier 4
High number of male staff[7]			✓	Tier 4
Failure to believe children[7, 36]			✓	Tier 4

Notes: ^ Evidence found specifically in ECECs applies specifically to extrafamilial perpetrators of CSA.
* Evidence relevant to children under the age of 5 and 18 includes both intrafamilial and extrafamilial perpetrators of CSA.

3.3.4. Community- and Societal-Level Risk Factors

At the community and societal levels, several structural and cultural factors contribute to conditions that allow CSA to occur and remain unaddressed (see Table 4). **Societal/community attitudes and cultural norms** that serve to excuse or trivialise sexual violence and shift blame onto victims continue to exist, especially when victims are female.[47] These harmful attitudes and norms are often

perpetuated by the media, which often misrepresents CSA. Consequently, victims of CSA may face disbelief and/or a lack of adequate support, even from criminal, legal, medical, and mental health professionals.[17, 36]

These harmful attitudes and beliefs can be more persistent in specific communities. **CALD communities** can view CSA as a "Western problem" with perceptions shaped by cultural norms from countries of origin that frame CSA as a private family matter. This view can contribute to low levels of awareness and engagement and limited acceptance of intervention or disclosure.[45] In some CALD and faith communities, sexual topics are considered taboo, which restricts public discussion and education around CSA, thereby increasing the vulnerability of children.[44]

The geographic and social isolation of **rural and remote areas** inhibits access to family and other specialised services, while harmful attitudes and beliefs about sexual violence can go unchallenged. These communities' small size and tightly knit nature make anonymity difficult, creating significant barriers to disclosure and reporting. As a result, rural and remote communities experience higher rates of sexual violence, although data on CSA are lacking.[46]

Among **First Nations communities**, the legacy of colonisation compounds all other risk factors. The violent colonial history, including forced child removal, has impacted traditional community structures and cultural practices. Ongoing experiences of racial discrimination have further contributed to widespread, unresolved trauma and deep-seated mistrust of government authorities and services, which in turn can hinder reporting and effective response to CSA.[38, 42]

Another risk factor involves societal and community **attitudes toward institutions** that serve children. Inadequate oversight of policies, practices, and organisational culture in ECEC settings by national regulatory bodies can heighten the risk of abuse. Additionally, in some communities, uncritical or unquestioning trust in institutions, particularly religious ones, can hinder the recognition and reporting of unsafe or abusive practices.[36]

Table 4Table 4. Community and societal level risk factors

Risk Factor	Evidence from ECECs^	Evidence for <5s*	Evidence for <18s*	Discussed in relation to marginalised communities	Evidence Tier
Harmful views on CSA[17, 36, 45]			✓		Tier 5
Misleading depiction of CSA in the media[17]			✓		Tier 5
Lack of awareness and community engagement with CSA[35, 45]			✓	CALD; First Nations	Tier 5
Community/society taboo around topics of sexual nature[36, 44, 45]			✓	CALD	Tier 4
High exposure of children to pornography[35, 42]			✓	First Nations	Tier 5
Normalisation of violence in the community[24, 38, 46]			✓	Rural; First Nations	Tier 5

Risk Factor	Evidence from ECECs^	Evidence for <5s*	Evidence for <18s*	Discussed in relation to marginalised communities	Evidence Tier
Geographical and/or social isolation[13, 25, 38, 46]	✓		✓	Rural; First Nations	Tier 1
Colonial legacy and forced removal of children[36, 42]			✓	First Nations	Tier 4
Lack of services[35, 42, 46]				Rural; First Nations	Tier 5
Lack of regulatory oversight of ECECs[6]	✓				Tier 1
Lack of communication pathways to the regulator[6]	✓				Tier 1
Uncritical deference to institutional authority[36]			✓		Tier 4

Notes: ^ Evidence found directly in ECECs applies specifically to extrafamilial perpetrators of CSA.
* Evidence relevant to children under the age of 5 and 18 includes both intrafamilial and extrafamilial perpetrators of CSA.

3.4. Barriers to Identification

The review of the literature highlighted a range of barriers that prevent CSA from being identified, reported, or acted upon. Although some of the evidence on barriers was specific to CSA in ECEC settings, overall, the literature examining this context was limited, underscoring a gap in the evidence base. Nevertheless, the review identified broader literature on CSA that offered transferable insights into factors that can inhibit the effective detection of and responses to CSA. This section summarises the available literature on barriers to CSA identification and response. Consistent with the analysis of risk factors for CSA presented in 3.3, the ecological systems model informs our analysis of barriers. While risk factors and barriers are outlined separately in this report, it is important to note that considerable overlap exists between them. To the extent that the barriers discussed in this section impede the detection of CSA and the apprehension of perpetrators, they also facilitate ongoing abuse.

3.4.1. Individual-Level Barriers

At the individual level, various factors may hinder a child's ability to effectively disclose CSA (see Table 5).

Table 5. Individual-level barriers.

Barriers	Discussed in relation to ECECs^	Discussed in relation to <5s*	Discussed in relation to <18s*	Discussed in relation to marginalised communities	Lowest evidence tier
Developmental factors					
Lack of recognition of abuse[7, 48, 49]		✓	✓		Tier 4

Barriers	Discussed in relation to ECECs^	Discussed in relation to <5s*	Discussed in relation to <18s*	Discussed in relation to marginalised communities	Lowest evidence tier
Limited language/verbal abilities[48, 50-52]		✓	✓	CALD	Tier 2
Limited cognitive skills/abilities[14, 49, 53]		✓			Tier 2
Lack of clarity/precision when disclosing[13, 54]	✓				Tier 1
Lack of confidence[48]		✓	✓		Tier 5
Negative emotions					
Shame/guilt about victimisation[51, 55]		✓	✓	First Nations	Tier 2
Dissociation in response to trauma[18]		✓			Tier 2

Notes: ^ Literature discussing ECECs applies specifically to extrafamilial perpetrators of CSA.
* Literature discussing children under the age of 5 and 18 includes both intrafamilial and extrafamilial perpetrators of CSA.

Of relevance for preschool-aged children are **developmental factors** that limit the capacity of young children to recognise their victimisation as wrong or abusive, or to recall and/or describe their experiences effectively. These include both cognitive and verbal factors, such as:

- limited attention span[49]
- limited memory encoding and retrieval skills[49]
- lack of a sense of chronology[14]
- lack of vocabulary to describe victimisation[48]
- lack of knowledge of genital terms[52]

These developmental barriers must be contextualised within the broader dynamics between children's age and patterns of disclosure. Literature highlights that, compared to older children, younger children (e.g., preschool-aged children) are generally less likely to disclose CSA[49, 50, 56] and tend to delay disclosures for longer.[53] When they do disclose, they tend to do so accidentally, in response to a precipitating event, rather than purposefully.[50, 54, 57] For example, in Finkelhor et al.'s (1988)[13] study of 270 cases of CSA in daycare settings, only just over a third of cases (37%) involved a child disclosing spontaneously. In the majority of cases, disclosure only occurred after parents noticed physical, psychological or sexual indicators, which led to them asking their child questions.[13] These findings exemplify the low rates of purposeful disclosure among preschool-aged children, emphasising their reliance on adults around them (e.g., parents) to identify and follow up on signs of CSA.

Negative emotions stemming from victims' experiences of CSA can also hinder disclosure. For example, the development of dissociative symptoms by victims can exacerbate the challenges associated with detecting abuse.[18] Here, the age of the victim is especially relevant, as the earlier the onset of the abuse, the higher the risk that the victim will develop dissociative symptoms.[18]

Additionally, literature identifies victims' feelings of shame and guilt about the abuse as a barrier to disclosure.[51, 55] For victims who are of Aboriginal background, such shame may be compounded by structural inequalities and discrimination relating to colonial dispossession, racism and cultural abuse.[55] These structural factors are discussed further in 3.4.4.

3.4.2. Relationship-Level Barriers

While it is crucial to acknowledge the individual-level barriers that limit CSA detection, disclosure and response, the intersections of these factors with relationship-level barriers must also be recognised. Table 6 summarises the relationship-level barriers identified in this review.

Table 6. Relationship-level barriers.

Barriers	Discussed in relation to ECECs^	Discussed in relation to <5s*	Discussed in relation to <18s*	Discussed in relation to marginalised communities	Lowest evidence tier
Characteristics and dynamics of abuse					
Perpetrator tactics aimed at silencing victim[13, 51, 55, 58]	✓	✓	✓		Tier 1
Loyalty to perpetrator resulting from grooming[51]		✓			Tier 2
Nature of abuse[56]		✓	✓		Tier 2
Perpetrator grooming of colleagues or victim's parents[24, 43, 59]			✓		Tier 4
Parental knowledge, attitudes and responses					
Lack of knowledge about how to respond to reports of CSA by victim[60]			✓		Tier 5
Underestimation or lack of awareness of CSA harm[60]			✓		Tier 5
Misunderstanding or not believing reports of CSA by victim[13, 51, 60]	✓	✓	✓		Tier 1

Notes: ^ Literature discussing ECECs applies specifically to extrafamilial perpetrators of CSA.
* Literature discussing children under the age of 5 and 18 includes both intrafamilial and extrafamilial perpetrators of CSA.

Notably, factors relating to the **characteristics and dynamics of the abuse** influence disclosure. Literature demonstrates how perpetrators can employ a range of tactics to silence victims and evade detection. These include, but are not limited to:

- threats[13, 58]
- coercion[13]
- psychological abuse[58]
- telling victims to keep abuse a secret[51]
- drugging victims[58]

Kelley et al. (1993),[58] for example, draw attention to how threats are a central tactic used by perpetrators of CSA in day care settings. Unlike threats employed by perpetrators of intrafamilial CSA,

which tend to leverage victims' concerns about being separated from family members or the loss of affection, threats in day care settings generally take the form of threats to harm victims and/or their families physically.[58]

Victims may also feel a sense of loyalty to perpetrators, and as such be reluctant to disclose the abuse due to fears that doing so would result in the perpetrator getting in trouble with authorities or becoming upset with them for disclosing 'their secret'.[51] This finding underscores the psychological and emotional impacts of grooming by perpetrators on victims. It is important to note that the targets of grooming may not be limited to victims, but can extend to victims' parents, as well as perpetrators' colleagues and superiors.[24, 43, 59] Such grooming enables perpetrators to leverage their positive reputation or portray victims in a negative light, thereby allowing them to dismiss allegations or complaints easily.[24, 43, 59]

Furthermore, **parental knowledge, attitudes, and responses** can also limit the detection of CSA and effective intervention. Specifically, a lack of knowledge and understanding about CSA, its impacts, and how to respond appropriately,[60] as well as failures to believe reports of CSA by children,[13, 61] may hamper effective identification and responses by parents.

3.4.3. Institutional-Level Barriers

Institutional-level barriers to CSA detection and response emerged strongly in this review, with the literature highlighting considerable inadequacies and failures in how organisations, their staff, and authorities address the issue (see Table 7).

Table 7. Institutional-level barriers

Barriers	Discussed in relation to ECECs^	Discussed in relation to <5s*	Discussed in relation to <18s*	Discussed in relation to marginalised communities	Lowest evidence tier
Institutional/staff failure to respond					
Lack of confidence in, knowledge of, or ability to identify CSA[41, 43, 62-64]			✓		Tier 4
Failure to query worrying/troubling behaviour by child[65]			✓		Tier 5
Not believing allegations[44]			✓		Tier 4
Ignoring, denying, dismissing or minimising allegations[24, 28, 43]			✓		Tier 4
Lack of confidence in or knowledge of CSA reporting[41, 63]			✓		Tier 4
Lack of awareness of or misunderstanding reporting obligations or procedures[63, 66]	✓	✓	✓		Tier 1

Barriers	Discussed in relation to ECECs^	Discussed in relation to <5s*	Discussed in relation to <18s*	Discussed in relation to marginalised communities	Lowest evidence tier
Fear of making a mistake or lack of certainty about abuse[43, 63, 64]			✓		Tier 4
Made to wait on phone for too long to report[63]			✓		Tier 5
Denying or deferring responsibility[43]			✓		Tier 4
Belief that reporting is ineffective[63]			✓		Tier 5
Concerns that reporting will have negative consequences[6, 41, 43, 63, 64, 66]	✓	✓	✓		Tier 1
Religious/cultural beliefs hindering reporting to secular authorities[44]			✓	CALD#	Tier 4
Absence of clear organisational guidelines, policies and procedures on CSA, or lack of enforcement or knowledge of such policies.[43, 44, 63]			✓		Tier 4
Lack of confidence superiors will take action[43]			✓		Tier 4
Deterred by management from reporting[63]			✓		Tier 5
Covering up CSA[13]	✓				Tier 1
Loyalty or peer pressure among staff[37, 63]	✓	✓	✓		Tier 1
Lack of effective communication and information sharing[43]			✓		Tier 4
Discouraging parents from taking formal action[43]			✓		Tier 4
Facilitating perpetrator's evasion of authorities[44]			✓	CALD#	Tier 4
Problematic responses by authorities					
Police preventing institution from informing parents of victim of alleged abuse[60]	✓				Tier 1

Notes: ^ Literature discussing ECECs applies specifically to extrafamilial perpetrators of CSA, except where literature is examining ECEC responses to CSA generally.
* Literature discussing children under the age of 5 and 18 includes both intrafamilial and extrafamilial perpetrators of CSA.
# This evidence was drawn from a study involving ultra-Orthodox Jewish institutions. While religion was central to institutional structure, CALD status was also relevant given the community's distinct cultural identity and limited engagement with secular authorities.

The literature on CSA in institutional settings is replete with examples of **failures by institutions and their staff** to effectively identify and respond to CSA, including instances of failure to report CSA, dismissing or denying allegations.[43, 44] There is also evidence of institutions covering up CSA,[13] deterring staff from reporting,[63] and actively facilitating perpetrators' evasion of authorities.[44]

A range of factors can explain institutional inaction and failure. Literature identifies how staff/educators' lack of confidence in, knowledge of, or ability to identify CSA operates as a key barrier to detection.[41, 43, 62-64] This lack of confidence may be partly attributable to a lack of training on CSA.[41, 63] In an Australian study of 693 professionals working with children in education settings (including childcare), those who had not received training on CSA identification were nine times more likely than those who had received training to express that they did not feel adequately prepared to identify CSA.[63]

Even when staff or educators can identify indicators of CSA, they may not report their suspicions due to a lack of confidence in or knowledge of CSA reporting procedures.[41, 63] This can be exacerbated by inaccurate understandings of reporting obligations, processes, and consequences, including beliefs that:

- reports are to be made to their superiors rather than directly to authorities[63, 66]
- before reporting their suspicions, they need to first ascertain the cause of the abuse by contacting the child's parents[66]
- instead of reporting, they should manage the abuse internally, as reporting may create further issues for the victim[66]
- they need evidence/proof to substantiate their reports[66]
- they can be sued and become liable for damages if their reports are not substantiated[66]

More broadly, staff and educators' concerns about the potential consequences of reporting, including its implications for the perpetrator,[43] the workplace environment,[41] and their relationship with the victim and their parents,[63] can hinder reporting. Additionally, fears related to the impacts on the institution's reputation may further disincentivise appropriate institutional responses.[41]

Similarly, the capacity of institutions and their staff to report and respond to CSA may be impeded by factors such as an absence of organisational policies/guidelines on CSA and child protection or a failure to enforce such policies/guidelines,[43, 44, 63] a lack of confidence among staff that any concerns that they may raise about suspected CSA will not be appropriately dealt with by superiors,[43] as well as peer pressure to dismiss or minimise potential abuse.[63] Furthermore, a lack of information sharing and ineffective communication within institutions also hinders the detection of perpetrators.[43]

Additionally, there was some evidence that highlighted **problematic responses by authorities** to CSA. Briggs (2014)[60] reports on a 2012 South Australian case involving a male worker at a private childcare centre who had been caught perpetrating CSA against a two-year-old boy. It was alleged that state police had prevented staff at the childcare centre from informing parents about the abuse due to concerns that 'the worker was innocent until proven guilty, that he had the right to privacy until charged, and there was a risk that informing parents may "damage the evidence"'.[60]

3.4.4. Community- and Societal-Level Barriers

Finally, the literature identified several community and societal level barriers to the disclosure and detection of CSA. These are summarised in Table 8.

