



International Best Practice for Protecting Children from Child Sexual Abuse

Responding to Allegations of Child Sexual Abuse

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FOREWORD

Child sexual abuse is a profound and pervasive issue that affects all areas of society. Allegations of abuse, and how disclosures are received and managed, is everyone's responsibility. From initial disclosure to investigation, forensic interview, and prosecution, a victim-survivor centered approach is essential. Equally, the perpetrator's journey through the criminal justice system, including sentencing, incarceration, rehabilitation, and reintegration, can significantly influence desistance from harmful behaviours. Every stage of this process has the potential to leave lasting impacts on all who are involved, their families and the broader community. Hence, we must ensure best practice – informed by research, theory, and clinical wisdom – is at the heart of child sexual abuse prevention and response.

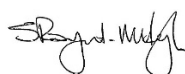
The Sexual Violence Research and Prevention Unit (SVRPU) at the University of the Sunshine Coast is at the forefront of advancing sexual violence prevention and response, including child sexual abuse. With a commitment to innovation and continuous improvement, the SVRPU challenges traditional approaches and drives new directions in research and practice. Its work strengthens how individuals, systems, and communities understand, prevent, and respond to sexual violence.

Collaboration, respect, and inclusion underpin all aspects of the SVRPU's work. The SVRPU partners closely with communities, victim-survivors, industry professionals, and government agencies to ensure that research is both ethically grounded and socially responsive. Special attention is given to safe and inclusive methodologies, particularly when working alongside First Nations Peoples and other groups affected by systemic disadvantage. Through ongoing knowledge translation efforts, the SVRPU ensures that its research reaches those who need it most, not only academics and policymakers but also frontline practitioners and the wider community. In doing so, the SVRPU plays a vital role in bridging the gap between research and practice, and in creating safer, more informed communities.

At the heart of the SVRPU's work is a deep commitment to real-world impact. Grounded in a "knowing before doing" philosophy, the SVRPU's interdisciplinary research generates both conceptual insights and empirical evidence to better understand the complex dynamics of sexual violence and identify effective interventions. This report is no exception. As Co-Leaders of the SVRPU, we are proud to introduce this Final Report on *Responding to Allegations of Child Sexual Abuse* as part of a larger project led by the Child Death Review Board on *International Best Practice for Protecting Children from Child Sexual Abuse*. We anticipate the findings and recommendations will help drive much needed positive change towards building a safer world that is free from child sexual abuse.



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We would also like to thank the Queensland Family and Child Commission and the Child Death Review Board for the opportunity to conduct this very important work. Specifically, we acknowledge Principal Commissioner Luke Twyford, Angus Aire, Anne Edwards, Susan Beattie, and all QFCC team members for their support, advice, and cooperation throughout all stages of the research.

We dedicate this research to the strong, courageous, and resilient survivors of child sexual abuse. We see you and we hear you. May your fortitude and relentless spirit champion a more empathetic and responsive justice system.

PROJECT TEAM

The project team, comprising **Associate Professor Dominique Moritz, Laura Dodds, Dr Dale Mitchell, and Dr Stephanie Price**, are situated within the *Sexual Violence Research and Prevention Unit*.

The [Sexual Violence Research and Prevention Unit](#) (SVRPU) is based at the University of the Sunshine Coast (UniSC), and leads research, consultation, co-design and evaluation activities that advance the development, and refinement of, sexual violence prevention strategies across diverse settings. The SVRPU brings together a community of national and international researchers and students to understand, prevent, and respond to sexual violence and abuse. Collectively, the pioneering, interdisciplinary approach to research contributes to conceptual and empirical developments that help propel the field forward to reduce the extent and impacts of sexual violence in our community. By disseminating research to industry professionals and to the broader community, the SVRPU bridges the gap between research and practice.

The SVRPU leadership team (**Associate Professor Nadine McKillop, Dr Susan Rayment-McHugh and Dr Lara Christensen**) are recognised internationally as experts in sexual violence and abuse prevention. Their collective contributions to evidence-informed prevention and intervention are demonstrated by over \$3.5 million in externally funded research projects. Their academic contributions include over 100 peer-reviewed publications (journal articles, books, book chapters, and Government reports), which document research, best-practice, and consultancies. Together, their work has led to changes in government agenda setting, policy, and practice frameworks.

Chief Investigators

Associate Professor Dominique Moritz (Project Lead and Chief Investigator) is a law academic at UniSC and Core Member of the SVRPU. Dominique holds a PhD in law. She is an expert

in children's law issues. Her extensive expertise spans criminal law and regulatory concepts with a particular interest in sexual violence criminalisation. She has published 19 peer reviewed articles in high quality journals including several articles on child sexual exploitation and has a track record of leading successful and impactful projects receiving almost \$1 million in external grant funding. Dominique is a qualified lawyer, being admitted to the Supreme Court of Queensland in 2013. She was also a police officer employed by the Queensland Police Service prior to entering academia.

Laura Dodds (Chief Investigator) is an Associate Lecturer at UniSC, in the School of Law and Society and a Core Member of the SVRPU. Laura also maintains registration as a Social Worker and is a highly sought Single Expert Witness, having written more than 1000 reports for the Family and Federal Circuit Court of Australia. She has worked in child protection and risk assessment roles for over 21 years. Her expertise includes identifying, assessing, and interviewing children who are alleged to have experienced sexual abuse, amongst other child abuse issues. Laura is ICARE trained and her former experience as a child protection worker has resulted in a long history of interviewing victim-children alongside police, responding to allegations of child sexual exploitation, providing support to victims and understanding perpetrator accountability from child safety and family court settings. Laura's doctoral thesis explores children's rights within decision-making in the existing adversarial family court system in Australia.

Dr Dale Mitchell (Chief Investigator) is a Lecturer in Law at UniSC, a Core Member of the SVRPU, and Co-Leader of the Society, Law and Humanities (SOLAH) Lab. Dale's scholarship explores the intersection between law and culture, drawing upon multidisciplinary approaches to explore emergent understandings of law and justice. In 2022, Dale's doctoral dissertation in law was awarded the Julien Mezey Dissertation Prize from the US-based Association for the Study of

Law, Culture and Humanities, who hailed his work as ‘innovative and rigorous’ and demonstrating a ‘theoretical clarity that pushes legal analysis forward in creative and engaging ways’. Dale has been invited to present his work at national and international conferences and has published in high-ranking journals and presses. Dale was admitted as a lawyer to the Supreme Court of Queensland in 2014 and worked under the guidance of A/Prof **Dominique Moritz** in exploring community views on rape and sexual assault sentencing on behalf of the Queensland Sentencing Advisory Council.

Dr Stephanie Price (Chief Investigator) is a Research Fellow of the SVRPU at UniSC. She is a criminologist, with research and consultancy experience in the evaluation and design of youth sexual violence and abuse (YSVA) prevention initiatives and responses. She has

successfully managed several projects involving collaborations with academic and industry partners, including the Queensland Department of Youth Justice and Queensland Department of Justice & Attorney-General, to the value of more than \$450,000. Stephanie has co-authored several government and industry reports with the SVRPU, and has 10 publications, including a review of digital interventions as prevention measures to combat online child sexual abuse prevention and an exploration of professional development tools to upskill frontline workers in identifying and responding to harmful sexual behaviours. Stephanie has recently completed a literature review of the onset of and response to youth perpetrated sexual harm for the University of Tasmania and is currently finalising a scoping review of restorative justice as a means to address sexual harm.

EXECUTIVE SUMMARY

The University of the Sunshine Coast's Sexual Violence Research and Prevention Unit (SVRPU) was awarded funding to advise the Child Death Review Board on international best practice for protecting children from child sexual abuse using the latest practice, research and policy, globally. More specifically, the project sought to synthesise best practice research about responding to allegations of child sexual abuse and aimed to address four research questions:

1. What best practices exist for responding to allegations of child sexual abuse, including initial reporting, investigation, and the provision of victim support services?
2. How can police interviews, evidence handling, investigations and post-incident support be designed to prevent re-traumatisation and ensure appropriate care and support?
3. What methods are most effective in holding perpetrators accountable through prosecution, rehabilitation, and/or reintegration programs, and how can risks posed by known offenders be managed?
4. How do Australia's practices for protecting children from sexual abuse compare with leading international models, and what lessons can be adapted to improve outcomes in the Australian context?

A critical review with thematic analysis including international comparison was used to identify, analyse and synthesise issues associated with protecting children from sexual

abuse. The critical review also integrated structures of a rapid review given the tight, three-month timeframe for completion. A wide range of sources were considered for inclusion in the review, including published articles, books and grey literature and Covidence was used for source collation and screening. There were 2,327 sources identified from the databases which underwent title and abstract screening and then 809 sources went through full-text screening, resulting in 441 sources included in the review.

Following data identification and collation, data analysis and synthesis was undertaken thematically. Researchers used Covidence for data extraction and then further refined emerging themes to develop the key findings. Additional research was conducted, during the project write-up, where gaps in research results were identified.

From the critical review, two key perspectives emerged in relation to responding to allegations: the victim-survivor and the perpetrator. Victim-survivor disclosure support related to how victim-survivors made disclosures, how those disclosures were responded to and what support should be provided during that disclosure phase. The perpetrator perspective considered accountability practices and initiatives enabling successful prosecution as well as rehabilitation and reintegration opportunities to address the risk which known perpetrators continue to pose to the community. Eight key findings related to victim-survivor and perpetrator perspectives are relevant.

Finding 1

Disclosure should be understood as a process because both situational and individual factors can affect victim-survivor disclosures.

Effective responses to child sexual abuse disclosures must be grounded in trauma-informed, victim-survivor centred practices. Services that are empathetic, confidential, and empowering can reduce the risk of re-

traumatisation and encourage safer engagement with investigative processes. The quality and responsiveness of initial support services have a lasting impact, influencing both individual recovery and broader systemic

effectiveness in identifying and responding to abuse.

Disclosure is not a single event, but a dynamic, ongoing process influenced by individual, relational, and socio-political factors. Research highlights that children often disclose gradually, requiring multiple interactions that are developmentally appropriate. Current forensic interview practices, however, are frequently adult-centric, assuming full disclosure in a single session, an approach that does not reflect children's actual experiences. Best practice, instead, supports interview models that are flexible, intentional, and tailored to the child's developmental stage,

especially for younger children or those with limited recall or communication skills.

Improvements in practice depend on understanding the disclosure process and the unique needs of each child. Key elements of best practice include enhanced forensic interviewer training, strong multiagency collaboration, and culturally responsive approaches, particularly in working with First Nations children. Recognising the broader context in which disclosure occurs, including the child's relationships, community norms, and access to services, is essential for ensuring meaningful and safe pathways to disclosure and recovery.

Finding 2

Investigative processes, including police interviews, should be trauma-informed and responsive to individual victim-survivor needs.

Police engagement with child victim-survivors of sexual abuse occurs at varying stages of the disclosure process, and the nature and quality of that engagement can significantly influence both individual victim-survivor recovery and investigative outcomes. Most children have already disclosed their experiences to a trusted adult before approaching police, making validation by police (through being believed, respected, and treated with empathy) critical for their continued engagement. Transparent communication and regular updates throughout legal proceedings are also essential, helping restore a sense of control for victim-survivors and enhancing trust in the justice system.

Trauma-informed and developmentally appropriate police practices are essential to minimise harm and maximise the reliability of disclosures. For younger children, supportive interview techniques, such as open-ended, non-leading questions, rapport-building, and emotionally attuned interviewer behaviour, are associated with more accurate and complete narratives emerging during the interview. Interviews should be tailored to children's developmental capacities, with particular care

taken to avoid overwhelming their cognitive and emotional resources.

A key challenge in the justice process occurs when police officers lack specialist knowledge of child development, trauma, and memory, factors which strongly influence a child's ability to disclose and be perceived as credible. Research shows that law enforcement can hold outdated or inaccurate beliefs about memory and trauma. Without appropriate training, there is a risk that police officers may misjudge a child's narrative, inadvertently undermining the child's credibility or causing re-traumatisation. This is also problematic for the prosecution process, explored in Finding 5.