Table 8. Community- and societal-level barriers.

Barriers	Discussed in relation to ECECs^	Discussed in relation to <5s*	Discussed in relation to <18s*	Discussed in relation to marginalised communities	Lowest evidence tier
Community knowledge and attitudes					
Prejudicial views about children's credibility[13]	✓				Tier 1
Lack of awareness about prevalence of institutional CSA[41]			✓		Tier 4
Psychological biases					
'Halo' effect[67]			✓		Tier 4
Structural discrimination and inequality					
Shame associated with racism, cultural abuse and colonial dispossession[55]			✓	First Nations	Tier 4

Notes: ^ Literature discussing ECECs applies specifically to extrafamilial perpetrators of CSA.
* Literature discussing children under the age of 5 and 18 includes both intrafamilial and extrafamilial perpetrators of CSA.

Community knowledge and attitudes emerged as important barriers, with literature drawing attention to how factors such as a lack of awareness about the prevalence of CSA (including in institutional settings),[41] as well as prejudicial views about the credibility of children[13] can hinder detection and result in failures to believe disclosures by victims.

Psychological biases may also explain failures to identify perpetrators of CSA in institutional settings. Scurich and Dietz (2023)[67] highlight how the 'halo' effect enables perpetrators to operate undetected as perceptions of their positive characteristics (e.g., community standing, respectability, morality, reputation) shape overall impressions of them, resulting in signs of abuse being overlooked, minimised or explained away.

At a structural level, **discrimination and inequality** also influence victims' likelihood of disclosure. Black et al. (2023)[55] describe the compounding effects of shame in Aboriginal communities, where the shame and secrecy about the abuse intersect with experiences of racism and cultural abuse, and the legacy of colonial dispossession, to reinforce Aboriginal victims' feelings of shame. This creates further barriers to disclosure. The review identified a broader lack of research examining how community-level factors affect disclosure among other potentially vulnerable groups, such as CALD, migrant, or rural communities. This gap highlights the need for further targeted research to understand how community contexts influence the detection and disclosure of CSA in early childhood settings.

3.5. Tools, Systems, and Frameworks Used to Identify Children at Risk

A review of the available literature revealed a significant gap in the evaluation of tools, systems, and frameworks for identifying potential perpetrators in ECEC settings in high-income countries. This section summarises the tools currently used to manage child safety, evaluates the evidence on their effectiveness, and reviews training programs designed to educate parents, staff, and children about the risks of CSA. It also includes a brief overview of collaboration with external services. In Australia, the regulatory environment governing ECECs consists of various child safeguarding measures embedded in legislation and informed by national and international frameworks, such as the OECD guidelines and the National Quality Framework (ACECQA).

Table 9 provides a summary of tools and strategies used in the ECEC sector internationally to identify children at risk and reduce harmful contact with workers.

Table 9. Tools and strategies used in the ECEC sector to identify children at risk and reduce harmful contact with workers.

Tool/Strategy	Setting	Culturally appropriate
Criminal record check[68, 69]	Global	No evidence
Body contact restrictions[68, 70]	Global	No evidence
Visibility[70]	Denmark	No evidence
Two-staff members[70]	Denmark	No evidence
Male staff restrictions[70]	Denmark	No Evidence
Brief Version of the Child Abuse Potential Inventory - Korea (BCAP-K)[71]	Korea	Specific to Korea

The effectiveness of the identified strategies is mixed. For example, criminal record checks are mandatory for ECEC workers in Sweden (as they are in Australia) to screen for prior offences. However, evidence suggests that most perpetrators do not have a criminal history before employment, limiting the usefulness of this strategy in predicting future abuse.[68, 69] Some settings have introduced body contact restrictions to protect staff from potential false allegations. While this may foster a sense of protection among workers, there is limited evidence that such measures effectively reduce the risk of CSA.[68] Leander et al. (2019)[70] reviewed CSA prevention guidelines in Danish childcare centres. They found that measures such as the "two-staff rule" (requiring that no staff member be alone with a child) can pose significant resourcing challenges. They also warned that restrictions targeting male staff may conflict with Denmark's human rights and equality legislation. In Korea, Lee and Sung (2022)[71] validated the *Brief Child Abuse Potential Inventory* (BCAP) for use in childcare settings, primarily to screen for abuse by parents. The tool was found to be effective and culturally adaptable. However, its use for identifying children at risk of abuse from extrafamilial perpetrators, particularly within ECEC settings, has not been established.

Screening strategies and tools are only effective if workers receive high-quality training on how to recognise, respond to, and report CSA. Table 10 outlines the training programs used with parents, workers, and children, along with their evaluated outcomes.

Table 10. CSA training programs and their outcomes

Training	Setting	Target group	Culturally appropriate	Outcomes	Evidence
Safer, Smarter Kids kindergarten sexual abuse prevention curriculum[72-74]	U.S.	Children (aged 6)	Sample includes over 50% CALD participants	Learning gains for children, best practice of learning outcomes	Tier 3
Learn to BE SAFE with Emmy[73, 75, 76]	Aus	Children (aged 5-7)	Sample includes 5% First Nations, 19% linguistically diverse.	Learning gains for children	Tier 3
Body safety training program[74, 77, 78]	U.S.	Children (aged 4-7)	Sample includes 74% Latino	Developmentally appropriate, learning gains. Gains in reporting lower than other features of program. No differential established between ages or between sexes. Most children able to recognise unsafe behaviours post-training despite descriptor of good or bad placed on potential perpetrator.	Tier 1
Parents as teachers of safety[74, 79]	U.S.	Children (aged 4-7) and their parents	Unlisted	Learning gains for children, improved communication between parents and children.	Tier 1
Safe touches[74]	U.S.	Children (aged 5-9) and their parents	Unlisted	Increase in child awareness about touch behaviours.	Tier 3
Talking about touching[74]	U.S.	Children (aged 5-9)	Unlisted	Learning gains for children.	Tier 3
Stewards of Children[69, 80]	U.S.	Workers	Sample includes over 30% CALD	Moderate increased preventative behaviours and knowledge.	Tier 3
Sexual Abuse Prevention Program (SAPP) of the Family Support Center of Salina, Kansas[81]	U.S.	Children (aged 3-5) and parents	Unlisted	Parents showed improved awareness of CSA, child results were less consistent, especially in relation to reporting.	Tier 1
Kids Learning about Safety[82, 83]	U.S.	Children (aged 3-5)	Specific to Latino with bilingual delivery	Children showed greater learning outcomes than the control group in regards to learning correct names of their body parts, recognising the inappropriateness of touch requests, and learning to recognise, resist and report inappropriate touching. Learnings retained for at least 3 months.	Tier 1

Training	Setting	Target group	Culturally appropriate	Outcomes	Evidence
Children's Primary Prevention Training Program[84]	U.S.	Children (aged 3-6), teachers	Unlisted	Children showed learning outcomes, with knowledge retained post training increasing in relation to age. Three-year-olds showed lesser learning outcomes than 4,5- and 6-year-olds.	Tier 1

Training efforts are most effective when they involve children, parents, staff, and the wider community.[85] Table 10 highlights the dearth of training programs aimed at engaging workers, especially in training workers in how to engage as active bystanders when they suspect misconduct from another staff member in their workplace. There is also an absence of practical training for children with disabilities, despite the well-documented increased vulnerability of this cohort.[82] Kenny et al. (2013)[82] undertook training with one child with an Autism diagnosis, finding a lack of knowledge retention three months post-training, especially regarding inappropriate touching. While this single-participant study cannot support generalisable conclusions, it underscores the urgent need for accessible, evidence-informed training programs tailored to children with disability. Overall, the review identified several age-appropriate programs suitable for use in ECEC contexts, including with culturally diverse children.

While many CSA prevention programs target children, there are limitations in what can be achieved without involving adults. Some evaluated programs offer insights into how adult involvement may support earlier identification of CSA risk. Kenny et al. (2013)[82] outlined best practices for family engagement, including involving both parents and children, repeated exposure to materials, culturally sensitive delivery, and skilled facilitation. However, many programs tend to engage mothers more frequently than fathers, thereby limiting their reach.

Wurtele et al. (1992)[86] found that children taught by their parents demonstrated greater improvements in recognising inappropriate touch requests than those taught by educators, suggesting that family involvement may enhance early detection. Rheingold et al. (2015)[69] evaluated the *Stewards of Children* program in a randomised controlled trial with childcare professionals. They found sustained improvements in staff knowledge of CSA and indicators of risk, regardless of whether the training was delivered online or in person. The program's train-the-trainer model also supported broader organisational implementation.

Although these programs are designed as prevention efforts, their outcomes, such as improved knowledge of CSA signs, enhanced child-parent communication, and increased staff confidence, are relevant to identification. Program selection should consider factors such as fidelity, sustainability, trainer expertise, age and cultural appropriateness, and rates of disclosure or attrition.[87]

Collaboration with child protection services also plays a role in identifying children at risk. Toros et al. (2021)[88] found that systemic relationships and regular communication between ECEC staff and statutory services supported early risk detection, though collaboration was hindered by workforce turnover. Integration with health professionals[12] also presents opportunities to identify children experiencing abuse or neglect. Queensland has established child protection multi-agency collaboration teams (SCAN teams), which work to respond to complex child protection matters. Any collaboration strategies developed for ECEC settings must be designed with existing referral pathways in mind and align with broader child protection efforts in the State.

3.6. Summary of Findings and Gaps

Overall, the rapid evidence review identified significant gaps in knowledge about CSA risks for children in ECEC and those under 5 years of age. The low rates of reported or substantiated abuse in this age group have led to the assumption that these children are at lower risk than older cohorts. However, digital evidence, including CSAM, indicates that very young children are subjected to particularly severe abuse, and that some offenders deliberately target this group due to their developmental vulnerabilities. Applying an ecological lens highlights how the interaction of individual, family, institutional, and societal factors increases the risk of CSA. These include heightened vulnerability for children who are very young, have disabilities, or are from marginalised communities. Institutional weaknesses and social attitudes can compound these risks, enabling abuse and obstructing detection. Barriers to identification also operate across various ecological levels and often intersect with risk factors, delaying or preventing intervention. Despite these risks, few validated tools or frameworks are available to proactively identify at-risk children in ECEC settings, particularly in cases of extrafamilial abuse.

To address the evidence gaps in the literature on CSA in ECEC settings, the following section presents applied case study examples of CSA in these settings.

3.7. Case Studies of CSA in ECEC Settings

This section presents seven illustrative case studies of confirmed CSA incidents in ECEC settings across Australia, the United Kingdom, the United States, the Netherlands, and Sweden. Each case involves very young children, often under the age of 5, and demonstrates how systemic weaknesses, inadequate oversight, and organisational culture can enable abuse to occur and remain undetected. While not a representative sample, these case studies were selected to highlight recurring risk factors, barriers to detection, and failures in institutional response. Together, they provide contextual examples for the broader findings of this report. Please note that all information is drawn from publicly available court or media records; no confidential case files were accessed.

3.7.1. Case Study One: Robert M. (Netherlands, 2010)

Number of known victims and age range: At least 87 children, all under the age of four. Most of the victims were male.

Summary of events: In 2010, Robert M., a 27-year-old daycare worker and babysitter in Amsterdam, was arrested for the sexual abuse of at least 87 infants and toddlers. He was employed across multiple childcare facilities and provided babysitting services for families. His partner, Richard van O., was also arrested for his role in facilitating and concealing the offences. The abuse came to light through a U.S. investigation into child sexual abuse material (CSAM), in which investigators noticed a distinctive Dutch toy visible in footage of an infant being abused. In response, Dutch authorities released censored images on national television to seek public assistance. A grandfather recognised the man in the footage as his grandchild's babysitter, triggering the formal investigation and arrest. The case shocked the Netherlands and prompted significant legal and policy reform, particularly around vetting, staff oversight, and interagency information sharing.

Sources: BBC News (2010),[89] Lindauer et al. (2014),[90] Turrell (2023).[91]

Risk factors:

- Robert M. deliberately targeted preverbal children, including infants, and reportedly stopped the abuse once children began to speak.
- He chose workplaces and families without CCTV or nanny cams, reducing the risk of being observed.
- He was employed across multiple childcare centres and private homes, taking advantage of the lack of oversight and coordination between settings.

System failures:

- The Netherlands lacked a centralised vetting or staff tracking system across childcare providers.
- There were no formal supervision protocols or dual-staffing arrangements, even during one-on-one caregiving.
- In 2008, a mother raised concerns about Robert M., but her complaint was dismissed by both the childcare centre and the local police.
- Robert M. had a previous conviction for possession of CSAM in Germany in 2003, yet was still able to work in Dutch childcare without detection.

Barriers to detection:

- The abuse was identified only through an international investigation into CSAM, not by Dutch authorities or institutions.
- All victims were non-verbal, preventing disclosure or recognition of abuse.

Post-case measures:

- In response to the case, the Dutch government introduced the "Four Eyes Principle," mandating that no childcare worker is ever alone with a child. This can be implemented through staff pairing, transparent design (e.g., glass walls), or CCTV monitoring.
- A longitudinal study was launched to examine the long-term impacts on victims and their families, including psychological effects and harm caused by the online distribution of abuse imagery.
- The case prompted broader awareness and scrutiny of childcare safety protocols, particularly in institutional and home-based care settings.

Relevance to this report: This case shows how perpetrators can exploit gaps in staff oversight, multi-setting employment, and child-communication barriers to abuse very young children in ECEC environments. It also illustrates how early complaints failed to trigger protective action and how external digital evidence (CSAM) played a crucial role in exposing the abuse. The Dutch "Four Eyes Principle", which requires that an educator is never alone with a child, could be a helpful reference point for future safeguarding discussions in Queensland.

3.7.2. Case Study Two: Shannon McCoole (Australia, South Australia, 2014)

Number of known victims and age range: At least seven victims, aged between 18 months and 13 years. The victims were mostly female.

Summary of events: Shannon McCoole worked in multiple early childhood education and care settings before his employment in state-run residential care. He was arrested in 2014 after being

identified by Queensland Taskforce Argos detectives, a specialist team dedicated to investigating online child sex offences. McCoole's crimes were not detected within the childcare system but rather through his online child sex offending, including the production and distribution of CSAM through a global sex offender network.

Sources: Child Protection Systems Royal Commission (2016),[92] Prosser (2016).[9]

Risk factors:

- McCoole targeted preverbal and developmentally vulnerable children, including children with disabilities and those in state care.
- He had only basic training before commencing work and reported learning "on the job" by observing others.
- He worked with children across multiple institutions and countries, including Canada and the United States.