Given the complexity of interviewing child victim-survivors, the involvement of specialised forensic interviewers, trained in child development, trauma-informed approaches, and evidence-based techniques, are strongly recommended. While police retain the child interviewing function, comprehensive and ongoing training is critical for all police to uphold best practice standards and ensure victim-survivors are supported safely and effectively throughout their justice journey.

Finding 3

Effective collaboration between key agencies helps overcome fragmented service delivery, leading to a more coordinated and effective response to allegations.

Multisectoral collaboration is internationally recognised as a critical strategy for preventing and responding effectively to child sexual abuse. Research supports the need for stronger inter-agency coordination, as families benefit most when services, such as police, child protection and health (including mental health), work together in a cohesive and integrated manner. In Queensland, current practice for investigating child sexual abuse involves separate interviews by police and on occasion child protection, driven by different investigative priorities. This fragmented approach does not align with the best interests of children and may lead to unnecessary trauma.

When circumstances require collaboration to investigate a matter of child sexual abuse, clear protocols are needed to determine which agency should lead forensic interviews, with the decision guided by the interviewer's training, expertise, and the child's needs. Enhancing the quality and coordination of these interviews is a key area for systemic improvement in Queensland.

Child Advocacy Centres (CACs) offer a promising model for reform. Internationally regarded as best practice, CACs deliver a coordinated, child-centred response through multidisciplinary teams that include legal, medical, mental health, and social work professionals. These centres centralise the response to child sexual abuse allegations, offering forensic interviews by trained specialists in safe, child-friendly environments. Interviews are recorded and observed by the multidisciplinary team, ensuring integrity and reducing the need for children to retell their experiences multiple times. CACs also provide medical exams and mental health support, facilitating holistic care and informed investigative practices.

Although not widely established in Australia, CACs align with recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse, which called for integrated support and advocacy services for all child victim-survivors. Expanding this model across Queensland could significantly enhance outcomes for children and families affected by sexual abuse, regardless of the abuse context.

Finding 4

Support services for survivors require a systemic and holistic approach addressing structural barriers and incorporating peer and family support.

Effective trauma recovery for child sexual abuse victim-survivors must be understood through the lens of relationships and psychological safety. Holistic and trauma-informed support systems are essential, yet many victim-survivors face significant barriers to accessing care. Systemic reforms are needed to reduce these access barriers and provide more integrated and responsive services.

The involvement of non-offending parents and caregivers is crucial to a child's recovery. Caregivers can enhance mental health

outcomes, provide emotional safety, and help children navigate the aftermath of abuse. Supporting caregivers themselves is equally important, as it strengthens family relationships and contributes to more positive investigative experiences. Child Advocacy Centres (CACs) have been shown to increase caregiver satisfaction and support by offering a structured, multidisciplinary environment.

Relational safety, including trusted, supportive connections with professionals, is vital for healing. Peer support and mentoring models

also show promise as supplementary forms of relational support for victim-survivors.

There is a pressing need for specialised community-based services, especially for preschool-aged children who have experienced sexual abuse. Despite recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse, Queensland still lacks adequate investment in tailored early intervention services. More research is urgently needed to establish best practice in therapeutic models for young children who have experienced sexual abuse.

Cultural sensitivity is another critical consideration. Standard Western therapeutic models often fail to align with the worldviews of diverse communities, particularly First Nations Peoples. For these communities, mental health is interwoven with spiritual, cultural, and community wellbeing. Co-designing support services with First Nations People to align with Indigenous concepts of social and emotional wellbeing is essential to ensure they are accessible, effective, and respectful.

Finding 5

Prosecution processes should not place the burden of perpetrator accountability on victim-survivors.

The effectiveness of child sexual abuse prosecutions in Queensland is significantly impacted by how the evidence of child victim-survivors is treated in the adversarial justice system. Research shows that the reliability of children's testimony is often undermined by developmentally inappropriate legal practices, including complex language, coercive questioning, and trauma-insensitive cross-examination techniques. Despite legislative safeguards, these adversarial methods can cause psychological harm, discourage future disclosures, and compromise the quality of evidence.

Cross-examination remains particularly problematic, with many legal professionals lacking adequate training in child development and trauma-informed practice. This results in further victimisation during proceedings and reduces the effectiveness of justice outcomes. Recent findings, including those from the Royal Commission, reinforce the need for reforms that better reflect the developmental and psychological needs of children within the legal process.

Internationally, the Barnahus model presents a compelling alternative. This model provides

child-centred justice, integrating legal, medical, social, and psychological services in a single child-friendly setting. It operationalises the "one door principle," ensuring that professionals come to the child rather than the child navigating multiple systems. Similar to the CAC model, joint investigative interviews are conducted by trained specialists and observed by multidisciplinary teams in real time, reducing the need for repeated questioning and preserving evidence integrity. This approach minimises retraumatisation and enhances both the quality of the child's testimony and their experience of justice.

The Barnahus model offers a transformative blueprint for Queensland. By replacing fragmented, adversarial processes with a coordinated, trauma-informed response, Barnahus protects the wellbeing of child victim-survivors while upholding the legal rights of all parties. Critically, it does not weaken perpetrator accountability or due process but rather strengthens it through improved evidence collection and interagency collaboration. Adopting the Barnahus model in Queensland would represent a significant, evidence-backed step forward in achieving justice that is both effective and child-focused.

Finding 6

Rehabilitation works most effectively when it is responsive to individual perpetrator needs.

Rehabilitation should be targeted towards perpetrator needs. It involves treatment or behaviour correction to reduce crimes reoccurring and can be a part of sentencing decisions. Rehabilitation should occur at three levels: whole of community level to condemn sexual violence, perpetrator prevention and treatment, and supervision of convicted perpetrators. It should also be unique to the needs of perpetrators which should include targeted interventions for women, children and young people, and First Nations People.

Sexual offender treatment programs (SOTPs) are a key model of rehabilitation for a perpetrator. A SOTP encourages a perpetrator to take responsibility for the harm they have caused and be accountable to the community, using evidence-based strategies. Perpetrator treatment methods are diverse, and comprehensive research exists evaluating SOTPs. Treatment programs tailored to an individual perpetrator, in conjunction with

community reintegration, provide the best desistance outcomes.

Restorative justice is also a rehabilitation option for victim-survivors to take control of their justice needs in response to criminal behaviour affecting them. It brings together perpetrators, victim-survivors, and community members in a non-adversarial process to address the aftermath of a crime and its future implications. The restorative justice process offers victim-survivors an opportunity to express the impact of the crime, get answers, and gain closure while perpetrators can accept responsibility for their actions and make amends for harm caused. As such, it addresses crime from a broader environmental level, considering the impacts of crime on the community. While restorative justice practices have been used in the circumstances of child sexual abuse, further research is recommended here given the limited research that exists about the effectiveness and appropriateness of this justice response.

Finding 7

Targeted community reintegration of perpetrators can reduce recidivism despite conflicting with community expectations.

Community reintegration refers to the support offered to perpetrators, who have previously been incarcerated, to re-enter the community after their release. Reintegration, broadly, can reduce recidivism, increase community safety (where recidivism is achieved), support perpetrator wellbeing (which is important for desistance) and increase efficacy for government. Reintegration, in conjunction with sexual offender treatment programs, produces the best desistance outcomes for perpetrators.

Reintegration is uncomfortable for the community. Community members can experience fear from the possibility of

perpetrators reoffending, often fuelled by media portrayals, and the potential for perpetrators to live proximally to neighbourhood children. This leads to the community seeking a preference for more punitive criminal justice responses. Technology-assisted management can address risks posed by known perpetrators upon community reintegration.

The Australian community is generally supportive of registration and notification of sex offenders as a response to community reintegration. However, it is not recommended because it relies upon *perceptions* of safety

without necessarily reducing community fear levels. It also causes considerable (and unnecessary) costs and resourcing for law enforcement; and it undermines rehabilitation

efforts which can increase reoffending behaviours resulting from perpetrator shaming and humiliation.

Finding 8

Innovative programs targeted towards building community are proven reintegration techniques to promote desistance.

There are four key initiatives that have been trialled in Australia and/or internationally, which have positive perpetrator accountability outcomes. These innovative programs manage the risk of perpetrators in the community through supporting them to become productive citizens.

Circles of Support and Accountability (CoSA) are a restorative process that allows community reintegration with an element of surveillance for community protection. CoSAs utilise relationships and connectedness to challenge perpetrator views and behaviours, support their reintegration into the community and prevent reoffending. While used with some success internationally, Queensland is yet to adopt it as a perpetrator reintegration strategy. Broader implementation of CoSAs will require community education to ensure they meet their intended outcomes.

Support and Awareness Groups (SAAGs) rely upon perpetrator relationship building. They utilise the perpetrator's existing connections such as family, friends, colleagues and/or community members or new connections may need to be formed where perpetrators do not

have existing relationships. SAAGs will assist the perpetrator with desistance and developing prosocial behaviours. The effectiveness of SAAGs have not been tested and this is an area for further research.

Cultural Mentoring Programs (CMPs) are a support and accountability opportunity for First Nations People convicted of sexual offences to reintegrate into the community. They are First Nations led and focus on reconnection to culture through traditional cultural activities. Further CMP pilots in Queensland are recommended with further evaluation research needed to bolster the knowledge base in this area.

Finally, chaperone programs are a community reintegration initiative designed to support the perpetrator while protecting the community. Suitable family members can be trained as a chaperone who can accompany the perpetrator while they are in the community and identify potential risk as it arises. Further research is needed to determine the viability of chaperones, as a reintegration and risk management technique.

1.0 BACKGROUND

On 4 December 2024, the Attorney General requested the Child Death Review Board conduct a Review of System Responses to Child Sexual Abuse empowered by section 29I of the Queensland *Family and Child Commission Act 2014*. The Terms of Reference requested the identification of best practice across Australia and internationally for protecting children from sexual abuse, identifying perpetrators and children at risk and responding to allegations.

A Request for Quote process by the Queensland Family & Child Commission (QFCC), led to the University of the Sunshine Coast's Sexual Violence Research and Prevention Unit (SVRPU) being awarded funding to prepare this Report. The QFCC requested that research be undertaken to develop an international best practice response for protecting children from child sexual abuse to benchmark the latest practice, research and policy, globally. More specifically, the University of the Sunshine Coast was asked to address (1) the prevention of child sexual abuse; and (2) responding to allegations of child sexual abuse.

This Report addresses the second parameter about responding to allegations of child sexual abuse. The following four research questions are relevant for this purpose:

What best practices exist for responding to allegations of child sexual abuse, including initial reporting, investigation, and the provision of victim support services?

How can police interviews, evidence handling, investigations and post-incident support be designed to prevent re-traumatisation and ensure appropriate care and support?

What methods are most effective in holding perpetrators accountable through prosecution, rehabilitation, and/or reintegration programs, and how can risks posed by known offenders be managed?

How do Australia's practices for protecting children from sexual abuse compare with leading international models, and what lessons can be adapted to improve outcomes in the Australian context?

2.0 INTRODUCTION

Child sexual abuse is a form of violence against children. It encompasses children being involved in, or exposed to, unlawful sexual acts which they do not understand, cannot consent to, and are not accepted within the community (Commonwealth of Australia, 2021; Matthews & Collin-Vezina, 2019). It can involve contact and non-contact sexual acts. The differing legal approaches, societal norms and research standards and practices internationally means child sexual abuse definitions and understandings can differ – though there are some universal themes (Mathews, 2017). Child sexual abuse can occur in all settings, from homes to within organisations, and online. Offences can be committed by family members, carers, or strangers (Mathews et al., 2025). Children can be at greater risk of child sexual abuse when they are in institutional settings, such as out-of-home care environments (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017).

Child sexual abuse is a serious and pervasive issue. The Australian Child Maltreatment Study found that 28.5% of Australians had experienced child sexual abuse with females twice as likely to report the abuse than their male counterparts (Mathews et al., 2023). Many child sexual abuse cases remain unreported, highlighting the need for better prevention and support systems (Mathews et al., 2025). Several recent events have also increased community awareness and concern about child sexual abuse, including the Royal Commission into Institutional Responses to Child Sexual Abuse (2017), the Australian Child Maltreatment Study, the #MeToo social media movement and the Ashley Paul Griffith case, to name a few. As such, community understanding of the prevalence of child sexual abuse is becoming more prominent.

As one example, the recent Ashley Paul Griffith case demonstrated the vulnerability of children in care. The defendant, Griffith, pleaded guilty to 307 child sexual abuse offences against at least 69 children, including rape, repeated sexual conduct and indecent treatment, which

occurred over a 19-year period (i.e., 2003-2022; *R v Griffith* [2024]). Griffith had been a childcare worker during that period, which provided opportunities to commit these offences through his access to children under his care.

The Australian Royal Commission into Institutional Responses to Sexual Abuse in 2017 responded to the pervasiveness of child sexual abuse within institutional settings in Australia. This Royal Commission led to over 409 recommendations, including 24 specifically relating to making institutions safer for children and young people (Royal Commission into Institutional Responses to Child Sexual Abuse, 2017). Responding to child sexual abuse is a complex task, and systemic and environmental factors relating to the legislative and policy framework remain an ongoing focus of reform in Queensland's ongoing efforts to improve responses to victim-survivors in this setting.

The World Health Organisation (1999) affirms that child sexual abuse is a worldwide issue that affects individuals regardless of their gender, age, or race. An Australian study by Pacella and colleagues (2023) identified that family dysfunction is a key risk factor for child sexual abuse, often influenced by low socio-economic status, challenges related to health, housing, and employment, as well as problematic substance use. The impacts of colonisation and entrenched socio-economic disadvantage for First Nations Peoples have led to these factors being prevalent in many First Nations communities across Australia and speak to the higher rates of child sexual abuse occurring in them (Bailey et al., 2019).

Child sexual abuse can cause both short-term consequences and lifelong impacts on victim-survivors. Psychological, physical, social, educational, and economic aspects of a person's life can be affected (Blakemore et al., 2017). More specifically, victim-survivors can experience post-traumatic stress, low self-esteem, and suicidal ideation (Dassylva et al., 2025). There are links between child sexual

abuse and substance abuse (Fletcher, 2021). Childhood violence can also hinder educational success (Fry et al., 2016). Young people who experience child sexual abuse before the age of 15 are also at a higher risk of experiencing sexual abuse as an adult (Australian Bureau of Statistics, 2021). As such, supportive and productive community and justice responses to allegations of child sexual abuse are vital.

Allegations of child sexual abuse, and responses to those disclosures, reach every facet of the community. Children may disclose to a trusted relative, carer (including within an institution) or friend. That disclosure may occur immediately after the abuse or may be delayed days, months or years. The disclosure recipient may notify the police, or the child themselves may make a formal complaint including with the support of someone they trust. Police may investigate and refer to prosecution or they may determine not to take further action. An Australian study by Christensen (2016) found that 60% of cases had already failed to progress by the time a case was reviewed by the Department of Prosecution. Reasons for this were identified as relating to the child not disclosing to police when they were initially spoken to; the child or their parent withdrawing the complaint or refusing to participate in a formal interview; evidence being insufficient; the perpetrator not being identified; no offence being identified, or the child not being perceived as credible. Credibility of child victim-survivors is a significant barrier in the criminal justice process. This can occur from a lack of understanding of how memory and recall operate for children and young people, particularly those who are experiencing trauma, and the nature of staged disclosures and developmental considerations existing for key players in the criminal justice system setting. Perpetrator prosecution and conviction also pose additional challenges. Determinations about whether a matter progresses to prosecution are made by police and public prosecutors. Subjective factors, including types of evidence required and individual decisions made throughout the investigation process, influence these decisions. The prosecution process is further influenced by the varying levels of

understanding, knowledge, and/or experience of the judges and juries regarding child sexual abuse and the overall complexities of this process when responding to child sexual abuse. Conviction rates for sexual offences against children are very low (Australian Institute of Health and Welfare, 2020; McPherson et al., 2025). If a perpetrator is convicted, they will then undergo a community or custodial corrections process involving rehabilitation and, ultimately, community reintegration. All of these stages of the criminal justice system can have a profound and lasting impact upon the victim-survivor, their family unit, and the broader community as a whole. This Report will investigate the intricacies of responding to allegations of child sexual abuse as well as best practices for holding perpetrators accountable.

2.1 Scope

This Report relates to responding to child sexual abuse allegations and will explore response protocols, support to victims and perpetrator accountability from an Australian perspective, while considering relevant international comparisons. While this Report has been guided by four specific research questions, the potential content is broad and diverse. As such, there are several scoping considerations.

Firstly, in relation to response protocols, this project:

Detailed best practices for responding to allegations, including initial reporting, investigation, and support for victims and their families; and

Examined how the criminal justice and child protection systems collaborate and could improve collaboration in responding to allegations.

While our exploration of response protocols will consider collaborations in responding to disclosures of child sexual abuse, we do not consider partnership models in safeguarding children. The project also did not consider reporting *mechanisms*, such as mandatory

reporting; we only considered responses to disclosures that are made.

Secondly, we consider support to victim-survivors within the context of responding to allegations. More specifically, the project:

- Explored trauma-informed approaches for interviewing victims, handling evidence and conducting investigations; and
- Assessed the services provided to victims during and after the investigation process, including access to counselling, legal support, and safe housing.

Finally, the project also considered perpetrator accountability in relation to *known* offenders. The project:

- Investigated methods for keeping children safe by holding perpetrators accountable, including by exploring the effectiveness of prosecution, rehabilitation, and community reintegration programs; and
- Evaluated approaches for managing risks posed by known offenders.

We note that risk assessment tools, frameworks, and practices to identify perpetrators were beyond the scope of this project. Profiles of perpetrators and victim-survivors were also not explored. Considering children and young people who demonstrate harmful sexual behaviour in perpetrating child sexual abuse was also outside the scope, albeit relevant references regarding these young people are made at times, where relevant.

Finally, we note that victim-survivors of child sexual abuse can choose to make a formal complaint to police for prosecution, as a criminal law response, or choose to pursue a civil law action. This Report does not consider options for pursuing a civil law matter. Only the criminal law processes are considered here.

2.2 Terminology

Child sexual abuse research interacts with sensitive and challenging material. Terminology is an important consideration as the use of language can have reductionist

implications. The following terminology is particularly pertinent and has been carefully considered in the preparation of this Report:

Child

Children and *young people* are terminologies often used to describe children of all ages from infant to teenager. We acknowledge literature also refers to *youth*, *young person*, *adolescent* and *juvenile*. In this Report, the term *child* will be used to indicate a person under the age of majority according to statutory measures: that is, a person under the age of 18 (*Law Reform Act 1995* (Qld) s 17). Where we refer to a child who has perpetrated a child sexual abuse offence, we use the language *children and young people who demonstrate harmful sexual behaviour*.

Child sexual abuse

The terms *child sexual abuse* and *child sexual exploitation* are sometimes used interchangeably within literature, policy and law. Child sexual exploitation often refers to conduct containing an element of exchange with the child, while child sexual abuse does not require that exchange. Exchange might involve a gain, benefit or promise of something with a child, the perpetrator or another party, including of a commercial nature (Greijer & Doek, 2016). Child sexual abuse is the broader terminology, which encompasses child sexual exploitation, referring to any sexual harm against a child. This will be the preferred language used in this Report.

Victim-survivor

Where possible, this Report adopts person-first language and uses the terminology *people who have experienced child sexual abuse*. However, where this was not practical (e.g., table and figures), the terminology of *victim-survivor* is used. This is in recognition of the gravity of the experience, the various stages of healing and recovery, and ongoing effects and harms felt by people who have experienced sexual harms (Force, n.d.; Victorian Government, 2022).

First Nations

In Australia, the term *First Nations Peoples* refers to the many nations of Aboriginal and Torres Strait Islander Peoples. We adopt that

language in this Report. Where we refer to international research, we may use the term *Indigenous* to describe the First Peoples in other jurisdictions.

Perpetrator

There are many labels for people who have offended including *offender* and *perpetrator*. While person-first language is always preferred, such as referring to *people who have committed or are at-risk of committing child sexual abuse offences* to distinguish the person from the act, it is not always feasible to use such language in this Report, especially given the focus on perpetrator research. As such, we use the term *perpetrator* sensitively and while acknowledging the challenges of this terminology. We also discuss trial processes where a perpetrator would otherwise be a *defendant*. For the purposes of consistency, we retain the *perpetrator* language.

In addition, given that we are considering all stages of responding to allegations, from initial

disclosure until a perpetrator is released back into the community, it is difficult to maintain reference to whether or not conduct is *alleged*. As such, we may not reference conduct as *alleged* even where it has not been before a court.

We make an important distinction in this Report that the reference to “perpetrator” throughout refers to adults, and not young people, who may also perpetrate sexual abuse against children. We recognise that young people who perpetrate child sexual abuse, and how to respond to this behaviour, requires its own extensive research. The discussions about best practice approaches across the continuum of investigation, prosecution, and accountability for perpetrators requires a different approach for young people who sexually offend against children than the best practice approaches for adult perpetrators. This important area of response and research sits outside of the scope of this Report. We may refer to young people who sexually offend against children, at various points in this Report, to emphasise notable research in this area, although it is brief.

3.0 METHODOLOGY

3.1 Research design

The project team conducted a comprehensive, critical review with thematic analysis including international comparison to identify, analyse and synthesise issues associated with protecting children from sexual abuse. A critical review, also called an integrative review, “assess[es], critique[s], and synthesise[s] the literature on a research topic in a way that enables new theoretical frameworks and perspectives to emerge” (Snyder 2019, p. 335). Critical reviews allow a more creative collation of sources because “a degree of analysis and conceptual innovation” is warranted (Grant & Booth 2009, p. 93). They can also cross inter-disciplinary boundaries which is essential in child sexual abuse prevention (Efron & Ravid, 2018). As such, a critical review was a particularly valuable methodology for this project given its cross-disciplinary nature and international scope.

The critical review also integrated structures of a rapid review. The timeframe for this project was incredibly tight, requiring the entire project to be commenced and concluded within a

three-month period. The structures, outlined below, maintained scientific rigour while ensuring literature searching, screening and synthesis could be undertaken within the short timeframe of this research project.

3.2 Search strategy

Literature drew upon sources from law, criminology, psychology and social work. A wide range of sources were considered for inclusion in the review, including published articles, books and grey literature. Researchers targeted the following databases: PubMed, PsychNET (APA), SCOPUS, Web of Science, Criminal Justice Abstracts (EBSCO) and AustLII. Grey literature, government reports and working papers, were sourced from Government websites and Google search (first 10 pages).¹ Researchers also reviewed the reference list of included records to identify additional relevant records for consideration. Search fields within the databases were targeted at Title, Abstract and Keywords.

Keyword searches for the Report was as follows:

Table 1: Search Terms

	Target group	Type of harm	Response	Accountability
Key words	K1 “child*”	K8 “sexual exploitation”	K12 “report*”	K22 “prosecut*”
	K2 “youth”	K9 “sexual abuse”	K13 “investigat*”	K23 “rehabilitat*”
	K3 “young”	K10 “sexual violence”	K14 “victim support”	K24 “reintegrate*”
	K4 “perpetrat*”	K11 “molest*”	K15 “police interview”	K25 “reoffend*”
	K5 “offend*”		K16 “forensic interview”	K26 “recidivis*”
	K6 “adolescen*”		K17 “evidence handling”	
	K7 “juvenile*”		K18 “support”	
			K19 “rehabilitat*”	
			K20 “therapeutic”	
			K 21 “trauma”	

¹ The first 10 pages was selected because of the time critical nature of the project while also offering the most relevant sources according to Google’s ranking algorithms.