System failures:

- McCoole was employed despite receiving an Australian Institute of Forensic Psychology (AIFP) assessment categorising him as "high risk," "very poor," and "very unsuitable" for working with children. However, none of the hiring panel members were trained to interpret AIFP assessments.
- He was hired by a friend to work in out-of-school-hours care, where concerns about his inappropriate interactions with children were raised as early as 2010.
- These concerns persisted during his employment with various agencies, yet multiple staff reports were not escalated or acted upon.

Barriers to detection:

- McCoole deliberately targeted very young children, including those as young as 18 months, who were unable to disclose abuse.
- The institutional cultures of the workplaces in which he was employed were described as dismissive toward complaints and reluctant to act on concerns.
- One whistleblower reported being intimidated and discriminated against after raising concerns about McCoole's behaviour.

Post-case measures:

- The South Australian government established the Child Protection Systems Royal Commission, led by former Supreme Court Justice Margaret Nyland, to investigate systemic failures in child protection.
- The Royal Commission's recommendations led to significant reforms, including:
  - improved recruitment and vetting processes
  - enhanced staff training and supervision
  - more precise and more robust reporting and escalation protocols for suspected abuse
- There was a system-wide push for stronger oversight to ensure timely responses to complaints and improved monitoring of staff conduct across child protection services.

Relevance to this report: This case illustrates how established risk indicators, including formal assessments and repeated staff concerns, failed to prompt protective action. McCoole's ability to remain in contact with vulnerable children, despite documented concerns and high-risk ratings, illustrates breakdowns in recruitment processes, institutional vigilance, and escalation pathways. Detection occurred not through service-level observation but via a specialist CSAM investigation, highlighting a significant failure in ECEC identification of CSA. This case illustrates the importance of linking high-risk screening results to mandatory escalation procedures.

3.7.3. Case Study Three: D.N. (Sweden, 2014)

Number of known victims and age range: At least 19 victims, ranging in age from 12 months old to three years old. The victims were all female.

Summary of events: D.N., a 40-year-old childcare worker, was arrested in 2015 following the sexual assault of a 10-year-old girl at an amusement park where he was employed during the summer. During a search of his residence, police discovered significant volumes of CSAM, including both downloaded and self-produced content, stored on his computer and external hard drives. Investigators also found children's clothing and other personal items. D.N. had documented instances of sexual abuse using his mobile phone, including while changing nappies of children in his care. He had been employed through a staffing agency and had worked as a temporary childcare worker across numerous early childhood education centres.

Sources: Kjellgren et al. (2022),[93] The Local (2015),[94] Kristianstad District Court (2015),[95] United Workers Union (2023).[4]

Risk factors:

- The offender worked via a staffing agency, allowing him to rotate through over 40 early childhood centres, often on short notice.
- As a temporary employee, he was less well-known to the permanent staff and often worked alone or near children with minimal scrutiny.
- Victims were too young to articulate or report what had happened, making early detection extremely difficult.
- Staff and parents trusted him due to his calm, professional manner and long experience with children.
- He had no documented criminal history or previous allegations known to employers.

System failures:

- The temp agency model allowed individuals to enter sensitive care roles without consistent long-term vetting across institutions.
- There was no centralised flagging system or mechanism to track concerning behaviours across institutions or placements.
- Existing protocols focused on general care practices, not early abuse detection in high-trust environments.
- Preschools assumed that others had already vetted their staff or raised concerns, thereby diffusing responsibility.

Barriers to disclosure:

- The victim's young age made it difficult for them to communicate the abuse.
- The abuse was often subtle and occurred during routine care (e.g., nappy changes), making it hard to detect.
- Colleagues and supervisors had no suspicions and reported no red flags.

Post-case measures:

- The municipality reviewed and revised crisis management frameworks for early childhood education settings.
- The emotional impact on preschool managers and municipal staff led to the consideration of new support mechanisms for future incidents.
- The case triggered broader conversations about vigilance, even in trusted, well-functioning preschool environments.

Relevance to this report: D.N.'s offending demonstrates how short-term, rotating employment through staffing agencies can weaken safeguarding. His ability to access dozens of ECEC settings with minimal supervision or vetting highlights systemic blind spots in visibility, vetting, and responsibility-sharing across providers. This case exemplifies how a lack of cross-institutional tracking and real-time oversight can prevent early detection of abuse.

3.7.4. Case Study Four: J.S. (Sweden, 2014)

Number of known victims and age range: At least 13 victims aged between 3 and 4 years old. The victims were primarily females.

Summary of events: J.S., a 21-year-old childcare trainee, was arrested in 2014 after a 4-year-old girl disclosed sexual abuse to her mother that had occurred at a private early childhood centre in Kalmar, Sweden. An investigation revealed that J.S. had systematically abused multiple children aged three to four over several months, often during nap times, toileting, or nappy changes. He deliberately targeted non-verbal or minimally verbal children and documented the abuse using his mobile phone. During the investigation, police recovered forensic evidence and video recordings. J.S. had no formal childcare qualifications but was allowed unsupervised access to children during his practicum placement.

Sources: Sveriges Radio (2014),[96] Kalmar Tingsrätt (2014).[97]

Risk factors:

- The victims' young age and limited verbal abilities made them particularly vulnerable and unable to disclose the abuse effectively.
- J.S. was allowed unsupervised access to children during high-risk times such as nappy changes, toilet visits, and nap periods.
- Staff perceived J.S. as caring and competent with children, which reduced the likelihood of suspicion or oversight.
- The preschool environment included secluded or low-visibility areas (e.g., nap rooms, bathrooms, and play structures), enabling abuse to occur undetected.

- J.S. deliberately targeted children who were non-verbal or less likely to report, demonstrating premeditated offending behaviour.

System failures:

- The practicum placement process failed to include adequate background checks or psychological screening before allowing direct contact with children.
- The preschool lacked clear supervision protocols, which allowed a student worker to be left alone with vulnerable children.
- Colleagues and supervisors had no suspicions and reported no red flags, despite the frequency and severity of the offending behaviour.
- The preschool lacked safeguarding procedures that restricted student involvement in intimate care tasks such as toileting and nappy changes.

Barriers to disclosure:

- The victims' young age made it difficult for them to understand or articulate what had happened to them.
- J.S. used grooming tactics, including telling children to keep the abuse a secret and engaging them in friendly play to build trust.
- Some children showed distress during the abuse but were too fearful or confused to alert adults.
- The abuse was subtle and occurred during routine caregiving activities, making it difficult for staff to detect or distinguish it from regular care.

Post-case measures:

- Although this case garnered significant media attention, no formal institutional reforms or national policy changes were implemented in the aftermath.
- The court did not examine or assign responsibility to the preschool or the broader practicum placement system.

Relevance to this report: This case reveals the risks associated with allowing student trainees unsupervised access to children during caregiving routines. J.S. was able to systematically offend in a trusted preschool setting due to limited oversight, weak placement protocols, and the absence of safeguards specific to temporary or trainee roles. The children's young age and limited verbal skills further hindered disclosure and detection. These circumstances suggest that Queensland trainee-supervision policies could benefit from an explicit "no-lone-worker" provision.

3.7.5. Case Study Five: Vanessa George (Plymouth, U.K., 2009)

Number of known victims and age range: At least 30 children between the ages of two and five from the Little Teds Nursery where George worked. The sex of the children could not reliably be identified.

Summary of events: Vanessa George, a respected early childhood worker at Little Ted's Nursery in Plymouth, was arrested in 2009 after police discovered she had sexually abused young children in her care, photographed the abuse, and shared the images online. George appeared to be a trusted and caring caregiver to parents, colleagues, and children and had no criminal record. However, after meeting Colin Blanchard online in 2008, she became involved in an escalating pattern of sexually

explicit communication and abuse. With unrestricted access to toddlers during nappy changes, George photographed at least 124 instances of abuse between December and June. She concealed the children's faces in the images, which made identification impossible. The offences were discovered after Blanchard's business partner found the images on his computer.

Sources: Morris & Carter (2009),[98] Wonnacott (2012),[6] Plymouth Safeguarding Children Board (2010).[99]

Risk factors:

- Vanessa George held informal authority within the nursery and was widely trusted by colleagues, parents, and children, enabling her to offend without suspicion.
- She was granted one-to-one access to young children during intimate care routines in an environment that lacked adequate visibility or supervision.
- The nursery culture was dominated by a close-knit staff group that discouraged challenge and fostered a sense of loyalty rather than accountability.
- The abuse was facilitated and encouraged by online peer dynamics, particularly with co-offenders Colin Blanchard and Angela Allen, who exchanged abusive content and fantasies.

System failures:

- The nursery lacked an effective governance structure, with inactive trustees and no apparent oversight of the manager's or staff's conduct.
- George was hired without an interview or references, reflecting poor recruitment practices and a failure to assess suitability for child-facing roles.
- Safeguarding concerns raised by local authorities were not shared with Ofsted (The Office for Standards in Education, Children's Services and Skills), leading to positive inspection reports that overlooked deeper cultural issues.
- The layout of the setting allowed George to commit abuse out of view, even during routine tasks that appeared compliant with policy.

Barriers to disclosure:

- The children were too young to communicate the abuse, and George deliberately obscured identifying features in the images she produced.
- Staff who had concerns about George felt unable to speak out due to social dynamics and a lack of reporting pathways.
- Parents were reassured by George's warm reputation, unaware of governance failures that had left the setting vulnerable.
- There was no external point of contact for concerns beyond the manager, who was perceived as the authority figure despite lacking accountability.

Post-case measures:

- Vanessa George was convicted and imprisoned, but her refusal to identify victims caused prolonged trauma for affected families.

- Little Ted's Nursery was permanently closed, and a Serious Case Review revealed widespread failures in leadership, culture, and oversight.
- The case highlighted the limitations of inspection frameworks focused on documentation rather than organisational culture.
- While the case prompted a national debate in the U.K. on early years safeguarding, no legislative reforms were introduced.

Relevance to this report: George's case highlights how internal institutional cultures, particularly those built on trust, loyalty, and complacency, can obscure serious risk. Despite daily access to young children during intimate care and warning signs raised externally, detection was only possible after her co-offender was arrested for CSAM offences. The case illustrates the failure of governance, inspection, and whistleblower pathways to disrupt abuse even in well-regarded ECEC services. The governance and inspection weaknesses revealed in this UK nursery case offer insights that could inform ongoing quality-assurance efforts within Queensland ECEC services.

3.7.6. Case Study Six: Bailey and Elizabeth Mills (U.S., 2015)

Number of known victims and age range: Ten victims, aged between one and 14 years old. The sex of the children is mostly not publicly reported, but one victim was a 13-year-old female.

Summary of events: In 2015, Bailey Joe Mills and his wife, Elizabeth Mills, were convicted of the production of CSAM in North Carolina, U.S. The couple operated an unlicensed daycare facility from their home, providing them access to numerous children. Bailey Mills, who had prior convictions for sexual offences against children in 1997 and 2000, used this setting to exploit children in his care. Elizabeth Mills was found to have assisted in these offences. The investigation uncovered extensive photographic and video evidence, and at least ten minor victims were identified, including toddlers. Some of the offences involved the financial exploitation of victims. Both offenders pleaded guilty. Bailey Mills was sentenced to 45 years in federal prison with lifetime supervised release, while Elizabeth Mills received a 16-year sentence with 10 years of supervised release.

Sources: FindLaw (2017),[100] U.S Department of Justice (2015),[101] Basiouny (2015),[102] U.S. Immigration and Customs Enforcement (2015).[103]

Risk factors:

- Bailey Mills had two prior convictions for child sexual offences (in 1997 and 2000), yet was able to operate a home-based daycare with his wife.
- The couple ran an unlicensed family day care service, avoiding background checks, regulatory oversight, and mandatory reporting obligations.
- Children in their care were of varying ages, including toddlers and a 12-year-old, and some were coerced or manipulated, further complicating disclosure.

System failures:

- Despite his criminal history, Bailey Mills was not subject to ongoing supervision or restrictions on contact with children.
- There was no regulatory mechanism in place to detect or prevent the operation of an unlicensed childcare service from a private residence.

- Community and institutional safeguards failed to identify warning signs, and there were no formal service-level observations or child safety checks in place.
- The sexual abuse of children was only discovered after a federal investigation, not through child protection or early learning channels.

Barriers to detection:

- The victims were predominantly very young, with limited capacity to understand or articulate what was happening.
- Because the service was unlicensed, it operated outside of mandated oversight, meaning there were no structured opportunities for independent observation or parental reporting.
- Some children were manipulated or rewarded, inhibiting their ability to recognise the behaviour as abusive or seek help.
- There was no formal system to track prior offenders attempting to work in home-based care settings.

Post-case measures:

- Although no specific legislative reforms were directly attributed to the case, it has been widely cited as a cautionary example in discussions about regulating home-based and unlicensed childcare services in the U.S.
- The case contributed to growing awareness of the risks associated with informal family day care and the need for cross-agency information sharing and enforcement.

Relevance to this report: This case illustrates how known offenders can exploit family day care settings without regulation or oversight to facilitate CSA. Detection occurred only through federal CSAM investigation, highlighting the limited visibility of abuse in private care arrangements. As reports in Australia have recently proposed expanding family day care models to address regional service gaps, this case reinforces the need for robust safeguards, supervision protocols, and mandatory licensing mechanisms to protect children in home-based education and care settings (Productivity Commission, 2024).

3.7.7. Case Study Seven: Timothy Luke Doyle (NSW, Australia, 2017–2020)

Number of known victims and age ranges: 30 child victims linked to Doyle. Victims ranged from infants to children under 16. Victims were male and female.

Summary of events: Timothy Luke Doyle, aged 27 at his arrest, worked as an early childhood educator at a childcare centre on the NSW Mid North Coast between 2017 and early 2019. In late 2018, a parent reported that their child had disclosed sexual abuse by Doyle. The childcare service conducted an internal investigation and issued Doyle with a prohibition notice, and he resigned in January 2019.

At the time of his resignation, the full scale of his offending, including the production and online distribution of child abuse material, had not yet come to light. In February 2020, investigators from the Australian Federal Police (AFP) discovered a USB stick containing child abuse material during a separate investigation into another individual. This discovery triggered Operation Arkstone, a major AFP-led investigation into a domestic online network of child sex offenders.

Through digital forensics and international intelligence sharing, Doyle was identified as one of the key offenders. He was arrested in June 2020 and later pleaded guilty to over 300 offences, including sexual intercourse with children under 10 and the production and distribution of child abuse material. His offences involved 30 children, including 16 children from the childcare centre where he had worked.

Doyle's former partner, Steven Garrad, aged 22 at the time, was also arrested and convicted of over 120 child abuse offences. The court noted that their relationship contributed to the escalation and persistence of the abuse.

Sources: Collins & Elsworthy (2020),[104] McKinnell (2024),[105] Murray (2024),[106] Rawsthorne (2022).[107]

Risk factors:

- Doyle had unsupervised access to young children in a trusted professional role.
- He produced child abuse material involving children at the centre during his employment, concealing his actions within the routines and trust of the caregiving environment.
- He shared victims with his partner, and the court noted that their relationship contributed to the persistence and escalation of the abuse.
- He was embedded in a peer-supported online abuse network, where content was exchanged, normalised, and reinforced across national and international borders.