There were two search strings used:

Search string A

TITLE-ABS-KEY ((child* OR youth OR young OR perpet* OR offend* OR adolescen* OR juvenile*) AND (molest OR sexual AND (abuse OR exploitation OR violence)) AND (report* OR investigat* OR victim AND support OR interview AND police OR forensic OR evidence AND handling OR support OR rehabilitat* OR therapeutic OR trauma))

Search string B

TITLE-ABS-KEY ((child* OR youth OR young OR perpet* OR offend* OR adolescen* OR juvenile*) AND (molest OR sexual AND (abuse OR exploitation OR violence)) AND (prosecut* OR rehabilitat* OR reintegrate* OR reoffend* OR recidivis*))

The results from the literature searches were screened. Covidence was used for data screening and analysis because of the systematic and robust approach it facilitates to organising the literature.

There were two stages of screening:

(1) Title and abstract screening; and

(2) Full-text screening.

The first stage, title and abstract screening, involved a surface level review of sources for immediate *potential* relevance to the research question/s. Using pre-defined inclusion/exclusion criteria, one research team member determined whether the source was relevant to progress to the full-text screening.

The second stage, full-text screening, delved deeper into each of the potentially relevant sources to confirm or deny relevance, identifying those sources that provided evidence to address the research question/s. One researcher viewed the literature in detail, considering methodology, population, interventions and outcomes. The pre-defined inclusion/exclusion criteria assisted the researcher determine whether the source was relevant. Report leaders randomly reviewed a selection of the early screened literature after 50 screenings to ensure the data screening process was capturing appropriate literature.

Inclusion criteria for source selection is set out below in Table 2.

Table 2: Inclusion criteria

Criteria	Particulars
Population, or participants and conditions of interest	Children and young people Family of children and young people Community members Law enforcement Child protection agencies and workers Judiciary Public prosecution Counsellors, psychologists and social workers Legal practitioners Probation officers Early education and care practitioners
Interventions or exposures	Rehabilitation programs Support services Victims Offenders
Outcomes of interest	Effective pathways/frameworks for reporting (e.g., increased report rates)

	<p>Effective communication channels between agencies (e.g., legislated procedures)</p> <p>Accessibility of support services</p> <p>High rates of victim satisfaction/procedural justice</p> <p>Evidence of being trauma-informed (e.g., victim led, support officer role etc)</p> <p>Higher rates of prosecution and conviction</p> <p>Reduced recidivism rates</p> <p>Improved participation in community (e.g., employment)</p> <p>Restorative practices</p>
Setting	<p>Community</p> <p>Schools and educational settings (including early childhood care)</p> <p>Courts</p> <p>Police</p> <p>Safe houses</p> <p>Prisons</p> <p>Community corrections</p> <p>Online environments</p>
Type of source	<p>Peer-reviewed journal articles</p> <p>Government or industry reports</p> <p>Government or non-government organisation websites</p> <p>Conference papers</p> <p>Books or book chapters</p>
Date scope	January 2015 – January 2025
Language	English
Jurisdiction	<p>Australia (all states, territories and Commonwealth)</p> <p>North America</p> <p>United Kingdom</p> <p>Europe</p> <p>Asia-Pacific</p>

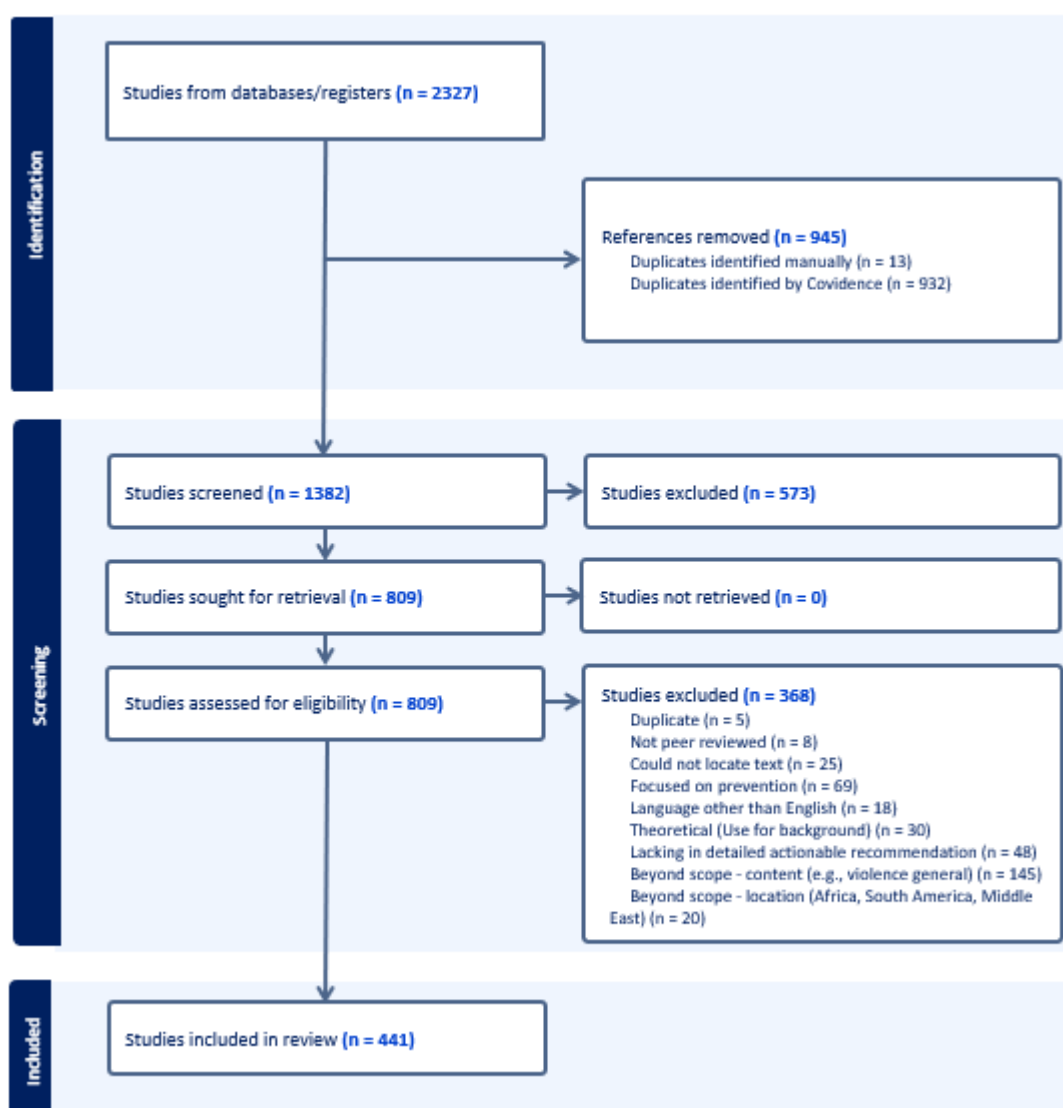
Sources were excluded from inclusion where the full-text could not be located; they were written in a language other than English; they lacked peer review rigour or were published as a dissertation; or they focused on primary and secondary prevention programs. We also did not search for primary sources of law, legislation or case law, although refer to relevant law for context throughout the Report.

3.3 Search results

The data identification process involved the initial searching. Our searches captured n = 2,327 sources. Of the sources from the initial source identification, n = 945 sources were removed due to duplication.

The data screening was then undertaken by three authors and three research assistants. During title and abstract screening, n = 573 studies were excluded. As a result, there were n = 809 sources considered for full text screening. Of those, n = 368 were excluded due scope, language, or actionability issues. The final total of studies included in the critical review was n = 441 and a list of these sources is set out in Appendix A. A visual depiction of the project's systematic approach to data identification, screening and inclusion is set out in a Preferred Reporting Items for Systematic reviews and Meta-Analysis (PRISMA) flowchart below (Moher et al., 2009).

Figure 1 - PRISMA Flowchart



3.4 Analytic strategy

Following data identification and collation, data analysis and synthesis was undertaken thematically. Quality appraisal of the included studies was not undertaken due to the time critical nature of this research. A thematic analysis is a method for identifying, analysing, synthesising, and reporting patterns, or themes, within the literature (Salehijam, 2018). Thematic analysis is particularly valuable as it allows a researcher to “examine *underlying* ideas, assumptions and conceptualisations – and ideologies” that shape surface issues (Braun & Clarke 2006, p. 84).

A thematic analysis was chosen for two key reasons. It can synthesise large amounts of information and provide perspectives on issues that might not have been otherwise anticipated (Clarke & Braun, 2017). It can also enable findings and best practice evidence to emerge.

Thematic analysis commenced using Covidence. Researchers met for a brainstorming session to determine data extraction categories. Data extraction was then completed within Covidence and exported into Microsoft Excel. The following was collected for relevant studies:

- Title of source;
- Related research question;
- Jurisdiction;
- Aim/purpose of study;
- Key findings; and
- Arising themes.

The themes from the data extraction were further refined and clear findings emerged.

Additional research was conducted, during the project write-up, where gaps in research results were identified. Specifically, where the collected data identified a relevant initiative or

concept, further research may have been undertaken to provide further context or bolster the analysis. As such, there may be sources relied upon, in this Report, which pre-date the 2015 – 2025 data range prescribed in the inclusion criteria and/or sit outside the 441 sources included in this review. While a rapid, systematic PRISMA method was selected for rigour, further research (as needed) ensured the most comprehensive interaction with the research and provided the best opportunity to address the research questions.

4.0 KEY FINDINGS

From the critical review, two key perspectives emerged in relation to responding to allegations: the victim-survivor and the perpetrator. Victim-survivor disclosure support related to how victim-survivors made disclosures, how those disclosures were responded to and what support should be provided during that disclosure phase. The perpetrator perspective considered

accountability practices and initiatives enabling successful prosecution as well as rehabilitation and reintegration opportunities to address the risk which known perpetrators continue to pose to the community. Eight key findings related to victim-survivor or perpetrator perspectives are relevant. Table 3 sets out the key findings which align with each research question.

Table 3: Key Findings

Victim-survivor disclosure support	
Finding 1	Disclosure should be understood as a process because both situational and individual factors can affect victim-survivor disclosures.
Finding 2	Investigative processes, including police interviews, should be trauma-informed and responsive to individual victim-survivor needs.
Finding 3	Effective collaboration between key agencies helps overcome fragmented service delivery, leading to a more coordinated and effective response to allegations.
Finding 4	Support services for survivors require a systemic and holistic approach addressing structural barriers and incorporating peer and family support.
Perpetrator accountability	
Finding 5	Prosecution processes should not place the burden of perpetrator accountability on victim-survivors.
Finding 6	Rehabilitation works most effectively when it is responsive to individual perpetrator needs.
Finding 7	Targeted community reintegration of perpetrators can reduce recidivism despite conflicting with community expectations.
Finding 8	Innovative programs targeted towards building community are proven reintegration techniques to promote desistance.

Each of these findings are explored further below.

The findings raised some challenges in how we present the research, especially in relation to terminology. In the findings, we refer to perpetrators and victim-survivors within the child sexual abuse context. As such, any references to perpetrators, victim-survivors, or other terminology should be assumed to fall within a child sexual abuse context unless

otherwise specified. We also acknowledge the law considers disclosures as allegations until guilt is determined within a court. Given we are considering all stages of responding to allegations, from initial disclosure until a perpetrator is released back into the community, it is difficult to maintain reference to whether, or not, conduct is “alleged”. As such, we may not reference conduct as “alleged” even where it has not been before a court.

4.1 Victim-survivor disclosure support

Research Questions

What best practices exist for responding to allegations of child sexual abuse, including initial reporting, investigation, and the provision of victim support services?

How can police interviews, evidence handling, investigations and post-incident support be designed to prevent re-traumatisation and ensure appropriate care and support?

How do Australia's practices for protecting children from sexual abuse compare with leading international models, and what lessons can be adapted to improve outcomes in the Australian context?

Trauma-informed approaches that ensure victim-survivor safety and uphold their autonomy are key tenets in best practice responses to child sexual abuse disclosures (McElvaney et al., 2024). Recognising the distinction between a survivor's decision to disclose abuse and the decision to progress their matter to prosecution is crucial. While disclosure can open the door to personal and social support, initiating legal proceedings is tied to the fundamental right to seek justice. However, current evidence indicates that many survivors do not feel ready or empowered to exercise this right (London et al., 2005; Plastock et al., 2021). Processes that intentionally seek to limit re-traumatisation for child sexual abuse victim-survivors are crucial

if we are to deliver a child safeguarding system that truly meets the safety and justice needs of the children and families it seeks to serve.

Supporting victim-survivors when making disclosures requires a holistic approach with multi-system responses. Processes, including how the investigation was undertaken, can contribute to retraumatisation. As such, provision of support services must attend to the needs of the victim-survivor holistically, as well as extending support to parents, carer and families. Collaboration between systems and organisations allows children's best interests to be centred in responding to allegations of child sexual abuse. Each of these considerations will be explored further below.

Finding 1: Disclosure should be understood as a process because both situational and individual factors can affect victim-survivor disclosures.

Disclosures of child sexual abuse can come from the child or others who might suspect abuse is occurring. The most common way child sexual abuse is identified comes from the child's own disclosures, which are often made a considerable time after the abuse has occurred (Lavoie et al., 2022; Royal Commission, 2017). Their reports are often unintentional or tentative as the child does not necessarily understand their experiences as being abusive due to their limited cognitive understanding and/or knowledge about sexual abuse (Anderson, 2016). Reporting of child sexual abuse from adults connected to the child, professionals or community members can also identify instances of child sexual abuse, such as mandatory reporting practices,

although this type of reporting is beyond the scope of this Report. Victim-survivor disclosure requires supporting an understanding of situational and individual factors that can hinder or facilitate a child's opportunity and/or decision to disclose their abuse, as well as the understanding that disclosure itself is a process. Each of these are explored below.

Situational and individual factors

The decision to disclose experiences of child sexual abuse is a profoundly complex and emotionally charged process, frequently characterised by ambivalence, fear, and internalised stigma. Recent Australian research underscores the alarming prevalence of child sexual abuse, with findings indicating that approximately one in five boys and more

than one in three girls report having experienced sexual abuse prior to the age of eighteen (McPherson et al., 2024). These figures are drawn from self-reported data, which itself suggests a broader undercurrent of abuse that remains largely invisible to statutory and professional systems. Numerous studies have demonstrated that official reports to child protection and law enforcement agencies capture only a fraction of the true incidence, with many cases remaining unreported due to a range of intrapersonal and systemic barriers (McPherson et al., 2024; Plastock et al., 2021; Sidebotham & Appleton, 2021). Among children who ultimately disclose abuse, such disclosures are frequently delayed, sometimes by weeks, months, or even years (Goodman-Brown et al., 2003). In fact, adult studies have reported that many victim-survivors waited until adulthood to disclose their childhood sexual abuse (Smith et al., 2000; Swindle et al., 2016).

The prevalence of child sexual abuse disclosure delays highlight situational and individual barriers to disclosure. Among the most frequently cited inhibitors to disclosure is the pervasive sense of shame experienced by victim-survivors, which can be internalised as self-blame and fear of judgment (McElvaney et al., 2022). This is particularly salient for adolescents, who may face additional developmental and relational vulnerabilities that complicate their willingness or ability to seek help. An American study by Feeney and colleagues (2018) found that young adults who were assaulted during adolescence frequently refrained from disclosing their experiences to formal support systems—such as law enforcement, medical professionals, or social services—due to concerns about being stigmatised, a lack of awareness regarding available support pathways, and anxieties about breaches of confidentiality. These concerns were often exacerbated by fears of parental involvement and the potential for secondary embarrassment or distress resulting from adult responses. The Royal Commission into Institutional Responses to Child Abuse (2017, vol 4) also highlighted additional disclosure barriers including attitudes to sexuality, masculinity and gender; uncertainty

about whether behaviour is abusive; and difficulty communicating about child sexual abuse.

Perpetrators, themselves, can also create barriers for disclosure. These can include grooming behaviours and tactics; physical and social isolation; their position and authority can influence children's decision-making; victim-survivors could be threatened; and making the victim-survivor feel complicit or responsible (Royal Commission, 2017, vol 4). Perpetrators may also intentionally seek out victim-survivors who are younger or non-verbal to reduce the likelihood of detection (Australian Institute of Criminology, 2011).

Finally, institutional barriers and culture can impede victim-survivor disclosure and responses to these disclosures. As set out in the Royal Commission into Institutional Responses to Child Sexual Abuse (2017, vol 4), an organisational culture promoting punishment, violence, or non-compliance with law and policy can influence victim-survivor disclosure. Institutional issues, which have allowed child sexual abuse to occur and remain underreported, include inadequate record-keeping, discrete information sharing, and obstructive avenues for disclosure; prioritising reputation, prestige or loyalty; and personal relationships in the institutions over and above children's safety.

In light of these challenges, the availability and responsiveness of trauma-informed support services are critical in mitigating the psychological burden associated with disclosure. Victim-survivor centred approaches that prioritise empathy, confidentiality, and empowerment can play a pivotal role in reducing the risk of re-traumatisation and fostering a safer environment for disclosure and engagement with investigative processes (Campbell et al., 2015). Proactive and accessible service provision not only supports individual recovery but also strengthens systemic responses to child sexual abuse through improved identification and intervention.

Historical child sexual abuse cases also face unique challenges in responding to disclosure.

For historical complaints, the victim-survivors are adults at the time of disclosure, recounting abuse experiences as a child. A myriad of factors, at the time of abuse, impeded and delayed their disclosure into adulthood, which may have included the political and policy environment at the time of the abuse, personal factors for the victim-survivor, and environmental and cultural factors such as those that occur in institutional abuse matters. Various other factors can account for delayed disclosures including policing culture during the period of child sexual abuse (Bleakley, 2020); adults, at the time, failing to act on children's complaints (Ring, 2017); and concern by the victim-survivor about not being believed (Plastock et al., 2021).

The effects of how first disclosures are responded to and managed can also have long-term negative impact for victim-survivors. A German study by Schoon and Briken (2021) found that disclosure, particularly the negative social reactions to it, can be a significant barrier to reporting child sexual abuse. Survivors often become reluctant to disclose their abuse due to feelings of shame, especially when met with disbelief or rejection from loved ones or formal support systems (McPherson et al., 2024). These reactions may retraumatise the individual, as they echo the internalised stigma and profound sense of betrayal associated with the original abuse. Shame is identified as an inhibitor of child sexual abuse disclosure (McElvaney et al., 2022).

The experiences of victim-survivors during their initial disclosure are an important contextual factor in understanding best practice approaches to responding to child sexual abuse. A study by Pacheco et al. (2023) identified that poor handling of disclosures by law enforcement officers, child protection workers, medical staff, or mental health professionals contributed to a sense of hopelessness, creating additional barriers to disclosure. Consequently, best practice improvements can be achieved through increased understanding about the process of disclosure, with an additional emphasis being required on the individual needs of the victim-

survivor. Best practice approaches in this context are identified in the literature relating to forensic interview training for interviewers, multiagency collaboration between relevant agencies, and culturally informed engagement with First Nations People in Australia. These approaches are explored in further detail in this Report.

Disclosure as a process

Disclosure of child sexual abuse is a dynamic and ongoing process rather than a single event, shaped by individual, relational, and socio-political factors (Carnes, 2000). Victim-survivors disclose for a range of personal reasons, including self-protection, the desire for support or justice, the need for clarity and validation, and the wish to unburden themselves or protect others (McPherson et al., 2024). Age and the presence of a trusted, supportive person are consistently identified as key enabling factors (Kasstan, 2022; Ullman, 2023).

Disclosure is often prompted by “turning points” or “critical moments”—situational or environmental events that heighten awareness or create openings for disclosure. These may include witnessing similar abuse portrayed in media, experiencing an escalation in the perpetrator's behaviour, learning about other victims, or external interventions such as police or child protection involvement (McPherson et al., 2024; Ullman, 2023).

Additional facilitators have been identified across diverse contexts. In Singapore, factors such as older age, female gender, higher IQ, recent or resisted abuse, clergy perpetrators, non-offending caregiver support, and feelings of cultural obligation played a role in disclosure decisions (Latiff et al., 2024). Similarly, UK-based research found that emotional or physical distance from the perpetrator, supportive relationships, and the belief that disclosure could aid healing or protect others were significant motivators (Plastock et al., 2021).

Education can also assist children to recognise if they have been sexually abused and/or provide children with the confidence they need to disclose. Early intervention and prevention

strategies are a valuable way of assisting children to learn about how to better protect themselves, perpetrator grooming behaviour, and sexual abuse (Ronken, 2017). Researching specific educational strategies and programs have not been explored as they are beyond the scope of this Report.

The opportunity for victim-survivors to make disclosures over a series of interviews is identified as a developmentally necessary process for children (McPherson et al., 2024). In practice, forensic interview models used by police and child protection are often adult-centric and based on the assumption that disclosure will occur in a single interaction (McPherson et al., 2024). However, this does not align with the reality that children often disclose their experiences gradually, through a repeated and evolving process. Purposeful, intentional, and developmentally led interview processes align with best practice models. Further, for younger children with limited memory recall and/or expressive language skills, multiple interviews may better align with their developmental needs. A best practice model that seeks to meet and support the unique and specialised developmental needs of children in a forensic interview setting is explored further below in Finding 2.

Supporting disclosure and trauma-informed investigation processes

Research indicates that reluctance to disclose child sexual abuse is proportionately higher for some groups. A systematic review identified that obstacles to disclosure of child sexual abuse were found to include factors such as intellectual disabilities, avoidant coping mechanisms, familial criminal activity, experiences of domestic violence, and belonging to an ethnic minority group. The findings also indicated that the links between these factors and disclosure are often complex, inconsistent, or shaped by interactions with other variables, underscoring the need to consider specific social and ecological frameworks (Latiff et al., 2024). These frameworks refer to the broader systems and environments that influence a child's experiences and behaviour. A social framework considers the roles of family, peers, schools,

and community, while an ecological framework expands this view to include multiple levels of influence, such as individual characteristics, relationships, social structures, and cultural or societal norms. In the context of child sexual abuse disclosure, this means recognising that a child's decision to speak out, or remain silent, may be shaped not just by personal factors, but also by the complex interplay of their relationships, community attitudes, access to support services, and broader cultural expectations.

While any child from a marginalised population is particularly vulnerable, there are several specific groups which have been highlighted in the literature. Victim-survivors of sex trafficking, children with disabilities, male victims, LGBTIQ+ children and young people, and First Nations children are prominent population groups who experience heightened barriers to child sexual abuse disclosure. Each of these groups will be addressed below.

Victim-survivors of sex trafficking are often hesitant to share their experiences with authorities. Sex trafficking of children and young people is a form of exploitation where a child or young person is manipulated, coerced, or forced into engaging in sexual activities in exchange for something of value, such as money, drugs, shelter, or protection (Liles et al., 2016). Past negative interactions with law enforcement, the impact of past and ongoing trauma histories that may occur outside or alongside the sexual exploitation, and the nature of their relationship with the trafficker can all influence sex trafficking victim-survivor disclosures. Studies in Italy (Crisma et al., 2023), the United States of America (Quas et al., 2023), and Israel (Katz, 2013) identify that the complex trauma of child sex trafficking victim-survivors, specifically, leads to victim-survivors being evasive and uncooperative with police investigations around their abuse.