System failures:

- Although the service acted on the parents' complaint by investigating and issuing a prohibition notice, there is no public evidence that police or child protection authorities were notified at the time.
- As a result, Doyle remained undetected for over a year, continuing to produce and share abusive material.
- The extent of his offending, including against 16 children at a single childcare centre, was only uncovered due to international digital forensics, not through service- or state-level detection.
- There were no known mechanisms linking institutional concern to broader criminal intelligence systems, allowing severe abuse to continue beyond his employment.

Barriers to detection:

- Some victims were very young, limiting their ability to disclose abuse.
- Abuse was committed while Doyle was working in a caregiving role, which can make it difficult to distinguish from routine professional conduct in early childhood settings.
- Doyle was employed in a trusted position, which may have contributed to the absence of early suspicion.
- Abuse was filmed and shared via encrypted platforms.

Post-case measures:

- In 2024, Doyle was sentenced to 37 years, with a non-parole period of 26 years. His co-offender, Steven Garrad, was sentenced to 26 years, with a non-parole period of 16 years and 9 months.

- Doyle is prohibited from working with children or in education and was assessed by the court as having a high risk of reoffending.
- Operation Arkstone, the broader AFP investigation, resulted in 26 arrests, over 1,350 charges, the removal of 56 children from harm, and 154 international referrals for related offences.
- The case has contributed to growing national and international awareness of the risks posed by networked, peer-reinforced abuse involving individuals in child-facing roles.

Relevance to this report: This case highlights how concerning behaviours raised within an ECEC setting may not lead to the timely identification of sexual abuse, particularly when internal responses are not linked to broader protective systems. Although a parent raised a concern about inappropriate conduct, and the service responded with an internal investigation and prohibition notice, the full extent of the abuse, including the production and sharing of CSAM, was only uncovered more than a year later through a digital investigation led by the AFP. Doyle's role within a regulated childcare service, his ability to abuse children over an extended period, and his involvement in networked online abuse underscore the need for stronger systemic safeguards. His co-offending relationship also illustrates that many perpetrators operate as part of organised abuse networks, which current institutional frameworks may not be equipped to detect. This case highlights that safeguarding in ECEC settings must extend beyond internal institutional processes and be supported by integrated, multi-agency systems to ensure accountability and enable early detection of abuse.

3.7.8. Summary of Case Study Themes

Table 11 summarises cross-cutting themes identified across the seven international case studies. These patterns reflect the convergence of child vulnerability, offender strategies, environmental risk, and systemic oversight failures.

Table 11. Summary of themes from case studies

	Themes
Child-level risk factors	• Very young or preverbal children unable to disclose abuse • Children with disabilities or developmental vulnerabilities • Children in out-of-home care or with limited family advocacy.
Institutional risk-factors	• One-on-one access during high-risk care routines (e.g., toileting, nap time) • Unsupervised student placements or temp agency staff • Lack of CCTV or physical design enabling concealment • Absence of safeguarding protocols specific to high-risk tasks.
System failures	• Ineffective background checks or ignored risk assessments • Inadequate oversight across multiple settings/employers • Informal workplace cultures that suppress reporting or challenge.
Barriers to detection	• Young age of victims preventing verbal disclosure • Subtle abuse during routine care mistaken for normal interaction • Staff reluctance to report due to fear, loyalty, or lack of clarity • Detection only after external CSAM investigations.
Post-case responses	• National reviews, e.g., Royal Commissions or Serious Case Reviews • Introduction of policies like the “Four Eyes Principle” • Limited legislative reform despite systemic failures

These themes highlight systemic and recurring vulnerabilities across international ECEC contexts. They offer a foundation for comparison with broader patterns of perpetrator behaviour, as explored in **Part Two**.

3.8. Summary of Evidence Review

This section reviews the evidence on children at risk of CSA in ECEC settings, the barriers to identifying and responding to abuse, and the tools currently used to detect and mitigate risk. Drawing on a rapid evidence review and international case studies, the findings reveal that very young children are highly vulnerable to CSA, systemic weaknesses hinder detection, and current tools are insufficient to identify or respond to risk in ECEC contexts.

3.8.1. Who is at Risk of CSA in ECEC Settings?

- Children aged 0–5 are particularly vulnerable due to developmental dependence, need for intimate care, and limited capacity to disclose abuse.
- Risk is heightened for children with disabilities, especially cognitive or communication impairments.
- First Nations and CALD children face compounded risks due to cultural and language barriers as well as the impacts of colonisation and systemic racism.
- Family risk factors include parental trauma (especially maternal CSA history), family violence, substance use, and socioeconomic disadvantage.
- Institutional factors such as poor supervision, casual staffing, and a lack of child safety culture increase the risk of abuse.
- Case studies confirmed that offenders often targeted the youngest, least verbal children and exploited gaps in oversight.

3.8.2. What Barriers Prevent CSA From Being Identified, Reported, or Acted Upon in ECEC?

- Young children may lack the language or understanding to disclose, with disclosure often accidental or delayed.
- Grooming of children, parents, and staff can silence concerns or prevent them from being believed.
- Staff may lack confidence, training, or knowledge of reporting pathways; internal policies are often unclear or under-enforced.
- Institutional cultures of loyalty, fear, or concern for reputation discourage whistleblowing.
- Societal barriers, such as distrust of authorities and discriminatory attitudes, can further hinder identification.
- Case studies revealed that known risks were often overlooked, and most abuse was uncovered through external investigations rather than internal detection.

3.8.3. What Tools, Systems, and Frameworks are Used to Identify Children at Risk?

- Criminal record checks are widely used but insufficient, as most offenders have no prior convictions.

- Screening tools exist, but they are rarely validated for assessing extrafamilial risk in ECEC settings.
- Staff training programs are limited in focus on bystander responses and staff misconduct; programs for children with disabilities are lacking.
- Family-inclusive, culturally appropriate prevention programs show promise but are not widely implemented.
- Case studies revealed consistent failure of internal tools and processes to detect or prevent CSA.

While **Part One** of this report examined the risks, barriers, and system-level gaps contributing to CSA in ECEC settings, **Part Two** focuses on the characteristics and behaviours of offenders. Drawing on an original analysis of an extensive cross-national survey, this section provides critical insight into the psychosocial, demographic, and behavioural risk factors associated with child sexual offending, particularly among men working with children. These findings complement the evidence review by highlighting offender profiles that current institutional safeguards or screening mechanisms may not detect.

4. Part Two - Offender Data Analysis

This section presents key findings from a national online survey of adult men in Australia, focusing specifically on the characteristics associated with sexual interest and contact with children (herein referred to as “offenders”) among those employed in child-related fields. These findings are derived from a broader international study conducted across Australia, the United Kingdom, and the United States, aiming to inform prevention strategies and risk assessment practices. Please note that this section summarises the methods, measures, and findings; full analytical details and supplementary results are provided in Appendices B and C.

4.1.1. Methods

The analytical sample comprised of 1,939 Australian men representative of the adult male population. The study was approved by the UNSW Human Research Ethics Committee (HREC) and guided by an expert advisory group with representatives from law enforcement, financial intelligence, mental health, and government sectors.

Participants were classified as "offenders" if they met criteria for both:

- **Behavioural indicators**, such as viewing CSAM or engaging in online or offline sexual interactions with minors.
- **Sexual interest or intent**, including self-reported sexual attraction to children under 16 or willingness to offend if anonymity were guaranteed.

The key areas that were measured in the survey and included in these findings are:

- **Demographics:** Age, education, income, location, relationship status, children in household, and whether their job involved contact with children.
- **Online Activities:** Frequency of general internet use, including online messaging, video chatting, and pornography.
- **Social Media and Privacy Tools:** Use of platforms like Facebook, Instagram, TikTok, and encrypted services such as TOR or VPNs.

- **Pornography Use:** Types of content viewed, including violent, illegal, or extreme pornography, and history of purchasing sexual content.
- **Peer Influence:** Whether participants knew others who engaged in online sexual abuse of children.
- **Mental Health and Substance Use:** Symptoms of anxiety, depression, and substance misuse.
- **Adverse Childhood Experiences (ACEs):** Exposure to abuse, neglect, family violence, and household dysfunction before age 18.
- **Attitudes Toward Online CSEA:** Beliefs that minimise, justify, or normalise online abuse, assessed through adapted myth scale items.

Statistical analyses used survey weights and robust standard errors. Descriptive statistics (proportions and means with 95% confidence intervals) were stratified by whether participants worked with children and then by offender status. Logistic regression analyses were used to estimate the odds of offending for each factor, separately for men who worked with children and those who did not. Differences in effect size between the two groups were formally tested using standardised differences. Due to smaller subgroups, differences were considered statistically significant at $p < .1$.

4.1.2. Results

Among the 1,939 Australian men surveyed, 16.3% (n = 316) reported that their current occupation involved contact with children. Offenders comprised 5.0% (n = 97) of the total sample, including 3.8% (n = 62) of men who do not work with children and 11.1% (n = 35) of those who do. This means offenders were **3.17 times more likely to work in child-related roles**. This pattern was even more pronounced in the United States (OR = 5.09) and the United Kingdom (OR = 7.44).

4.1.2.1. Demographic Characteristics*Table 12**Table 12*

There were significant demographic differences between non-offenders and offenders who work with children. Specifically, offenders were 3.72 times more likely to be **aged 55 years or older**, 3.17 times more likely to **have a high annual household income**, 4.32 times more likely to **live in the city**, 8.57 times more likely to be **heterosexual**, 2.36 times more likely to **have a child living in the household**, and 5.12 times more likely to **be married or living with a partner**, relative to men not identified as offenders.

Many of these associations were significantly **stronger for offenders who work with children** compared to offenders who do not work with children. Specifically, the odds of offending among men who work with children, compared to men who do not work with children, were **13.1 times** stronger for men aged 55 years or older, **4.97 times** stronger for high annual household income, **63.41 times** stronger for heterosexual men, **11.99 times** stronger for those with a dependent child in the household, and **13.29 times** stronger for married or living with a partner. **Simply put, older, wealthier, heterosexual men with families are substantially more likely to be offenders if they work with children compared to men with same characteristics who do not work with children**.

Table 12 presents the odds of offending by demographic characteristics, separately for men who work with and do not work with children. Detailed descriptive statistics on demographic characteristics for the sample are available in Appendix C (Table 12).

Table 12. Odds of offending by demographic characteristics.

	Does not work with children (n = 1,624)	Works with children (n = 316)	Effect size comparison
	OR (95% CI)	OR (95% CI)	*d* (*se*)
Age			
18 – 34 years	1.00 (reference)	1.00 (reference)	-
35 – 54 years	0.64 (0.27 – 1.50)	1.47 (0.54 – 4.00)	0.83 (0.67), *p* = .22
55 years or older	0.90 (0.44 – 1.81)	3.72 (1.73 – 7.98)	1.42 (0.53), *p* < .01
Household income			
Low	1.24 (0.57 – 2.68)	0.22 (0.03 – 1.74)	-1.73 (1.11), *p* = .12
Moderate	1.00 (reference)	1.00 (reference)	-
High	1.31 (0.66 – 2.60)	3.17 (1.58 – 6.37)	0.88 (0.50), *p* = .07
Residential location			
City	3.05 (1.48 – 6.27)	4.32 (1.60 – 11.70)	0.35 (0.63), *p* = .58
Suburb	1.00 (reference)	1.00 (reference)	-
Rural or regional	2.08 (0.77 – 5.65)	0.60 (0.11 – 3.29)	-1.24 (1.00), *p* = .22
Bachelor's degree or higher	0.90 (0.50 – 1.61)	1.14 (0.58 – 2.27)	0.24 (0.46), *p* = .61
Heterosexual	0.87 (0.28 – 3.03)	8.57 (1.17 – 65.00)	2.29 (1.19), *p* = .05
Ever had sex with men	1.83 (0.86 – 3.86)	2.18 (0.94 – 5.08)	0.18 (0.58), *p* = .76
Child in household	0.60 (0.30 – 1.20)	2.36 (1.18 – 4.72)	1.37 (0.50), *p* < .01
Married or living with partner	1.23 (0.63 – 2.42)	5.12 (1.75 – 15.01)	1.43 (0.65), *p* = .03

4.1.2.2. Social Media Platform Use

*Table **13**Table **13***Offenders who work with children were around three times more likely to use **Snapchat, WhatsApp, and Twitter,** and almost five times more likely to use **Skype**, compared to non-offenders who work with children. Furthermore**,** the use of each **additional social media platform** increased the odds that a man working with children is an offender by 1.35 times. Finally, the likelihood of using **X** (**formerly Twitter)** was 5.78 times higher for motivated offenders who work with children compared to motivated offenders who do not work with children.

The odds of offending by social media platform use for men who do and do not work with children are presented in Table 13. For more information on the prevalence of offending associated with the use of social media platforms, refer to Appendix C (Table 13).

Table 13. Odds of offending by social media platform use.

	Does not work with children (n = 1,624)	Works with children (n = 316)	Effect size comparison
	OR (95% CI)	OR (95% CI)	*d* (*se*)
YouTube	6.77 (2.17 – 21.18)	3.35 (0.77 – 14.65)	-0.70 (0.95), *p* = .46
Instagram	4.07 (2.08 – 7.94)	2.33 (0.73 – 7.38)	-0.56 (0.68), *p* = .41
Facebook	1.53 (0.74 – 3.16)	1.09 (0.47 – 2.52)	-0.34 (0.57), *p* = .55
Snapchat	1.66 (0.89 – 3.09)	3.36 (1.71 – 6.60)	0.71 (0.47), *p* = .13

	Does not work with children (n = 1,624)	Works with children (n = 316)	Effect size comparison
	OR (95% CI)	OR (95% CI)	*d* (*se*)
Fb messenger	1.66 (0.88 – 3.10)	1.16 (0.53 – 2.53)	-0.36 (0.51), *p* = .48
TikTok	1.15 (0.58 – 2.26)	0.94 (0.47 – 1.86)	-0.20 (0.49), *p* = .68
WhatsApp	2.04 (1.09 – 3.81)	3.20 (1.19 – 8.62)	0.45 (0.60), *p* = .45
Twitter	1.16 (0.62 – 2.20)	3.05 (1.52 – 6.14)	0.97 (0.48), *p* = .04
Discord	1.25 (0.52 – 3.00)	1.42 (0.63 – 3.23)	0.13 (0.61), *p* = .83
Skype	2.21 (1.12 – 4.40)	4.52 (2.21 – 9.22)	0.72 (0.50), *p* = .16
Viber	2.10 (0.60 – 7.32)	1.24 (0.36 – 4.31)	-0.53 (0.90), *p* = .56
Number of platforms used	1.22 (1.08 – 1.39)	1.35 (1.15 – 1.58)	0.10 (0.10), *p* = .33

4.1.2.3. Frequency of Online Activities

The study explored patterns of regular online behaviour. *Table **14**Table **25***Among men who work with children, a one-unit increase in online browsing frequency decreased the odds of motivated offending by a factor of two. By contrast, for each unit increase in frequency, the odds of offending significantly rose by 1.77 for **online blogging,** 2.02 for **online shopping,** 1.75 for **private video chatting,** 1.78 for **livestreaming self,** 1.91 for **online dating,** 1.73 for **online gaming,** and 2.16 **for online pornography.**

The strength of the association between offending and online browsing frequency was 3.45 times weaker for men who work with children than for those who do not work with children, meaning that **offenders who work with children are less likely to spend time online browsing** than offenders who do not work with children. By contrast, offenders who worked with children are **more likely to spend time online gaming and online dating** compared to offenders who did not.