Best practice approaches to engaging and interviewing victim-survivors of sex trafficking were analysed by Dianiska et al. (2024) in a study undertaken in the United States. Rapport building strategies are noted as essential in seeking to overcome a victim-survivor's reluctance to engage in the investigative

process. Recommended rapport building techniques for children include clearly explaining the ground rules and engaging children in conversations about their interests, using open-ended questions to help them feel more at ease and to encourage practice in sharing their thoughts and experiences (Korkman et al., 2024). Rapport building is sometimes incorporated as part of a broader set of interviewer behaviours known as supportive interviewing, which extends throughout the entire interview process (Hershkowitz et al., 2021).

Beyond building rapport, supportive interviewing involves a range of verbal and non-verbal strategies used by the interviewer. These include:

- Using open and friendly body language;
- Listening attentively and offering small verbal cues like “mm-hmm” or “I see” to show the interviewers are engaged;
- Providing general words of encouragement such as “you’re doing really well” that are not dependent on the content of the child’s answers; and
- Noticing and gently exploring any emotional reactions the child may express during the conversation (Dianiska et al., 2024).

Children with disabilities are another group that experiences additional barriers to disclosing their experiences of child sexual abuse. Children with cognitive impairment are the primary disability population group who are at increased risk of sexual abuse compared to children without disabilities (Robinson, 2012; Shang, Katz & Tian, 2021). The Australian Cross Disability Alliance identify that barriers exist for children with a disability disclosing child sexual abuse (Frohmander & Sands, 2015). Particularly, this group experiences suspicions by police, and hold their own wariness about drawing attention to themselves. This can relate to police stereotyping females with a disability as being “promiscuous”, the victim-survivor’s accounts being perceived by police as fabricated, and victim-survivors with an intellectual disability being treated as too vulnerable to cope if the

matter progresses to prosecution (Keilty & Connelly, 2021). A cultural shift in policing regarding the significance of child sexual abuse for children with disabilities, as well as further training for police officers who interview victim-survivors who have a disability, is needed (Aarons et al., 2004).

Males can also present with notable disclosure barriers in the literature. Traditional gender roles and hegemonic masculinity can contribute to delayed disclosure or complete silence among male victim-survivors (McPherson et al., 2024). Studies by Easton (2013) and Easton and colleagues (2014) identify that male victim-survivors significantly delay disclosure compared to female survivors because of shame, fear of disbelief, stigma, and gendered social norms. The establishment and destigmatisation of trauma-informed support services to male victim-survivors is a crucial step in deconstructing the barriers for male victims (Pacheco et al., 2023). In addition, training for existing service providers regarding conscious and unconscious gender biases around service provisions is also identified as being of value (Richie-Zavaleta et al., 2021).

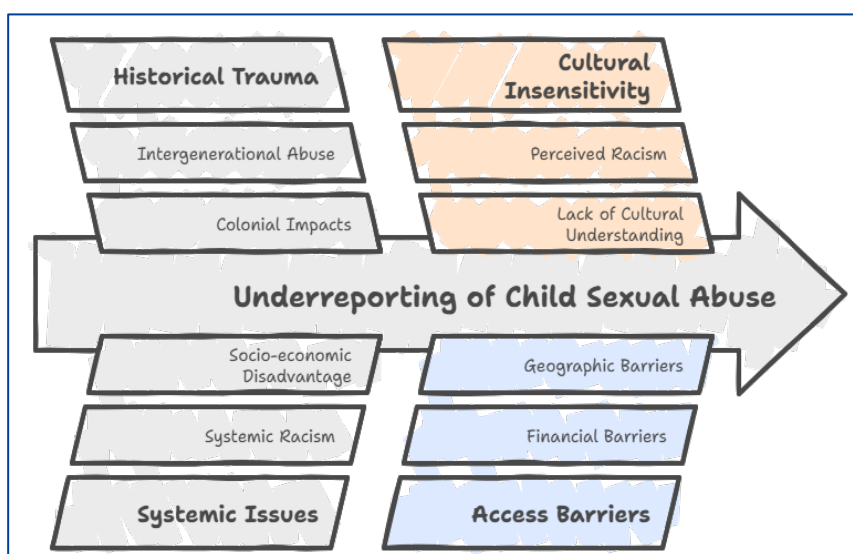
More recent evidence draws attention to the unique and often overlooked vulnerabilities faced by LGBTQI+ children and young people (Capaldi et al., 2024). LGBTQI+ children and young people are at increased risk of experiencing disclosure barriers due to systemic discrimination, social stigma, and exclusion that can occur within families, communities, religious institutions, and broader cultural settings. Transgender children, in particular, are disproportionately exposed to violence, marginalisation, and hostile environments, which can further elevate their risk of being targeted. A systematic review by Georges (2023) points out that many of the known risk factors for child sexual abuse are experienced more acutely by LGBTQI+ young people. However, significant knowledge gaps remain regarding the global prevalence and dynamics of this abuse within queer populations, especially in low-resource or culturally conservative contexts where

stigma and invisibility may be even more pronounced.

Finally, for First Nations Australians, the situational context of initial reporting is even further complicated by a history of systemic, colonial, and intergenerational abuse and oppression experiences. Funston (2013) explains that for Aboriginal and Torres Strait Islander victim-survivors in Australia, child

sexual abuse is a deeply complex issue that must be understood within the broader context of ongoing colonial impacts, including invasion, genocide, assimilation policies, systemic racism, and entrenched socio-economic disadvantage. Services responding to child sexual abuse are often culturally insensitive, racist, and difficult to access due to financial or geographic barriers (Human Rights and Equal Opportunity Commission, 1997) (See Figure 2).

Figure 2: Barriers to Reporting Child Sexual Abuse in First Nations Communities



Tolliday (2016) suggests sexual safety for First Nations Peoples cannot be addressed without also addressing the underlying trauma of these experiences for Aboriginal and Torres Strait Islander Peoples. In Australia, forced removal policies and the role of police and child protection services in these traumatic practices were identified as an ongoing barrier to mistrust and source of trauma in the Bringing Them Home Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children and Their Families (Human Rights and Equal Opportunity

Commission, 1997), and these barriers still exist today. An Alaskan study found that building trust with authorities in the recognition of the impacts of colonisation and systemic issues was necessary to minimise further marginalisation and suffering and to promote disclosure of child sexual abuse to authorities (Braithwaite, 2018). An effective, best practice approach to enabling child sexual abuse disclosures amongst First Nations children can be seen in Operation RESET, explored in Figure 3.

Figure 3: Operation RESET

Operation RESET commenced in Western Australia in 2009 and was a well-resourced joint initiative of the Western Australian Police Sex Crime Division and the Department of Child Protection's ChildFIRST service. Operation RESET was established on the principles that addressing child sexual abuse needs a collaborative, proactive partnership between community and government; that underlying cases of child sexual abuse relate to ecological and interconnected community, economic and individual factors; and that children's safety is enhanced by empowering and capacity building communities.

Bailey and colleagues (2019) undertook an analysis of operation RESET. Their findings indicate how Operation RESET provides a culturally responsive, community-engaged approach in addressing child sexual abuse within First Nations communities. Three key, interrelated themes, communication, action and presence, and working together, emerged from participant interviews. Respectful, open communication and consistent engagement between children and service providers helped build trust, particularly in contrast to previous negative experiences with services. The RESET team's sustained presence, practical support, and responsiveness enabled families to feel heard, empowered, and safe to disclose abuse. Their collaborative, non-judgemental approach fostered strong relationships and a sense of shared responsibility among community members and service providers. The initiative successfully disrupted the silence surrounding abuse by supporting disclosures, removing perpetrators, and coordinating interagency responses, ultimately empowering communities to take collective ownership of the issue and contribute to systemic change.

Finding 2: Investigative processes, including police interviews, should be trauma-informed and responsive to individual victim-survivor needs.

Police may engage with a victim-survivor at different stages in the disclosure process. Child victim-survivors will likely have already disclosed allegations of child sexual abuse to a parent, family member, friend or professional prior to making a complaint to the police. Once there is a disclosure of child sexual abuse, the child may be supported to disclose to the police or an adult may report their belief of a child sexual abuse offence, on reasonable grounds, pursuant to mandatory child sexual abuse reporting requirements under Queensland's *Criminal Code 1899* (s 229BC) if the child is in Queensland. Police will then undertake an investigation which may involve interviews with relevant parties including the child victim-survivor. Queensland police are encouraged to "reduce the amount of trauma to the child" but no further examples are provided in their operational policies about how this could be done (Queensland Police Service 2025, p.650). Police are guided by their institutional operational procedures and training when interviewing or investigating.

Victim-survivors of sexual violence frequently identify the need for their experiences to be acknowledged and validated as a crucial component of their recovery and engagement with support systems (Piamenta & Gal, 2025). Validation, in this context, refers not only to being listened to and believed, but also to being treated with dignity, empathy, and respect by professionals across health, legal, and social service domains. Empirical research has consistently shown that when victim-survivors perceive that their experiences are taken seriously and met with belief, they report greater psychological wellbeing and are more likely to continue engaging with support services (Bluett-Boyd & Fileborn, 2014; Draucker et al., 2009). Conversely, experiences of dismissal, minimisation, or scepticism can exacerbate trauma, reinforce feelings of shame and isolation, and deter further disclosure or engagement with the justice system. In addition to emotional validation, many victim-survivors express a strong desire to remain informed about the progress of their case as it moves through the

criminal justice process (Piamenta & Gal, 2025). Transparent communication and regular updates are empowering, helping to restore a sense of agency and control that is often compromised by the experience of sexual abuse. Providing timely, clear, and accessible information about legal proceedings not only respects the rights of victim-survivors but can also serve as a form of procedural justice, which is associated with increased trust in institutions and overall satisfaction with outcomes, regardless of the verdict (Duron, 2018). As such, a trauma-informed and rights-based approach to service delivery must prioritise both emotional validation and procedural transparency in order to meaningfully support victim-survivors throughout their recovery and justice-seeking journeys.

There are three important considerations in relation to police interview processes for child sexual abuse matters. Firstly, police have a significant role in responding to allegations and supporting victim-survivors. Secondly, specialist interview skills are needed to appropriately navigate disclosures of child sexual abuse. Thirdly, these specialist skills can only come from additional and specialised training. Each of these considerations will be explored further below.

Significance of police role

The quality of police engagement and interview processes with child victim-survivors is a critical element in the investigation process. In fact, Martschuk and colleagues (2022) identified how the “information-gathering process is the key to a fair justice system” (p. 71). Police behaviour during interview can affect victim-survivor's trauma and case retention. The pathways provided for disclosure and the level of support can affect a victim-survivor's decision to proceed with allegations (Campbell et al., 2015). According to *Child Sexual Abuse Response Pathway: Practice Guide* (2023), a formal interviewing process involving clear aims, communication of expectations with all parties and considering particulars of the interview (where and when) is crucial for a victim-survivor's wellbeing. Nevertheless, according to a study of

Australian criminal justice practitioners including judges, prosecutors, defence lawyers, police officers and witness assistance officers, flexibility is also needed during the interviewing process as there is not a one size fits all solution for child complainants (Lee et al., 2018). Interviewers should account for the individual child's needs (Westera et al., 2020). Training is a helpful solution proposed as a result. These concepts are explored further below.

Police interview processes can have a significant effect on victim-survivor resilience, retention and comfort. Irish victim-survivors spoke about how police acknowledgement of their vulnerabilities “helped them feel they could trust the police and ameliorated to some extent the anxiety and fear they felt at having to engage with police” (McElvaney et al., 2024, p. 7). Lack of police contact after disclosure can cause anxiety and disempowerment within victim-survivors and families, especially girls and their mothers (Butterby & Hackett, 2022). Policing perceptions of victim-survivors can influence how they treat those victim-survivors (Bejinariu et al., 2021; McElvaney et al., 2024), especially because of confirmation bias arising from victim-survivor background information (King & Bostaph, 2024; Ricciardelli et al., 2021; Sumampouw et al., 2022). As highlighted in a study by Cassidy et al. (2020), during investigative interviews, police practices can significantly impact key aspects of a child's perceived credibility, including the accuracy, competence, reliability, and truthfulness of their testimony. Interactions with police during interviews can also affect a child's ongoing engagement with the criminal justice system, particularly relating to the interview process being experienced by some victim-survivors as retraumatising (Feeney et al., 2018).