The odds of offending through online activities are presented separately for men who work with children Table 14 see also Appendix C, Table 25, for descriptive statistics on mean online activity frequency.

Table 14. Odds of offending by frequency of online activities

	Does not work with children (n = 1,624)	Works with children (n = 316)	Effect size comparison
	OR (95% CI)	OR (95% CI)	*d* (*se*)
Online browsing	0.99 (0.65 – 1.49)	0.50 (0.28 – 0.90)	-0.68 (0.37), *p* = .06
Sending emails	0.87 (0.62 – 1.23)	0.90 (0.60 – 1.34)	0.03 (0.27), *p* = .90
Social media	1.02 (0.81 – 1.30)	0.81 (0.58 – 1.14)	-0.23 (0.21), *p* = .27
Online blogs	1.31 (1.05 – 1.62)	1.77 (1.32 – 2.39)	0.30 (0.19), *p* = .11
Online shopping	1.51 (1.19 – 1.90)	2.02 (1.41 – 2.90)	0.29 (0.22), *p* = .18
Online banking	1.10 (0.78 – 1.54)	1.43 (0.93 – 2.21)	0.26 (0.28), *p* = .35
Online messaging	1.37 (1.16 – 1.62)	1.10 (0.82 – 1.47)	-0.22 (0.17), *p* = .20
Private video chatting	1.25 (1.03 – 1.53)	1.75 (1.20 – 2.53)	0.34 (0.22), *p* = .12
Livestream self	1.53 (1.30 – 1.80)	1.78 (1.45 – 2.19)	0.15 (0.13), *p* = .26
Streaming videos	0.97 (0.83 – 1.15)	1.10 (0.83 – 1.45)	0.13 (0.16), *p* = .45

Online dating	1.57 (1.30 – 1.91)	1.91 (1.57 – 2.33)	0.20 (0.14), *p* = .16
Online gaming	1.32 (1.11 – 1.58)	1.73 (1.36 – 2.19)	0.27 (0.15), *p* = .07
Online pornography	1.40 (1.11 – 1.76)	2.16 (1.66 – 2.81)	0.43 (0.18), *p* = .02

4.1.2.4. Privacy Tools

*Table **26**Table **15***The proportion of men who **use privacy tools** to prevent tracking and surveillance of their online activities was analysed (see Appendix C, Table 26).

Among men who work with children, offenders were three times more likely to use **TOR, a VPN, and Hive,** almost five times more likely to use **WhatsApp,**14.64 times more likely to use **Telegram,** and 17.12 times more likely to use **Element,** than non-offenders.

Further, **almost half (47.5%) of offenders who work with children use Signal**, compared to 3.7% of non-offenders who work with children. By comparison, the proportion of men who use Signal and do not work with children was 14.2% for offenders and 7.5% for non-offenders. The odds of using Signal were **82.29** times stronger for offenders who work with children compared to offenders who do not. This was consistent with the pooled UK and US data, which indicated that offenders encompassed 58.3% (95% CI = 45.9% - 69.9%) of all Signal users among those who work with children.

Table 15 presents the associations between using these tools and motivated offending separately for men who do and do not work with children.

Table 15. Odds of offending by privacy tools

	Does not work with children (n = 1,624)	**Works with children (n = 316)**	**Effect size comparison**
	OR (95% CI)	OR (95% CI)	*d* (*se*)
TOR	4.78 (1.81 – 12.61)	2.93 (1.08 – 7.94)	-0.49 (0.71), *p* = .49
VPN	1.75 (0.92 – 3.34)	2.97 (1.44 – 6.12)	0.53 (0.49), *p* = .28
Telegram	7.67 (4.05 – 14.53)	14.64 (6.33 – 33.85)	0.65 (0.54), *p* = .23
Signal	2.04 (1.03 – 4.03)	23.20 (9.46 – 56.90)	2.43 (0.57), *p* < .001
WhatsApp	2.70 (1.44 – 5.06)	4.47 (1.91 – 10.45)	0.50 (0.54), *p* = .35
Element	9.54 (4.13 – 22.00)	17.12 (4.06 – 72.13)	0.58 (0.85), *p* = .49
Hive	2.42 (0.65 – 9.02)	3.04 (1.37 – 6.79)	0.23 (0.79), *p* = .77
Private relay	1.80 (0.27 – 12.04)	2.04 (0.64 – 6.49)	0.13 (1.13), *p* = .91
Owns cryptocurrency	1.92 (1.03 – 3.56)	1.67 (0.82 – 3.41)	-0.14 (0.48), *p* = .77
Uses cryptocurrency	14.27 (7.13 – 28.54)	9.49 (4.50 – 20.05)	-0.41 (0.52), *p* = .43

4.1.2.5. Pornography Use

Error! Reference source not found.*Table **16***

Offenders who work with children were significantly more likely to **engage with sexual, especially harmful sexual content, online**. They were 2.92 times more likely to watch pornography daily**,** 3.64 times more likely to watch rough and/or violent pornography**,** and **31.56** times more likely to watch sexual content involving animals, relative to non-offenders who work with children. In fact, 31.8% of offenders reported **viewing bestiality**, compared to just 1.5% of non-offenders. Overall, offenders make

up 73.2% of all men who watch bestiality among those who work with children, which is again consistent with evidence from the pooled UK and US sample (74.2%).

Offenders who work with children were almost ten times more likely to have **purchased any sexual content and/or services online** (over 50%) compared to non-offenders (10%). Regarding specific purchases, offenders who work with children were 13.88 times more likely to have **purchased a sexually explicit webcam or livestream,** 6.25 times more likely to **purchase nudes or sexual videos,** and 5.60 times more likely to **subscribe to adult websites**. Furthermore, offenders were 4.70 times more likely to **be approached by an adult** and 7.89 times more likely to **be approached by a child, selling sexual content or services online**. These associations were relatively consistent for offenders regardless of whether they worked with children or not.

Table 16 presents the associations regarding pornography use and offending separately for men who do and do not work with children. Descriptive statistics on the prevalence of pornography use are available in Appendix C (Table 16).

Table 16. Odds of offending by pornography use.

	Does not work with children (n = 1,624)	**Works with children (n = 316)**	**Effect size comparison**
	OR (95% CI)	OR (95% CI)	*d* (*se*)
Watches porn daily	1.89 (0.82 – 4.81)	2.92 (1.38 – 6.22)	0.38 (0.59), *p* = .52
Watches bestiality	13.03 (6.11 – 27.79)	31.56 (8.53 – 116.78)	0.88 (0.77), *p* = .25
Watches rough and/or violent porn	5.74 (2.98 – 11.08)	3.64 (1.74 – 7.63)	-0.46 (0.50), *p* = .37
Purchased webcam and/or livestream	17.55 (8.07 – 38.17)	13.88 (6.02 – 31.96)	-0.23 (0.58), *p* = .69
Purchased subscription service	7.78 (3.19 – 18.96)	5.60 (2.29 – 13.67)	-0.33 (0.64), *p* = .61
Purchased nudes or videos	21.47 (7.70 – 59.85)	6.25 (2.17 – 18.03)	-1.23, (0.75), *p* = .10
Approached by adult online selling sexual services	1.61 (0.85 – 3.05)	4.70 (2.36 – 9.34)	1.07 (0.48), *p* = .03
Approached by child online selling sexual services	10.49 (4.96 – 22.15)	7.89 (3.54 – 17.62)	-0.28 (0.56), *p* = .61

4.1.2.6. Perceived Social Support

Survey participants were further asked about the level of social support they receive from significant others, family, and friends.

Surprisingly, **offenders reported higher levels of perceived social support** than non-offenders, regardless of whether they worked with children. Among those who work with children, each unit increase in perceived support from family and friends was associated with greater odds of being an offender (1.35- and 1.39, respectively).

The odds of offending by perceived social supports are presented separately for men who do and do not work with children, see Table 17; see also Appendix C, Table 17, for mean perceived social support scores).

Table 17. Odds of offending by perceived social supports.

	Does not work with children (n = 1,624)	Works with children (n = 316)	Effect size comparison
	OR (95% CI)	OR (95% CI)	*d* (*se*)
Significant other scale	1.08 (0.92 – 1.26)	1.13 (0.89 – 1.44)	0.05 (0.15), *p* = .76
Family scale	1.18 (0.97 – 1.44)	1.35 (1.00 – 1.83)	0.13 (0.18), *p* = .46
Friend scale	1.34 (1.06 – 1.69)	1.39 (1.04 – 1.84)	0.04 (0.19), *p* = .85

4.1.2.7. Friends who Engage in CSEA

The proportion of men who are friends with people who engage in CSEA was analysed (see Appendix C, Table 18).**Error! Reference source not found.**

Almost **half of all offenders who work with children,** compared to 3.2% of non-offenders who work with children, had **friends who engaged in some form of CSEA**. This corresponds to 24.99 times higher odds that someone who works with children and has a friend who engages in some type of CSEA is an offender. Regarding specific types of CSEA, offenders who work with children were 17.99 times more likely to have a friend who **looks at CSAM,** 17.69 times more likely to be friends with someone who has **sexual conversations with children online,** and 63.57 times more likely to be friends with someone who **sexually webcams or livestreams children.** The strength of these associations did not differ significantly from offenders who do not work with children.

Table 18 presents the association between having such friends and motivated offending, separately for those who work with children and those who do not.

Table 18. Odds of offending by having friends who engage in CSEA.

	Does not work with children (n = 1,624)	Works with children (n = 316)	Effect size comparison
	OR (95% CI)	OR (95% CI)	*d* (*se*)
Friend looks at CSAM	11.69 (3.77 – 36.28)	17.99 (5.73 – 56.50)	0.43 (0.82), *p* = .60
Friend flirts with children online	9.34 (3.29 – 26.56)	17.69 (6.78 – 46.17)	0.64 (0.72), *p* = .38
Friend sexually webcams or livestreams children	19.98 (5.87 – 49.06)	63.57 (7.95 – 508.40)	1.16 (1.19), *p* = .33

4.1.2.8. Mental Health

The frequency symptoms of anxiety and depression, and substance use (binge drinking, tobacco smoking, prescription medicine misuse, and illicit drug use) were measured.

Offenders, regardless of whether they work with children, had **significantly poorer mental health** outcomes. Among those who work with children, each unit increase in anxiety and depression scores was associated with 1.35 times higher odds of offending. The magnitude of this association was also greater for offenders who work with children compared to offenders who do not work with children, which means that **anxiety and depression appear to be more evident among offenders who work with children**.

Similarly, **substance misuse was more common among offenders**. Among men who work with children, each increase in frequency of substance use was associated with twice the odds of

offending. This pattern was consistent with offenders who did not work with children, showing no significant difference in the strength of the association.

The associations regarding mental health and motivated offending are presented in Table 19 (see also Appendix C, Table 30, for mean mental health scores).

Table 19. Odds of motivated offending by mental health.

	Does not work with children (n = 1,624)	Works with children (n = 316)	Effect size comparison
	OR (95% CI)	OR (95% CI)	*d* (*se*)
Anxiety and depression	1.17 (1.08 – 1.27)	1.35 (1.20 – 1.52)	0.14 (0.07), *p* = .05
Substance misuse	1.70 (1.32 – 2.20)	2.00 (1.52 – 2.63)	0.16 (0.19), *p* = .40

4.1.2.9. Adverse Childhood Experiences

Among men who work with children, offenders were significantly **higher likelihood of having a history of adverse childhood experiences** (ACEs): the odds were 5.63 times higher for sexual abuse, 4.26 times higher for neglect, 2.87 times higher for emotional abuse, 2.80 times higher for exposure to domestic violence, 2.79 times higher for living with someone with a mental illness, and 2.57 times higher for having a household member incarcerated. Additionally, **each additional ACE increased the odds of offending** by 1.27 times. These associations were similar among men who do not work with children.

The odds of offending by ACEs are presented separately for men who do and do not work with children in Table 20. Descriptive statistics on the prevalence of ACEs are available in Appendix C (Table 20).

Table 20. Odds of motivated offending by ACEs.

	Does not work with children (n = 1,624)	Works with children (n = 316)	Effect size comparison
	OR (95% CI)	**OR (95% CI)**	***d* (*se*)**
Emotional abuse	1.32 (0.67 – 2.60)	2.87 (1.44 – 5.74)	0.78 (0.49), *p* = .12
Physical abuse	1.60 (0.81 – 3.16)	1.38 (0.70 – 2.72)	-0.15 (0.49), *p* = .76
Sexual abuse	3.55 (1.66 – 7.63)	5.63 (2.67 – 11.89)	0.46 (0.54), *p* = .40
Low social support	1.75 (0.91 – 3.37)	1.91 (0.96 – 3.78)	0.09 (0.48), *p* = .86
Neglect	4.40 (2.15 – 8.99)	4.26 (2.04 – 8.89)	-0.03 (0.52), *p* = .95
Parental divorce	0.88 (0.42 – 1.84)	1.29 (0.66 – 2.54)	0.38 (0.51), *p* = .45
Domestic violence	4.16 (2.00 – 8.63)	2.80 (1.32 – 5.94)	-0.40 (0.54), *p* = .46
Household drug use	3.31 (1.68 – 6.55)	1.88 (0.96 – 3.70)	-0.57 (0.49), *p* = .25
Household mental illness	2.72 (1.33 – 5.54)	2.79 (1.40 – 5.58)	0.03 (0.51), *p* = .96
Household incarceration	2.34 (0.79 – 6.95)	2.57 (1.08 – 6.12)	0.09 (0.71), *p* = .89
Number of ACEs (range 0 - 10)	1.22 (1.07 – 1.39)	1.27 (1.12 – 1.44)	0.04 (0.09), *p* = .66

4.1.2.10. Attitudes Towards Online CSEA

Offenders who work with children were significantly **more likely to endorse** 23 out of the 25 attitudes towards online CSEA than non-offenders.

The **strongest association** was for "*I would still be friends with someone who I knew had webcammed or livestreamed sexually with a person under 18*", which, for each unit increase, was associated with 6.29 times higher odds of offending. Furthermore, agreement with the statements "*boys under 18 are sexually experimental and are not harmed when they interact sexually with an adult online*" and "*people under 18 who offer nude or sexual activity on livestream are exploring their sexuality and should not be censored*" were associated with a 4.39 and 4.23 per unit increase in the odds that a man who works with children is an offender.

While offenders who do not work with children were significantly more likely to also agree with these attitudes, the **strength of the associations was significantly stronger for offenders who work with children**. In other words, these attitudes were significantly more likely to be held by offenders who work with children than by offenders who do not. For example, the odds of an offender endorsing *"I would still be friends with someone who I knew had webcammed or livestreamed sexually with a person under 18"* were 8.14 times stronger if they worked with children. Interestingly, although offenders who do and do not work with children were significantly more likely to disagree with the statements "*drawn, cartoon or computer-generated sexual imagery of children is wrong*" and "*I would not be friends with someone who I knew had sexually interacted online with a person under 18*", the magnitude of this disagreement was significantly **greater for those who do not work with children**.

Table 21 presents the association between endorsement of these attitudes and motivated offending separately for those who do and do not work with children (see also Appendix C, Table 32, for descriptive statistics on mean endorsement of attitudes scores).

Table 21. Odds of motivated offending by endorsement of attitudes towards online CSEA.