The influence of a police officer's perceptions about a child's memories is also relevant to proceeding to charges against a perpetrator. Research indicates that police education and knowledge about children's memories, and particularly, the effects of trauma on this, are vital. Goodman-Delahunty and colleagues (2017) explain that research consistently shows that law enforcement officers often hold

views about memory that are not aligned with current scientific understanding. In many cases, their beliefs are similar to those of the general public and lack the nuance found in expert knowledge. The importance of quality training and specialised interviewers for child victim-survivors cannot be understated in this regard.

Early childhood victim-survivors require unique attention. For early childhood victim-survivors, favourable approaches during police interview process are characterised with open-ended questions, increased verbal affirmations and confirming comments, e.g. “You’re doing well”, using specific yet non-leading questions, and with time-limited rapport building. The latter aspect of shorter timeframes for building rapport is related to a younger child’s limited attention span, leaving less cognitive resources for the narrative phase of the interview (Davies et al., 2000). A key finding from a study by Phillips et al. (2012) found that young children are likely to respond inaccurately if provided with “suggestive, closed and forced choice answers” (p. 52).

Children’s willingness to disclose sexual abuse during police interviews appears to be closely linked to both their age and whether they had previously disclosed the abuse. Research suggests that among children who had not disclosed prior to the forensic interview, older children were more likely to do so during the interview (Leach et al., 2017). However, among those who had already disclosed elsewhere, both younger children and adolescents were less likely than school-aged children to repeat their disclosures in the forensic context. One likely reason for this pattern is that the formal, and potentially intimidating, nature of a police setting may discourage younger children from speaking openly, particularly if they do not fully understand the implications of their earlier disclosure. Additionally, the structure of police interviews may be less suited to the developmental needs of younger children, potentially making it harder for them to recall and communicate their experiences (see Pipe et al., 2007). These factors highlight the importance of tailoring interview approaches to the child’s developmental stage and ensuring

that the environment where interviews take place supports their ability to talk safely and comfortably.

Research into interviews with victim-survivors consistently demonstrates that a supportive approach from interviewers can significantly enhance the quality of children’s responses. Supportive behaviours, such as sitting near the child, using positive facial expressions, and engaging warmly and encouragingly, are associated with improvements in both the accuracy and completeness of children’s recollections, while also reducing their susceptibility to suggestion (Teoh & Lamb, 2013). For example, Goodman and colleagues (1991) found that when interviewers interacted in a socially supportive way, offering snacks, smiling, and providing general praise, young children aged three to four performed on par with older children when responding to misleading questions. Notably, the benefits of social support became even more evident after longer delays between the event and the interview, with fewer errors observed in younger children following a four-week delay. These findings suggest that a supportive interviewing style not only helps build rapport but also plays a protective role in enhancing the reliability of young children’s testimony, particularly in high-stakes or delayed disclosure settings.

Providing opportunities for more than one interview for young children is also consistent with developmental needs and best practice approaches. A study by Gries et al. (1996) found that children around the age of six were generally slower to disclose information and more often needed a follow-up interview compared to children closer to nine years old.

Specialist interview skills

Understanding children’s development is important to prevent victim-survivor re-traumatisation during forensic interviews. A Swedish study considered the prosecution experiences of criminal investigations and found police needed better knowledge of children’s development (Ernberg et al., 2020). Acquired knowledge and training for police officers regarding child development and trauma is significant to understand a child’s

presentation and style of narrative (Westera et al., 2020) as well as their perception of the child's credibility during interviews. A study by Longobardi and colleagues (2022) identifies that in cases involving child sexual abuse, a victim-survivor's disclosures may include details indicating that the abuse was recorded to produce child sexual exploitation material, often involving sadistic, bizarre, or highly deviant elements. These unusual or extreme features can sometimes impact how the child's credibility is perceived. The findings from this study reveal that children's accounts of sexual abuse should not be dismissed solely because they include unusual or bizarre elements. Such details may correspond with content found in child sexual exploitation material and could reflect actual experiences rather than fantasy or imagination.

Children's memory is also a key misunderstanding from law enforcement interviewers and an important area for further research. Understanding how children's memory can affect disclosures and their conduct in interviews is essential for a successful interview. Specialised forensic interviewers need evidence-based training about memory (Martschuk et al., 2022). In particular, Martschuk and colleagues (2022) argue that simple language, simple sentences and non-leading, open-ended questions should be prioritised due to interviewer knowledge and skill deficit around the interaction of those factors with children's memory. In addition, decisions about planning the interview should factor in a child's age or developmental competency to ensure that the length of the interview is more aligned with the child's capabilities. A study by Phillips and colleagues (2012) found that older children participate in longer interviews than younger children. This pattern reflects developmental differences in memory and communication, as older children are generally able to provide more detailed, complex, and informative accounts. These results support best practice guidelines that recommend shorter, developmentally appropriate interviews with younger children, recognising that their recall capacity is more limited, and that extended questioning may not be effective or appropriate for their age.

Disassociation can also occur during the interview process.

Disassociation is a common trauma response for child sexual abuse victim-survivors (Dube, 2024). Disassociation is understood as a maladaptive coping mechanism in which emotional responses are involuntarily or unconsciously overregulated, leading to the compartmentalisation of mental processes such as thoughts, emotions, memories, and identity (Bell et al., 2011; Putnam et al., 1993; Spiegel & Cardeña, 1991). When this presents during interviews, an interviewing officer who lacks education or knowledge can misunderstand this behaviour and mislabel the child as being unreliable, mistrusting, or fabricating their narrative (Longobardi et al., 2022). Similarly, younger children process trauma through play and storytelling. This can lead to children including some animated contextual details around the articulation of the abusive behaviour they experienced. Without police training to understand these typical developmental norms and neurocognitive processes, the risk of children being labelled as uncredible or not truth telling significantly increases (Cassidy et al., 2020; Longobardi et al., 2022). The likelihood of the case progressing further is, therefore, significantly compromised by this investigative misconception.

It is essential that all services working with children recognise behavioural indicators, especially in younger children, that may indicate abuse, rather than relying solely on verbal disclosures. Children's ability to remember and recall past events develops with age (Hershkowitz et al., 2021), so interviewers should adapt to children's developing communication skills (Lamb et al., 2011). Research further supports that children may require more communication aides, such as pictures and drawings, to assist them to recount their trauma experience during forensic interview settings (Melinder et al., 2021).

The use of storytelling by trained interviewers can also assist children to particularise the abuse they experienced. Particularisation is about the victim-survivor providing distinct,

detailed accounts of each abusive incident (Read & Powell, 2011). Children can find particularisation challenging due to developmental limitations, the repetitive nature of abuse, and the impact of trauma on memory (Pipe et al., 2004). In Australia, the High Court in *S v R* (1989) found that a lack of particularisation can, in some cases, render charges invalid; this makes the skilfulness and engagement with children during forensic interviews extremely important. Storytelling is a valuable and developmentally appropriate method for communicating with children. It can support children in processing their thoughts and experiences, particularly traumatic events, by helping them identify cognitive distortions (irrational thinking leading to inaccurate perception of reality), make sense of what occurred, and reduce the potential negative impact of the trauma (Pradanita et al., 2019). Whether forensic child sexual abuse interviews with children should be led by police requires significant consideration given the child developmental practices outlined above.

Police training

Some police officers will have specialised skills in interacting with children. In Queensland, police officers from the Child Protection Investigation Unit (CPIU) conduct and audio or visually record an interview with children about allegations of sexual offences against the child. If these investigating officers have “reasonable suspicion” about the occurrence of an offence, they will collate evidence and make the decision about whether to charge the perpetrator/s. Police subsequently provide their evidence to prosecutors to determine if the matter has enough evidence to proceed to trial (Holder et al., 2023, p. 3). The perceived quality of the child’s disclosures during the police interview are a key consideration in this process.

Information about any specific training that CPIU officers undertake to perform their duties, and interact with children, is not publicly available. Consequently, commentary about the strengths or deficiencies in these training methods, or how well CPIU officers have been prepared to undertake specialist interviews with child victim-survivors, cannot be further

discussed or evaluated. Researcher access to training information, and to independently undertake research about training appropriateness, usefulness, and effectiveness, is recommended.

The level of skill and experience necessary to engage with children in a trauma-informed and developmental manner during a forensic interview may be a skillset that sits outside of reasonable specialist police training and duties. In some areas in the United States of America, multidisciplinary teams work together to collaborate throughout a child sexual abuse matter. In locations where Child Advocacy Centres exist (see more details about Child Advocacy Centres (CAC) in Finding 3), the interviews of the child are conducted by professionals trained in the National Child Advocacy Centre Forensic Interview model. These interviews are designed to help investigators understand the child’s experience, using a supportive, non-leading approach. Representatives from agencies involved in the investigation, such as law enforcement and the Department of Human Resources, observe the interview remotely, or through a one-way mirror, to ensure a thorough and coordinated investigation. After the forensic interview, law enforcement will evaluate whether a crime has occurred. The development of the CAC in the United States was to address the existence of systemic trauma for victim-survivors who are often subjected to multiple interviews with different agencies and professionals. Multiple interviews may lead to variations in a child’s story in their attempt to give the responses they perceive the interviewers are seeking (Herbert & Bromfield, 2016). In turn, this results in reduced credibility. Repetitive interviews can also result in children recanting their evidence (Herbert & Bromfield, 2016).

Findings from a recent United States study by Dianiska et al. (2024) offer critical insights into how professional training and interview approaches can significantly affect the experiences of victim-survivors of sex trafficking. The study compares the practices of federal forensic interview specialists and local police officers, highlighting the clear

benefits of adopting a victim-centred, trauma-informed approach to interviewing. Forensic interview specialists, who receive specialised training in trauma-informed techniques, emphasise building trust and empowering victim-survivors to share their narratives in a manner that minimises the risk of re-traumatisation. This approach prioritises the psychological safety of the interviewee and aligns with best practice principles in working with traumatised populations. In contrast, local police officers, who are often the first point of contact when victim-survivors are mistakenly criminalised (e.g., identified as engaging in prostitution), tend to lack training in trauma-informed methods. Instead, they often rely on traditional interrogation techniques focused on eliciting confessions. These methods, which include minimisation (e.g., offering justifications to downplay the offence) and maximisation (e.g., using threats or intimidation), may inadvertently reinforce feelings of guilt, fear, and distrust in systems that should be protective (Dianiska et al., 2024). In cases involving sexually exploited adolescents, such tactics are sometimes coupled with artificial rapport-building strategies that can feel manipulative and further alienate the victim.

The research, including the Australian work of Hamilton and Gerrits (2025) and Powell and Hughes-Scholes (2009), suggests a need for systemic reform in law enforcement training, advocating for the widespread adoption of trauma-informed, victim-centred interviewing approaches across all levels of police response. Integrating this training into the professional development of local police could significantly improve the quality of victim engagement, enhance the accuracy and depth of information gathered, and reduce the risk of further psychological harm (Dianiska et al., 2024). Shifting away from accusatory models toward information-gathering frameworks that prioritise empathy, safety, and empowerment is essential for improving outcomes for victim-survivors and strengthening the integrity of investigative processes.

Specialist approaches are also needed for child victim-survivors with disability. People

with disability are more likely to be sexually abused than people without disability (Shang et al., 2021). Research in Australia and internationally, including Norway (Aker & Johnson, 2020) indicate that questioning strategies typically used by police during interviews of child sexual abuse victim-survivors with a disability are not in accordance with best-practice recommendations. A Norwegian study by Brown and colleagues (2018) concludes that despite evidence that children with intellectual disabilities and typically developing young children can give accurate accounts when asked broad, open-ended questions, interviewers often avoid using this approach. Instead, their questioning style tends to be shaped by the child's disability status, and how the child responds during the interview. This highlights the critical need for interviewers to be attuned to both the developmental and cognitive needs and limitations of the children they engage with. Similar findings are found in relation to interviewing techniques in Australia (Powell & Hughes-Scholes, 2009), and New Zealand (Wolfman et al., 2016).