	Does not work with children (n = 1,624)	Works with children (n = 316)	Effect size comparison
	OR (95% CI)	OR (95% CI)	*d* (*se*)
Sexual images of a person under 18 online where it appears that they are happy and enjoying the activity cannot really be described as 'abusive'	1.75 (1.36 – 2.25)	2.37 (1.85 – 3.04)	0.30 (0.18), p = .09
Girls under 18 who share images of themselves nude or in revealing clothing are not at all responsible if an adult responds to them in a sexual way	1.18 (0.93 – 1.49)	1.98 (1.44 – 2.72)	0.52 (0.20), p = .01
It's not harmful to look at nude images of someone under 18 if they took the photo of themselves.	1.58 (1.24 – 2.02)	2.68 (2.00 – 3.58)	0.53 (0.19), p < .01
Drawn, cartoon or computer-generated sexual imagery of children is wrong (reverse coded)	1.53 (1.27 – 1.83)	1.23 (1.03 – 1.47)	-0.22 (0.13), p = .09
There is nothing wrong with sex dolls that look like children.	1.87 (1.50 – 2.33)	3.01 (2.25 – 4.02)	0.48 (0.19), p = .01
Viewing a nude or sexual image of a person under 18 is a victimless crime if the person is unaware that the image was made	1.20 (1.01 – 1.43)	1.95 (1.58 – 2.41)	0.49 (0.14), p < .001
I would still be friends with someone who I knew looked at nude or sexual images of people under 18	1.60 (1.21 – 2.13)	3.25 (2.28 – 4.64)	0.71 (0.23), p <.01
People under 18 who act in sexual ways online are not to blame if an adult responds to them in a sexual way	1.22 (1.00 – 1.49)	1.60 (1.25 – 2.06)	0.27 (0.16), p = .10
Boys under 18 are sexually experimental and are not harmed when they interact sexually with an adult online	2.11 (1.57 – 2.84)	4.39 (3.07 – 6.27)	0.73 (0.24), p < .01
It's OK to flirt with people under 18 online if you don't intend to take it further	2.32 (1.78 – 3.00)	3.69 (2.72 – 4.99)	0.46 (0.20), p = .02
If a 14 or 15-year-old teenager is on a dating app and contacting adults, they are at least partly responsible if an adult has a sexual interaction with them	1.36 (1.09 – 1.69)	1.72 (1.27 – 2.33)	0.23 (0.19), p = .22
People under 18 cannot consent to online sexual interactions with adults (reverse coded)	1.20 (0.98 – 1.47)	0.96 (0.76 – 1.21)	-0.22 (0.16), p = .16
I would not be friends with someone who I knew had sexually interacted online with a person under 18 (reverse coded)	1.60 (1.29 – 1.99)	1.20 (1.10 – 1.43)	-0.29 (0.13), p = .03

	Does not work with children (n = 1,624)	Works with children (n = 316)	Effect size comparison
	OR (95% CI)	OR (95% CI)	*d* (*se*)
Online sexual contact with a person under 18 that does not involve actual physical sexual contact, force or coercion is unlikely to have serious psychological impacts on that person.	1.71 (1.36 – 2.15)	2.45 (1.91 – 3.14)	0.36 (0.17), *p* = .04
People under 18 on webcams usually come from poor backgrounds and providing them with money for sexual or nude services is helpful	1.60 (1.24 – 2.07)	2.39 (1.79 – 3.18)	0.40 (0.20), *p* = .04
People under 18 can make their own decisions about how much of their bodies they display on webcam.	1.71 (1.29 – 2.27)	2.47 (1.81 – 3.38)	0.37 (0.21), *p* = .09
People under 18 who offer nude or sexual activity on livestream are exploring their sexuality and should not be censored.	2.08 (1.59 – 2.73)	4.23 (3.04 – 5.89)	0.71 (0.22), *p* < .01
It is always wrong to pay to view sexual activity with a child on a webcam, even if the child comes from a poor family and their parents need the money (reverse coded)	1.45 (1.24 – 1.70)	1.53 (1.27 – 1.83)	0.05 (0.12), *p* = .66
I would still be friends with someone who I knew had webcammed or livestreamed sexually with a person under 18	1.98 (1.47 – 2.67)	6.29 (4.10 – 9.65)	1.16 (0.27), *p* < .001
If someone looks at online sexual images of people under 18 while under the influence of drugs and alcohol, they are still responsible for their actions. (reverse coded)	1.40 (1.17 – 1.68)	1.18 (0.99 – 1.40)	-0.17 (0.13), *p* = .18
Sometimes people look at sexual images or videos of children because they are bored of normal adult pornography	1.48 (1.10 – 2.00)	2.91 (2.10 – 4.04)	0.68 (0.23), *p* < .01
Sometimes people look at sexual images or videos of children because they are very stressed	2.06 (1.63 – 2.62)	2.80 (1.97 – 3.98)	0.31 (0.22), *p* = .16
Some people look at sexual images or videos of children online to prevent themselves from sexually abusing children offline.	1.78 (1.32 – 2.41)	3.67 (2.48 – 5.45)	0.72 (0.25), *p* < .01
Viewing sexual images or videos of children is bad only because society says it is.	1.93 (1.55 – 2.42)	3.71 (2.77 – 4.95)	0.65 (0.19), *p* < .001
Some people look at sexual images or videos of children because they were abused when they were children.	1.20 (0.90 – 1.59)	2.29 (1.42 – 3.71)	0.65 (0.28), *p* = .02

4.1.3. Summary of Findings

This study investigated factors associated with motivated offending among a representative sample of Australian men, with a particular focus on those working with children. Results indicated several key factors linked to motivated offending broadly, including older age (55+ years), higher household income, urban residence, heterosexual identity, having dependent children, and being married or cohabiting. Online behaviours significantly associated with motivated offending included frequent engagement with online gaming, dating platforms, pornography, private video chats, and purchasing online sexual content. Offenders typically had higher levels of mental health issues, notably anxiety, depression, and substance misuse, alongside substantial histories of adverse childhood experiences, such as emotional and sexual abuse, neglect, domestic violence exposure, and household mental illness.

Among men who work with children, offenders displayed stronger associations with certain factors. They were significantly more likely to use encrypted messaging services apps like Signal, possibly because their roles grant them regular access to potential victims, increasing the need to conceal communication and evade detection. The end-to-end encryption and minimal data retention features of Signal provide an added layer of anonymity, potentially making it a preferred tool for planning or maintaining exploitative contact while reducing the risk of forensic tracing. Furthermore, offenders who work with children demonstrated a heightened tendency to view extreme and deviant forms of pornography, such as bestiality, at substantially higher rates compared to non-offenders or offenders not working with children. They also exhibited explicit attitudes that minimised or rationalised the harms associated with CSEA, endorsing views that diminished the perceived severity or consequences of such actions. Moreover, offenders who work with children were notably more integrated into social networks where peers engaged in various CSEA-related activities, including accessing CSAM, engaging in sexual conversations with minors online, or participating in sexually explicit livestreaming involving minors.

5. Areas for consideration

5.1. Development of Sexual Abuse Prevention Strategies Specific to ECEC

Sexual abuse in ECEC has unique dynamics, but there is a lack of child sexual abuse prevention programs and strategies specific to this context. ECEC child safeguarding would be improved by the development and implementation of ECEC-specific child sexual abuse and exploitation programs for managers, staff and parents, including:

- precise and robust reporting and escalation protocols for suspected abuse
- safeguarding protocols specific to high-risk tasks such as toileting
- specific prevention strategies for vulnerable groups in ECEC, including infants, children with a disability, and children from First Nations or CALD backgrounds
- design requirements for ECEC settings, including the use of CCTV and other measures to inhibit concealment of abuse in the physical environment
- implementation of the “four eyes” principle, in which no childcare staff member is alone with a child
- routine, rigorous, and independent evaluation of these programs and measures

Child sexual abuse prevention efforts in ECEC would be bolstered by specific educational interventions to identify and disrupt grooming, including the grooming of children, institutional staff and parents.

5.2. ECEC Sector and Workforce

The structure of the childcare workforce and sector presents a barrier to bolstering child protection and safeguarding capabilities in ECEC, specifically the domination of for-profit providers, and variation in staffing levels, pay, qualifications, rates of casual/part-time employment, and levels of staff attrition and turnover. ECEC sector regulation and workforce development are important strategies for improving overall child safety in ECEC contexts. ECEC safeguarding could be improved by endowing regulators with enhanced resourcing and powers. There is a need for:

- regular unannounced inspections and routine audits of institutional cultures and safeguarding practices within ECEC
- tracking of excessive staff movements between centres
- rigorous data systems to gather information on CSA complaints and cases in ECEC for independent analysis and public reporting
- enhanced enforcement of child protection regulatory standards and requirements
- review of the use of waivers that permit centres to operate without meeting staffing benchmarks and standards

5.3. Addressing the Risk of Offenders in ECEC

Child sex offenders are over-represented amongst male ECEC staff. The risk of offending could be reduced by:

- enhanced screening based on data about undetected offenders

- restriction on male workers engaging in intimate care or other high-risk activities
- mandatory and routine child sexual abuse and exploitation training
- structured onboarding, refresher training, and clear information on reporting obligations

5.4. Recognition of Child Sexual Exploitation

ECEC settings should be recognised as potential targets for individuals and groups engaged in sexual exploitation. Response measures could include:

- specific training on sexual exploitation for ECEC managers and staff
- specific protocols for investigations into sexual abuse in ECEC contexts, incorporating the possibility of online or offline coordination with other offenders

5.5. Ensuring Offender Accountability for the Sexual Abuse of Young Children

Child sex offenders can target ECEC settings because they recognise the limited capacity of infants, toddlers and young children to disclose or otherwise indicate that they have been sexually abused. Enhanced offender accountability for the sexual abuse of young children is an important prevention measure. We recommend:

- a review of contemporary evidence of signs and indicators of sexual abuse in young children, and of the capacity of young children to recall and disclose sexual abuse and the credibility of these disclosures
- the development of specific protocols for the gathering of evidence of allegations of sexual abuse of young children, as well as specific training for law enforcement and child protection workers investigating allegations of sexual abuse of young children

5.6. Investment in Research and Methodological Innovation

Typical research methodologies, such as self-report surveys and interviews, are demonstrably unsuitable to the study of the sexual abuse of children who are pre-verbal or too young to remember their sexual abuse, leading to an under-estimation of victimisation in this age group and a lack of information relevant to safeguarding. There is a need for:

- investment in research and methodological innovation to document the prevalence and dynamics of sexual abuse and exploitation of young children, including in ECEC

Glossary

Term	Definition
Adverse childhood experiences (ACEs)	Potentially traumatic events or environments occurring before age 18 that can have negative, lasting effects on health and wellbeing. ACEs commonly include abuse, neglect, and household dysfunction, such as domestic violence, parental substance use, or mental illness. Australian research and government agencies recognise ACEs as key risk factors for poor mental and physical health outcomes across the life course.
Culturally and linguistically diverse (CALD)	A term used to describe individuals who are not of Anglo-Celtic or Aboriginal and Torres Strait Islander origin, and who may have a different cultural background, speak a language other than English at home, or have limited English proficiency.
Child sexual abuse (CSA)	The involvement of a child in sexual activity by an older child or adult that the child does not understand, to which they cannot consent and/or is in violation of community norms.
Child sexual abuse material (CSAM)	Any representation (including images, videos or text) that depicts or describes a child engaged in sexual activity or depicted in a sexual context and is considered exploitative or abusive.
Child sexual exploitation and abuse (CSEA)	The involvement of a child in sexual activity by an adult or older child that the child does not understand, cannot consent to, and/or that violates community norms. CSEA includes both direct abuse and exploitative practices such as grooming, coercion, trafficking for sexual purposes, and the production, possession, or distribution of child sexual abuse material. It can occur in person or through digital technologies.
Early childhood education and care (ECEC)	A broad term that refers to education and care services provided to children from birth to school age. In Australia, ECEC includes long day care, family day care, preschool (kindergarten), and outside school hours care.
Extrafamilial CSA	Sexual abuse of a child perpetrated by someone outside the child's immediate or extended family. This includes abuse by acquaintances, neighbours, teachers, carers, peers, or strangers. Extrafamilial CSA can occur in institutional settings, online environments, or within the community, and may involve grooming, coercion, or exploitation.
Grooming	Actions deliberately undertaken with the aim of befriending and establishing an emotional connection with a child, to lower the child's inhibitions in preparation for sexual abuse of the child. Offenders can also groom a victim's family and others in the community.
Intrafamilial CSA	Intrafamilial child sexual abuse refers to child sexual abuse that occurs within a family environment. Offenders may or may not be related to the child. The key consideration is whether the abuser feels like family from the child's point of view.

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Appendix A: Search Strategy and Terms

The research team searched a range of grey literature databases to identify Australian research on sexual violence prevention and response for people affected in multicultural communities. These databases include the following:

- Scopus
- Google Scholar
- EBSCO
- ProQuest
- APO (Australian Policy Online)
- AIFS (Australian Institute of Family Studies)
- ANROWS Library
- Prevention Global (https://prevention.global/resources)
- ECPAT International
- NSPCC Learning (UK)
- CSA Centre (UK)
- The Children's Society (UK)

The table below lists some of the search terms used to identify relevant literature in these databases. Please note that search terms were adapted to the syntax and field tags of each database.

Table 22. Example search terms by thematic area

Thematic area	Example search terms
Risk and vulnerability	("child sexual abuse") AND (at-risk OR risks OR "risk assess*" OR "vulnerable children" OR "children with disability" OR aboriginal OR "Torres Strait Islander" OR cald OR "children in care" OR "out-of-home care" OR rural OR remote) AND (childcare OR "early childhood education" OR daycare)
CSA detection and disclosure	(child sexual abuse) AND (report* OR disclos* OR detect* OR identif*) AND (childcare OR daycare OR "early childhood" OR preschool OR kindergarten OR toddler* OR nursery) AND barrier*
Institutional and systemic response	(child AND sex* AND abuse* OR child* AND maltreatment OR daycare AND maltreat* OR groom*) AND (train* OR "professional development" OR check* OR safeguard* OR frame* OR guid* OR interagency AND collab*) AND (daycare* OR childcare* OR early AND education* OR kindergart* OR playgroup* OR nurser*)
Multiagency collaboration	(information sharing OR collaboration OR multiagency responses) AND (child* care OR daycare* OR early child* OR nurser*) AND (child sex* abuse OR groom*)

To be included in the rapid evidence review, publications had to satisfy the following inclusion criteria:

- Literature published in English

- Focus on CSA, particularly in institutional, early childhood, or care settings
- Literature related to children aged 0–5, or preschool/ECEC settings (directly or via proxy)
- Literature focused on Australia or other high-income, English-speaking countries
- Publications from peer-reviewed journals, grey literature, or reputable government/NGO reports.

The following exclusion criteria also applied:

- Literature not related to CSA or institutional settings
- Research exclusively focused on older children or adolescents, unless clearly relevant
- Opinion pieces or media reports not grounded in empirical evidence
- Non-English language materials.

Appendix B: Technical Notes on Offender Data Analysis

Methodology

An online survey was conducted examining the prevalence and factors associated with men's sexual attitudes, feelings, and behaviours towards children. Data were drawn from three samples of men aged 18 years or over, quota-matched to be representative of the Australian, U.K., and U.S male populations in terms of age, residential region, annual household income, and educational attainment. Survey recruitment and administration were conducted by CloudResearch (https://www.cloudresearch.com), an online research panel company with access to an international pool of over 1.5 million participants. The survey used Prime Panels, which aggregates various market research platforms with opt-in participants profiled on numerous variables. Invitations were sent based on demographic profiles, and participants received compensation determined by their respective platforms. As Prime Panels sources participants from multiple platforms, the total number of individuals invited or who accessed the study could not be determined. The survey was reviewed by a project advisory group which included representatives from law enforcement, financial intelligence units, government departments, and mental health support services. Surveys were administered from November to December 2022. Ethical approval for this study was provided by the University of New South Wales (HC220317).

Data were weighted using iterative proportional fitting, calibrating the weight of each participant until the sample and population distribution were comparable in terms of age, annual household income, race, educational attainment, marital status, and workforce participation based on benchmark categories sourced from each country's respective 2021 census of men. Of the 7,343 individuals who consented to participate (Australia = 2,703; U.K = 2,243; U.S = 2,397), 6,577 completed the survey (retention rates: Australia 92.2%, U.K. 87.4%, U.S. 88.6%). After excluding participants who were not male at birth (n = 198), did not identify as male (n = 178), failed attention checks (n = 1,506), or admit dishonest responses (n = 115), and removing 68 with missing key demographic data, the final analytical sample included 4,918 participants (Australia = 1,939; U.K = 1,506; U.S = 1,473). Analyses for the current report are limited to the sample of Australian men.

Measures

Offender: Participants were coded as having had sexual contact with children if they indicated any of the following: (i) knowingly and deliberately view pornographic material containing people below the age of 18; (ii) flirted or had sexual conversations with a person below the age of 18 online; (iii) engaged in a sexually explicit webcam interaction with a person below the age of 18; (iv) paid for online sexual interactions, images or videos involving a person below the age of 18; and (v) had sex or sexual contact with a person below the age of 18.

Participants were coded as having sexual feelings or interests towards children if they indicated any of the following: (i) lowest age of sexual attraction is under age 16; (ii) highest age of sexual attraction is under age 16; (iii) "maybe", "very likely", or "definitely" have sexual contact with a child aged 14 years or younger if certain that no one would find out and would not be caught; (iv) would watch CSEA online if anonymity was guaranteed; and (v) would livestream CSEA of offered. Men who had any sexual contact and feelings or interests towards children were designated as offenders.

Demographic characteristics: Nine demographic factors were examined. These were age (1 = 18-34 years; 2 = 35-54 years; 3 = 55 years or older), educational attainment (0 = no bachelor's degree; 1 = bachelor's degree or higher), annual household income before taxes (1 = low (less than AUD$50,000, £20,000 or US$25,000); 2 = moderate (between AUD$50,000 - $149,999, £20,000 - £59,999, or US$25,000 - $99,999); 3 = high (equal to or more than AUD$150,000, £60,000, or US$100,000)), residential location (1 = city; 2 = suburb; 3 = rural or regional), sexual orientation (0 = not heterosexual; 1 = heterosexual), ever had sex with men (0 = no; 1 = yes), relationship status (0 = single, widowed, divorced, or separated; 1 = married or living with partner), educational attainment (0 = did not obtain a bachelor's degree; 1 = bachelor's degree or higher), number of children living in household (0 = none; 1 = one or more), and current occupation involves contact with children (0 = no; 1 = yes).

Frequency of online activities: Participants indicated their frequency (1 = never; 2 = less than monthly; 3 = monthly; 4 = weekly; 5 = daily) of engagement in 13 online activities: (i) using search engines; (ii) sending emails; (iii) using social media; (iv) engaging in online blogs; (v) shopping online; (vi) online banking; (vii) online messaging; (viii) private video chatting; (ix) livestreaming self; (x) streaming movies; (xi) using romance websites or dating apps; (xii) online gaming; and (xiii) watching online pornography.

Social media platform use: Participants indicated (0 = no, 1 = yes) if they currently used any of the following social media platforms: (i) YouTube; (ii) Instagram; (iii) Facebook; (iv) Snapchat; (v) Facebook messenger; (vi) TikTok; (vii) WhatsApp; (viii) Twitter; (ix) Discord; and (x) Viber.

Privacy tools: Respondents reported (0 = no, 1 = yes) if they used any of the following services to prevent tracking and surveillance of their online activities: (i) TOR; (ii) VPN; (iii) Telegram; (iv) Signal; (v) WhatsApp; (vi) Element; (vii) Hive; and (viii) Private relay (Safari). Participants also reported if they had ever used cryptocurrencies to purchase items or services online.

Pornography use: Respondents indicated (0 = no; 1 = yes) if, while over the age of 18 years, they: (i) watch pornography daily; (ii) knowingly and deliberately viewed pornography involving sex between humans and animals; (iii) watched pornography that included sex with violence or force; (iv) purchased online sexual services involving webcam or live streaming; (v) purchased a subscription to online sexual content; (vi) purchased nudes or sexual videos from people online; (vii) were ever approached online by an adult offering sexual images, videos, or content; and (viii) were ever approached online by a person under 18 years offering sexual images, videos, or content.

Perceived social support: The Multidimensional Scale of Perceived Social Support (MSPSS) (Zimet et al., 1990) includes 12 questions (1 = very strongly disagree; 2 = strongly disagree; 3 = mildly disagree; 4 = neutral; 5 = mildly agree; 6 = strongly agree; 7 = very strongly agree) measuring perceived social support from significant others (α = .92), family (α = .90), and friends (α = .92). Scores for each domain were averaged, with higher values indicate greater perceived support.

Friends who engage in CSEA: Respondents indicated (0 = no; 1 = yes) if they currently are friends with people who they know or suspect have (i) looked at CSAM, (ii) had sexual conversations with children under age 18 online, and (iii) sexually webcammed or livestreamed a child under age 18 online.

Mental health: Symptoms of anxiety and depression were measured using the total score obtained from the four-item Patient Health Questionnaire 4 (PHQ-4) (Löwe et al., 2010) (α = .86). Substance misuse was derived from the summed score obtained from the four-item National Institute on Drug Abuse (NIDA) Quick Screen v1.0 (http://www.drugabuse.gov/nmassist/) (α = .74). Higher scores from both measures reflect greater mental health and substance misuse problems.

Adverse childhood experiences: Based on Felitti et al's (1998) questionnaire (ACE-Q), participants reported (0 = no; 1 = yes) if, any time prior to the age of 18 years, they experienced (i) emotional abuse, (ii) physical abuse, (iii) sexual abuse, (iv) low family support, (v) neglect, (vi) parental divorce, (vii) domestic violence, (viii) household drug abuse, (ix) household mental illness, or (x) household member incarcerated.

Attitudes towards online CSEA: Twenty-five items adapted from the Child Sexual Abuse Myth Scale (Collings 1997) were used to measure men's endorsement (ranging from 1 = strongly agree to 5 = strongly disagree) of attitudes conducive to TF-CSEA: (i) "Sexual images of a person under 18 online where it appears that they are happy and enjoying the activity cannot really be described as abusive"; (ii) "Girls under 18 who share images of themselves nude or in revealing clothing are not responsible if an adult responds to them in a sexual way"; (iii) "It is not harmful to look at nude images of someone under 18 if they took the photo of themselves"; (iv) "Drawn, cartoon or computer-generated sexual imagery of children is wrong"; (v) "There is nothing wrong with sex dolls that look like children"; (vi) "Viewing a nude or sexual image of a person under 18 is a victimless crime if the person is unaware that the image was taken"; (vii) "I would still be friends with someone who I knew looked at nude or sexual images of people under 18"; (viii) "People under 18 who act in sexual ways online are not to blame if an adult responds to them in a sexual way"; (ix) "Boys under 18 are sexually experimental and are not harmed when they interact sexually with an adult online"; (x) "It is okay to flirt with people under 18 online if you don't intend to take it further"; (xi) "If a 14 or 15-year-old teenager is on a dating app and contacting adults, they are at least partly responsible if an adult has a sexual interaction with them"; (xii) "People under 18 cannot consent to online sexual interactions with adults"; (xiii) "I would not be friends with someone who I knew had sexually interacted online with a person under 18"; (xiv) "Online sexual contact with a person under 18 that does not involve actual physical sexual contact or force is unlikely to have serious psychological impacts on that person"; (xv) "People under 18 on webcams usually come from poor backgrounds and providing them with money for sexual or nude services is helpful"; (xvi) "People under 18 can make their own decisions about how much of their bodies they display on webcam"; (xvii) "People under 18 who offer nude or sexual activity on livestream are exploring their sexuality and should not be censored"; (xviii) "It is always wrong to pay to view sexual activity with a child on a webcam, even if the child comes from a poor family and their parents need the money"; (xix) "I would still be friends with someone who I knew had webcammed or livestreamed sexually with a person under 18"; (xx) "If someone looks at online sexual images of people under 18 while under the influence of drugs and alcohol, they are still responsible for their actions"; (xxi) "Sometimes people look at sexual images or videos of children because they are bored of normal adult pornography"; (xxii) "Sometimes people look at sexual images or videos of children because they are very stressed"; (xxiii) "Some people look at sexual images or videos of children online to prevent themselves from sexually abusing children offline"; (xxiv) "Viewing sexual images or videos of children is bad only because society says it is", and; (xxv) "Some people look at sexual images or videos of children because they were abused when they were children".

Statistical Analyses

Analyses were calculated using survey weights and robust standard errors. Descriptive statistics (proportions and means) with 95% Confidence Intervals (CI) were presented for the Australian sample, stratified first by working with children status and secondly by offender status. Weighted logistic regression analyses calculated the unadjusted odds ratios (OR) and 95% CI, quantifying the association between each factor and the odds of motivated offending separately for men who do and do not work with children. Effect sizes were also formally compared by calculating standardised

differences (d) between ORs (95% CI) using the procedure outlined by Altman (2003). This method determines if the factors associated with motivated offending significantly differed in strength or direction between men who do and do not work with children. Due to small cell sizes, standardised differences were considered statistically significant if $p < .1$

Appendix C: Supplementary Offender Data Analysis

Table 23. Demographic descriptive statistics stratified by working with children and offender status

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
Age				
18 – 34 years	30.8% (28.1% - 33.6%)	36.5% (23.2% - 52.2%)	44.7% (38.6% - 51.0%)	26.3% (15.2% - 41.6%)
35 – 54 years	32.3% (29.4% - 35.4%)	24.4% (13.3% - 40.5%)	35.6% (29.9% - 41.7%)	30.7% (16.0% - 50.6%)
55 years or older	36.9% (33.9% - 39.9%)	39.1% (26.0% - 54.0%)	19.7% (15.0% - 25.3%)	43.0% (28.9% - 58.4%)
Household income				
Low	31.8% (28.7% - 35.0%)	34.4% (20.6% - 51.3%)	14.7% (10.2% - 20.7%)	2.2% (0.3% - 13.9%)
Moderate	45.4% (42.4% - 48.5%)	39.6% (26.4% - 54.6%)	56.6% (50.3% - 62.6%)	37.5% (24.0% - 53.2%)
High	22.8% (20.2% - 25.6%)	26.0% (15.8% - 39.6%)	28.8% (23.7% - 34.4%)	60.4% (44.6% - 74.2%)
Residential location				
City	29.3% (26.5% - 32.3%)	49.8% (35.1% - 64.6%)	32.7% (27.4% - 38.5%)	69.6% (49.1% - 84.4%)
Suburb	52.9% (49.8% - 56.0%)	29.5% (17.3% - 45.6%)	53.5% (47.3% - 59.6%)	26.3% (12.1% - 48.2%)
Rural or regional	17.8% (15.6% - 20.2%)	20.7% (10.0% - 37.8%)	13.8% (10.2% - 18.4%)	4.1% (1.0% - 15.1%)
Bachelor's degree or higher	36.8% (33.9% - 39.9%)	34.5% (23.0% - 48.1%)	49.3% (43.1% - 55.5%)	52.7% (37.0% - 67.8%)
Heterosexual	93.3% (91.6% - 94.6%)	92.3% (77.6% - 97.7%)	88.6% (84.0% - 92.0%)	98.5% (90.1% - 99.8%)
Ever had sex with men	14.1% (12.0% - 16.4%)	23.0% (12.6% - 38.2%)	18.3% (13.9% - 23.8%)	32.9% (18.3% - 51.6%)

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
Child in household	31.5% (28.7% - 34.4%)	21.6% (12.2% - 35.3%)	45.9% (39.8% - 52.0%)	66.7% (51.2% - 79.2%)
Married/living with partner	56.1% (52.9% - 59.2%)	61.2% (44.9% - 75.3%)	65.6% (59.2% - 71.4%)	90.7% (77.5% - 96.5%)

Table 24. Prevalence of social media platform use stratified by working with children and offender status

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
YouTube	74.2% (71.4% - 76.8%)	95.1% (85.3% - 98.4%)	87.7% (83.1% - 91.2%)	96.0% (85.2% - 99.0%)
Instagram	38.8% (35.8% - 41.8%)	72.0% (57.1% - 83.2%)	62.8% (56.7% - 68.5%)	79.7% (56.0% - 92.4%)
Facebook	68.3% (65.3% - 71.2%)	76.7% (61.7% - 87.1%)	83.3% (78.0% - 87.4%)	84.5% (71.6% - 92.1%)
Snapchat	22.9% (20.4% - 25.5%)	32.9% (21.1% - 47.4%)	41.2% (35.3% - 47.5%)	70.2% (55.8% - 81.5%)
Fb messenger	46.9% (43.8% - 50.0%)	59.4% (44.1% - 73.0%)	59.5% (53.3% - 65.4%)	63.0% (44.8% - 78.1%)
TikTok	27.6% (25.0% - 30.5%)	30.4% (18.4% - 45.9%)	50.0% (43.8% - 56.2%)	48.3% (33.0% - 64.0%)
WhatsApp	35.0% (32.1% - 38.1%)	52.4% (37.4% - 66.9%)	48.3% (42.1% - 54.5%)	74.9% (53.3% - 88.6%)
Twitter	28.2% (25.4% - 31.0%)	31.3% (19.7% - 45.9%)	41.5% (35.4% - 47.9%)	68.4% (53.1% - 80.6%)
Discord	13.6% (11.7% - 15.8%)	16.5% (7.7% - 31.7%)	27.4% (21.9% - 33.6%)	34.9% (20.0% - 53.6%)
Skype	11.0% (9.2% - 13.2%)	21.6% (12.5% - 34.6%)	17.6% (13.6% - 22.5%)	49.1% (33.6% - 53.7%)
Viber	4.5% (3.3% - 6.1%)	9.0% (2.9% - 24.9%)	7.6% (4.3% - 13.0%)	9.2% (3.3% - 23.4%)

Table 25. Mean online activity frequency stratified by working with children and offender status.

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
Online browsing	4.68 (4.63 – 4.72)	4.67 (4.46 – 4.88)	4.80 (4.73 – 4.87)	4.46 (4.12 – 4.81)
Sending emails	4.28 (4.21 – 4.34)	4.11 (3.62 – 4.59)	4.56 (4.47 – 4.66)	4.50 (4.29 – 4.72)
Social media	4.19 (4.10 – 4.28)	4.24 (3.82 – 4.65)	4.62 (4.50 – 4.73)	4.41 (4.06 – 4.76)
Online blogs	2.79 (2.69 – 2.89)	3.44 (2.95 – 3.93)	3.64 (3.45 – 3.82)	4.41 (4.18 – 4.63)
Online shopping	2.79 (2.71 – 2.86)	3.32 (3.03 – 3.60)	3.29 (3.14 – 3.43)	4.06 (3.76 – 4.36)
Online banking	3.99 (3.93 – 4.05)	4.08 (3.78 – 4.37)	4.23 (4.12 – 4.34)	4.45 (4.25 – 4.65)
Online messaging	3.68 (3.58 – 3.78)	4.26 (4.03 – 4.48)	4.41 (4.28 – 4.55)	4.51 (4.26 – 4.75)
Private video chatting	2.70 (2.60 – 2.79)	3.20 (2.78 – 3.63)	3.45 (3.28 – 3.61)	4.18 (3.85 – 4.52)
Livestream self	2.06 (1.96 – 2.15)	3.18 (2.74 – 3.62)	2.73 (2.51 – 2.94)	4.12 (3.81 – 4.44)
Streaming videos	3.68 (3.58 – 3.78)	3.62 (3.23 – 4.00)	4.14 (3.99 – 4.30)	4.27 (3.94 – 4.60)
Online dating	1.76 (1.68 – 1.84)	2.76 (2.28 – 3.27)	2.18 (1.99 – 2.36)	3.69 (3.36 – 4.01)
Online gaming	2.37 (2.28 – 2.47)	3.07 (2.64 – 3.50)	3.07 (2.89 – 3.25)	4.01 (3.75 – 4.27)
Online pornography	2.47 (2.38 – 2.56)	3.20 (2.73 – 3.67)	2.97 (2.78 – 3.15)	4.06 (3.87 – 4.25)

Table 26. Prevalence of privacy tool use stratified by working with children and offender status.

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
TOR	3.9% (2.9% - 5.1%)	16.2% (7.1% - 32.7%)	5.5% (3.3% - 9.1%)	14.6% (6.9% - 28.2%
VPN	23.4% (20.9% - 26.1%)	34.9% (22.2% - 50.1%)	27.9% (22.6% - 34.0%)	53.5% (37.3% - 69.1%)
Telegram	8.6%	42.0%	9.5%	60.6%

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
	(7.1% - 10.4%)	(28.4% - 57.0%)	(6.5% - 13.7%)	(42.6% - 76.1%)
Signal	7.5% (6.0% - 9.4%)	14.2% (8.0% - 23.9%)	3.7% (2.1% - 6.7%)	47.5% (31.9% - 63.6%)
WhatsApp	22.8% (20.3% - 25.6%)	44.4% (30.3% - 59.6%)	32.0% (25.7% - 37.9%)	67.8% (48.4% - 82.6%)
Element	1.3% (0.8% - 2.1%)	11.2% (5.9% - 20.2%)	1.7% (0.6% - 4.5%)	22.5% (9.5% - 44.5%)
Hive	3.3% (2.3% - 4.8%)	7.7% (2.3% - 22.7%)	5.8% (4.3% - 7.7%)	15.8% (8.2% - 28.2%)
Private relay	2.6% (1.8% - 3.7%)	4.6% (0.7% - 23.5%)	4.1% (2.3% - 7.3%)	8.0% (3.2% - 18.8%)
Owns cryptocurrency	19.8% (17.6% - 22.3%)	32.1% (20.6% - 46.3%)	41.1% (35.1% - 47.4%)	53.8% (37.5% - 69.4%)
Uses cryptocurrency	6.9% (5.6% - 8.5%)	21.6% (12.2% - 35.3%)	15.4% (11.7% - 20.0%)	45.6% (30.8% - 61.2%)

Table 27. Pornography use descriptive statistics stratified by working with children and offender status.

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
Watches porn daily	8.4% (6.9% - 10.2%)	15.4% (7.2% - 30.0%)	10.8% (7.5% - 15.3%)	26.1% (15.8% - 40.1%)
Watches bestiality	3.1% (2.1% - 4.5%)	29.4% (17.8% - 44.5%)	1.5% (0.5% - 4.0%)	31.8% (17.2% - 51.3%)
Watches rough and/or violent porn	11.1% (9.3% - 13.2%)	41.7% (27.7% - 57.3%)	14.4% (10.2% - 19.9%)	37.9% (24.6% - 53.4%)
Purchased webcam and/or livestream	1.8% (1.2% - 2.6%)	23.9% (14.0% - 37.8%)	4.0% (2.3% - 6.8%)	36.5% (23.9% - 51.3%)
Purchased subscription service	2.1% (1.4% - 3.0%)	14.2% (6.9% - 27.1%)	8.1% (5.4% - 11.9%)	32.9% (18.4% - 51.7%)
Purchased nudes or videos	1.2% (0.7% - 2.3%)	21.2% (10.6% - 38.0%)	3.2% (1.5% - 6.6%)	17.1% (9.0% - 30.1%)
Approached by adult online selling sexual services	18.5% (16.2% - 21.1%)	26.8% (16.4% - 40.4%)	26.8% (21.5% - 32.8%)	63.2% (47.9% - 76.2%)
Approached by child online selling sexual services	4.1% (3.0% - 5.5%)	30.8% (18.4% - 46.8%)	10.6% (6.9% - 15.9%)	48.4% (32.8% - 64.3%)

Table 28. Mean perceived social supports stratified by working with children and offender status.

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	**Offenders (n = 62)**	**Non-offenders (n = 281)**	**Offenders (n = 35)**
Significant other scale	4.98 (4.88 – 5.09)	5.18 (4.79 – 5.57)	5.19 (5.00 – 5.38)	5.46 (5.02 – 5.90)
Family scale	4.81 (4.71 – 4.91)	5.19 (4.79 – 5.59)	5.07 (4.91 – 5.23)	5.52 (5.15 – 5.89)
Friend scale	4.67 (4.57 – 4.77)	5.24 (4.85 – 5.64)	5.01 (4.84 – 5.17)	5.51 (5.17 – 5.84)

Table 29. Proportion of men who are friends with someone who engages in CSEA stratified by working with children and offender status.

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
Friend looks at CSAM	0.9% (0.5% - 1.7%)	9.6% (4.1% - 21.0%)	1.3% (0.5% - 4.6%)	19.4% (11.1% - 31.7%)
Friend flirts with children online	1.1% (0.6% - 1.9%)	9.4% (4.1% - 20.3%)	2.3% (1.1% - 4.6%)	29.1% (18.1% - 43.3%)
Friend sexually webcams or livestreams children	0.9% (0.5% - 1.6%)	13.3% (6.0% - 27.2%)	0.5% (0.1% - 3.2%)	22.5% (12.9% - 36.4%)

Table 30. Mean mental health scores stratified by working with children and offender status.

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
Anxiety and depression	2.47 (2.30 – 2.64)	4.01 (3.06 – 4.95)	3.04 (2.71 – 3.37)	5.40 (4.69 – 6.11)
Substance misuse	1.81 (1.76 – 1.86)	2.27 (2.03 – 2.51)	2.03 (1.91 – 2.15)	2.76 (2.49 – 3.01)

Table 31. Prevalence of ACEs stratified by working with children and offender status.

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	**Offenders (n = 62)**	**Non-offenders (n = 281)**	**Offenders (n = 35)**
Emotional abuse	24.3% (21.7% - 27.2%)	29.8% (17.9% - 45.1%)	32.6% (26.9% - 38.9%)	58.1% (42.4% - 72.4%)
Physical abuse	21.0% (18.6% - 23.7%)	29.8% (17.9% - 45.3%)	26.8% (21.4% - 32.9%)	33.5% (21.4% - 48.2%)
Sexual abuse	8.4% (6.8% - 10.3%)	24.5% (13.5% - 40.2%)	12.7% (8.9% - 17.8%)	45.0% (30.3% - 60.6%)

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
Low social support	19.2% (16.9% - 21.8%)	29.4% (18.0% - 44.0%)	25.9% (20.6% - 31.9%)	40.0% (26.4% - 55.3%)
Neglect	7.6% (6.1% - 9.3%)	26.4% (15.4% - 41.4%)	10.5% (7.2% - 15.1%)	33.3% (21.4% - 48.0%)
Parental divorce	27.6% (24.9% - 30.5%)	25.1% (14.0% - 40.9%)	29.0% (23.8% - 34.9%)	34.5% (22.1% - 49.5%)
Domestic violence	8.4% (6.9% - 10.2%)	27.5% (15.9% - 43.3%)	11.2% (7.9% - 15.7%)	34.5% (22.1% - 49.5%)
Household drug use	14.9% (12.9% - 17.1%)	36.8% (23.1% - 52.9%)	24.5% (19.6% - 30.2%)	37.9% (24.9% - 53.0%)
Household mental illness	14.4% (12.5% - 16.6%)	31.4% (18.6% - 47.8%)	21.0% (16.6% - 26.3%)	42.7% (28.4% - 58.2%)
Household incarceration	5.0% (3.8% - 6.4%)	10.9% (4.1% - 26.0%)	7.2% (4.4% - 11.5%)	16.6% (9.1% - 28.4%)
Mean number of ACEs (range 0 - 10)	1.51 (1.38 – 1.63)	2.72 (1.70 – 3.73)	2.01 (1.74 – 2.29)	3.68 (2.71 – 4.65)

Table 32. Mean endorsement of attitudes towards online CSEA stratified by working with children and offender status.

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
Sexual images of a person under 18 online where it appears that they are happy and enjoying the activity cannot really be described as 'abusive'	1.90 (1.83 – 1.97)	2.75 (2.32 – 3.17)	1.99 (1.83 – 2.15)	3.64 (3.33 – 3.96)
Girls under 18 who share images of themselves nude or in revealing clothing are not at all responsible if an adult responds to them in a sexual way	2.49 (2.41 – 2.57)	2.76 (2.37 – 3.15)	2.44 (2.28 – 2.59)	3.52 (3.08 – 3.96)
It's not harmful to look at nude images of someone under 18 if they took the photo of themselves.	1.80 (1.74 – 1.86)	2.37 (2.02 – 2.71)	1.71 (1.59 – 1.83)	3.13 (2.81 – 3.46)
Drawn, cartoon or computer-generated sexual imagery of children is wrong (reverse coded)	1.89 (1.82 – 1.97)	2.76 (2.33 – 3.19)	1.98 (1.82 – 2.14)	2.40 (2.05 – 2.76)
There is nothing wrong with sex dolls that look like children.	1.53 (1.47 – 1.58)	2.30 (1.95 – 2.65)	1.42 (1.32 – 1.52)	3.00 (2.64 – 3.36)
Viewing a nude or sexual image of a person under 18 is a victimless crime if the person is unaware that the image was made	1.84 (1.77 – 1.91)	2.15 (1.83 – 2.46)	1.87 (1.70 – 2.03)	3.29 (2.93 – 3.65)
I would still be friends with someone who I knew looked at nude or sexual images of people under 18	1.92 (1.86 – 1.98)	2.45 (2.11 – 2.78)	1.78 (1.66 – 1.89)	3.27 (2.90 – 3.65)
People under 18 who act in sexual ways online are not to blame if an adult responds to them in a sexual way	2.46 (2.39 – 2.54)	2.79 (2.46 – 3.12)	2.40 (2.25 – 2.56)	3.20 (2.81 – 3.59)
Boys under 18 are sexually experimental and are not harmed when they interact sexually with an adult online	1.79 (1.73 – 1.84)	2.58 (2.19 – 2.97)	1.76 (1.65 – 1.88)	3.61 (3.20 – 4.01)
It's OK to flirt with people under 18 online if you don't intend to take it further	1.70 (1.64 – 1.75)	2.66 (2.32 – 3.00)	1.58 (1.47 – 1.69)	3.25 (2.95 – 3.54)
If a 14 or 15-year-old teenager is on a dating app and contacting adults, they are at least partly responsible if an adult has a sexual interaction with them	2.54 (2.46 – 2.62)	3.04 (2.69 – 3.40)	2.52 (2.36 – 2.69)	3.44 (2.99 – 3.89)
People under 18 cannot consent to online sexual interactions with adults (reverse coded)	2.31 (2.23 – 2.39)	2.63 (2.27 – 2.99)	2.32 (2.15 – 2.48)	2.24 (1.87 – 2.60)
I would not be friends with someone who I knew had sexually interacted online with a person under 18 (reverse coded)	2.16 (2.09 – 2.23)	2.94 (2.56 – 3.31)	2.24 (2.08 – 2.41)	2.59 (2.31 – 2.88)

	Does not work with children (n = 1,624)		Works with children (n = 316)	
	Non-offenders (n = 1,562)	Offenders (n = 62)	Non-offenders (n = 281)	Offenders (n = 35)
Online sexual contact with a person under 18 that does not involve actual physical sexual contact, force or coercion is unlikely to have serious psychological impacts on that person.	1.91 (1.85 – 1.97)	2.62 (2.28 – 2.95)	1.90 (1.76 – 2.04)	3.32 (3.02 – 3.63)
People under 18 on webcams usually come from poor backgrounds and providing them with money for sexual or nude services is helpful	2.00 (1.93 – 2.06)	2.55 (2.23 – 2.87)	2.02 (1.87 – 2.16)	3.25 (2.93 – 3.57)
People under 18 can make their own decisions about how much of their bodies they display on webcam.	2.20 (2.13 – 2.27)	2.97 (2.55 – 3.39)	2.18 (2.03 – 2.32)	3.56 (3.15 – 3.96)
People under 18 who offer nude or sexual activity on livestream are exploring their sexuality and should not be censored.	1.77 (1.72 – 1.83)	2.55 (2.23 – 2.87)	1.62 (1.51 – 1.72)	3.45 (2.99 – 3.92)
It is always wrong to pay to view sexual activity with a child on a webcam, even if the child comes from a poor family and their parents need the money (reverse coded)	1.81 (1.73 – 1.88)	2.56 (2.20 – 2.93)	1.92 (1.75 – 2.08)	2.86 (2.48 – 3.24)
I would still be friends with someone who I knew had webcammed or livestreamed sexually with a person under 18	1.82 (1.76 – 1.88)	2.62 (2.20 – 3.05)	1.69 (1.58 – 1.80)	3.63 (3.38 – 3.88)
If someone looks at online sexual images of people under 18 while under the influence of drugs and alcohol, they are still responsible for their actions. (reverse coded)	2.00 (1.92 – 2.07)	2.59 (2.24 – 2.94)	2.12 (1.97 – 2.28)	2.43 (2.15 – 2.71)
Sometimes people look at sexual images or videos of children because they are bored of normal adult pornography	2.29 (2.22 – 2.36)	2.80 (2.41 – 3.18)	2.15 (2.01 – 2.30)	3.63 (3.24 – 4.03)
Sometimes people look at sexual images or videos of children because they are very stressed	2.01 (1.95 – 2.08)	2.87 (2.60 – 3.15)	1.96 (1.83 – 2.09)	3.30 (2.92 – 3.68)
Some people look at sexual images or videos of children online to prevent themselves from sexually abusing children offline.	2.20 (2.13 – 2.26)	2.82 (2.52 – 3.13)	2.18 (2.04 – 2.32)	3.74 (3.38 – 4.10)
Viewing sexual images or videos of children is bad only because society says it is.	1.76 (1.70 – 1.83)	2.73 (2.33 – 3.12)	1.67 (1.54 – 1.80)	3.59 (3.28 – 3.91)
Some people look at sexual images or videos of children because they were abused when they were children.	2.81 (2.74 – 2.87)	3.00 (2.71 – 3.28)	2.67 (2.54 – 1.81)	3.58 (3.18 – 3.98)