While many Australian jurisdictions have implemented strict training and legal standards for police when interviewing vulnerable witnesses, these do not always align well with training specific to interviewing individuals with disabilities. As a result, police may struggle to effectively support children with disabilities in communicating during the statement-taking process (Victorian Equal Opportunity and Human Rights Commission, 2014). In their submission to the Australian Royal Commission into Institutional Responses to Child Sexual Abuse, Australian Cross Disability Alliance identified that in numerous cases where people with disabilities report violence, police responses are often insufficient. Essential evidence collection—such as conducting rape kits—may be overlooked if officers determine the case is unlikely to lead to prosecution or conviction. Similarly, investigations may be deprioritised based on the assumption that the case will not proceed through the legal system. The Australian Cross Disability Alliance recommend substantial education and training for all court

officials, police and prosecutors, be undertaken that specifically focused on disability; the myths about the impact of disability on the veracity of evidence; and the needs of adults and children with disability (Frohmander & Sands, 2015). Such training should also involve considering trauma impacts on those who have experienced abuse and discussing the importance of individual advocacy.

An Australian study undertaken by Powell and Hughes-Scholes (2009) regarding police interviews with child sexual abuse victim-survivors suggest a lack of organisational support for police officers who interview children (including regular practice, feedback and supervision) and their findings call for a “a major restructure or enhancement of the interviewer training currently provided in this country” (p. 376). Rather than relying on a block training model, where interview skills are taught during a single intensive session without follow-up, the research of Powell and Hughes Scholes (2009) recommend a work-based training approach; notably, Powell has worked with the Queensland Police Academy to enhance interviewer training and, police forces across Australia have also implemented Powell’s training programs. Powell’s model treats learning as an ongoing, integrated aspect of daily work incorporating regular, mandatory refresher training and timely, individualised feedback that aligns with evidence-based investigative interviewing practices. This continuous feedback is particularly important in the early stages, as interviewers build and maintain their skills.

If police are to continue leading forensic interviews with child sexual abuse victim-

survivors, comprehensive training is essential to minimise the risk of re-traumatisation. One United States of America study identified how police training can assist in identifying victim-survivors who are subject to sex trafficking (Bejinariu et al., 2021). Studies indicate that the need for police training not only improves the quality of the child’s abuse story being disclosed but also increases the accuracy of cases that progress to prosecution (Akca et al., 2021; Baugerud et al., 2021; Salehi et al., 2022; Segal et al., 2024). Training should involve multiple sessions which have more positive results in improving interviewing studies (Akca et al., 2021).

An Australian study by Powell and colleagues (2010) reinforces prior findings that highlight the need for improved training in police interviewing techniques. Specifically, they emphasise, “Clearly, through ongoing active collaboration with *both* prosecutors *and* child testimony experts, police interviewers will be in the best position to refine their interview techniques to maximize the usefulness of witness statements for investigative and evidential purposes” (p. 40). A further study undertaken in Australia by Hughes-Scholes and Powell (2012) underscores the need for the development of additional training to promote greater adherence to best practice guidelines across all aspects of eliciting disclosures from children in child sexual abuse cases.

A United Kingdom study evaluated a best practice framework for interviewing children that was designed to be low-cost and feasible for implementation by police agencies (Kyriakidou et al., 2021). An outline of the program evaluation, which was undertaken in Cyprus, is set out in Figure 4.

Figure 4: Investing in the Good Interviewers: Policy of Practice (IGIpop)

Kyriadkidou and colleagues' (2021) study evaluating the implementation of the IGIpop (Interview Guidance for Investigative Police Officers) in Cyprus provides compelling evidence for the effectiveness of a talent-management approach to improving the quality of forensic interviews with child victim-survivors of sexual abuse. The research demonstrated that interviews conducted post-IGIpop were of significantly higher quality, characterised by a greater use of appropriate questioning techniques and a notable reduction in inappropriate approaches, an important shift given the central role children's testimonies play in prosecutions (Seleim et al., 2007; Frasier & Makoroff, 2006). Unlike traditional strategies that rely heavily on training all officers, IGIpop focused on selecting a small group of interviewers with a demonstrated aptitude for engaging sensitively with children, which led to more effective evidence-gathering without the need for costly or broad-scale reforms. This contrasts with earlier reliance on standardised manuals such as ABE, PEACE, or NICHHD, which, though helpful, often failed to eliminate the persistent use of inappropriate techniques (Hamilton et al., 2016; Wolfman et al., 2016).

Importantly, the benefits of IGIpop were observed over and above existing training programs, suggesting that the targeted selection of skilled interviewers may be a more impactful and resource-efficient strategy than generalised training alone. While neutral questioning approaches remained stable pre- and post-IGIpop, likely due to their interpretive ambiguity and perceived utility, the overall increase in appropriate techniques, particularly those aligned with TED (Tell, Explain, Describe) methods, highlights the value of specialised, person-centred interviewing. These findings offer practical implications for small or resource-constrained jurisdictions, which make up nearly half of United Nations Member States (Súilleabháin, 2013) and are often underrepresented in policing research. By concentrating resources, such as training, feedback, and supervision, on a smaller cadre of interviewers, agencies can enhance interview quality in a cost-effective and scalable manner.

Several research studies, primarily in the United States of America, identified the value of using avatars in police training for interviewing child sexual victim-survivors. Norway researchers proposed, in a proof of concept, using different technologies to create “an interactive and realistically responsive child avatar” to improve the quality of police training, although authors noted technological limitations as trained actors were needed in that proposal (Baugerud et al., 2021, p. 2). Other research proposed artificial intelligence to generate lifelike avatars to circumvent the need to source trained actors (Salehi et al., 2022). Avatars elicit emotional responses from interviewers, when tested on research participants, which suggests they can be used to simulate real child sexual abuse scenarios (Segal et al., 2024). Simulated avatar interview training is an effective tool to improve interview quality (Segal et al., 2024). Segal and

colleagues (2024) report in their study that software was used for ‘simulations of investigative interviews in cases of alleged child sexual abuse,’ and that ‘every avatar has his/her own scenario of alleged child sexual abuse which was translated and adapted for a Lithuanian context’ (p. 11).

Further research into how children are interviewed, what an effective interview process should look like, and best practice strategies to reduce re-traumatisation during the investigation phase of interviewing are recommended. Leading children's rights researcher and academic, Professor Laura Lundy has developed a model for child participation in significant processes and systems that exist to serve children and young people. Lundy's model is further explored in Figure 5 below.

Figure 5: The Lundy Model of Participation



To lead the way for Queensland to examine and redevelop processes and a system to investigate child sexual abuse, it is imperative that children and young people's voices are included in matters that relate to them. At a minimum, this should be through research that examines how forensic interviews could be better undertaken to support children through the investigation and prosecution processes. In fact, Holder and colleagues (2023) identified in an Australian study that during investigative interviewing of child sexual abuse, children reveal their justice goals: children often offer spontaneous views about what they want to see happen as a result of their disclosure of abuse. These findings support that children's

voices are crucial in how we develop processes to engage with them, and ensure that the process considers their needs, views and wishes. A separate Australian study by McPherson and colleagues (2024) further highlights that "research needs to privilege the voices of victims and survivors with lived and living experiences of child sexual abuse" (p. 541). Addressing child sexual abuse is a social responsibility, and the voices of all victim-survivors should be included in this research (Piamenta & Gal, 2025). This includes children with disabilities (Klebanov et al., 2024) and Australia's First Nations children and young people (Bailey et al., 2019).

Finding 3: Effective collaboration between key agencies helps overcome fragmented service delivery, leading to a more coordinated and effective response to allegations.

The World Health Organisation champions multisectoral collaboration as an important component in preventing and addressing child maltreatment (Butchart et al., 2006). An Australian study by Powell (2013) reports on the scholarly agreements of various authors regarding the need for greater collaboration between agencies. This approach is particularly effective given that families tend to receive more comprehensive services when investigations are conducted collaboratively. Multidisciplinary teams, and multisectoral collaboration, can include a range of organisations including police, child protection, and health services.

In Australia, both state-based police and state-based statutory child protection agencies hold legislative powers and responsibilities to investigate child sexual abuse. Police undertake investigations to explore incidents of crime and determine whether to proceed to prosecution, while statutory child protection agencies assess the safety of children and whether or not there is a parent willing and able to protect them from significant harm. In Queensland, if the Department of Child Safety, Seniors and Disability Services Queensland (Child Safety) receives alleged concerns of child abuse that may involve the commission of a criminal offence against a child, Child Safety must report the information to police under the

Queensland *Child Protection Act 1999*, section 14(2). Likewise, where intrafamilial child sexual abuse is suspected, the police will report to Child Safety. In Queensland, both police and Child Safety have responsibilities to investigate child sexual abuse if this is an intrafamilial matter. Child Safety does not have a responsibility to investigate child sexual abuse that is unrelated to a child's family or home environment, unless there is a parent/caregiver who is unable or unwilling to protect them from ongoing contact with the perpetrator.

Collaboration between agencies that have a responsibility to investigate child sexual abuse in Queensland can be challenging. A systematic study by Herbert and Bromfield (2016) identified that a lack of collaboration and coordination between agencies can shift the burden of accountability to each other, increase the risk of crucial information about cases not being shared, and can result in families being provided with inconclusive information about the investigation. The practical effect of this is that police and child protection investigations that can jointly occur, sometimes occur independently of each other, resulting in inefficiencies, missing information, and potential traumatising for a child sexual abuse survivor who has sought support with disclosure (Bridde & Hreggviosdottir, 2024;

Lalayants & Epstein, 2005). Benefits can be seen for children and families where agencies collaborate, resulting in reduced interactions between multiple agencies overall, and the number of professionals involved decreases.

While police and Child Safety are the main entities responsible for investigating child sexual abuse and have the mandated information-sharing provisions between them, health services are not a consideration. Health care service providers accessed by victim-survivors, such as medical practitioners and nurses, are a necessary, and underutilised, resource for supporting child sexual abuse victim-survivors. Healthcare involvement can reduce victim-survivor stress and anxiety through information provision and timely care (Broaddus-Shea et al., 2021). Healthcare professionals, such as nurses, can be the first professionals responding to a report of child sexual abuse, even before police or child protection. Their knowledge and training has the potential to provide a crucial link in multisectoral collaboration being able to identify child sexual abuse and prevent further worsening of physical and psychological harm (Guyen et al., 2018). There can be difficulties for victim-survivors accessing health services, including cost and availability, with males often experiencing additional barriers, including societal, gender-based attitudes around males being less impacted by child sexual abuse (Sivagurunathan et al., 2019). Ongoing training and service responses within Queensland Health are a positive step towards a fulfillment of the framework that protecting children is everyone's business.

Interviewing child victim-survivors, following disclosures of child sexual abuse, is a challenge in inter-agency collaboration. The current practice, in Queensland, is for police and Child Safety to conduct their own interview as each agency has different focuses for that interview: police are seeking evidence to establish whether a criminal offence can hold a perpetrator accountable, while Child Safety seeks information to determine a child's safety within their family and home. However, separate interviews conducted by each agency are misaligned with a child's best interests and

should be discouraged. In this context, there should be a clear plan for which agency will lead the process of interviewing the child victim-survivor and this decision should be guided by the quality of training, skills, and expertise for this role. This is a key area of improvement that can support effective systemic changes to improve outcomes for Queensland children and their families. Child Advocacy Centres, introduced below, also provide a best practice solution.

Child Advocacy Centres

Child Advocacy Centres provide a useful collaborative model for consideration. Child Advocacy Centres (CACs) are widely recognised internationally, as exemplars of best practice in responding to suspected cases of child sexual abuse (Fontes & Tishelman, 2016; Herbert & Bromfield, 2016). In fact, there are successful CACs in operation in Turkey (Guyen et al., 2018; Oksal et al., 2024); Israel (Tener et al., 2020); Denmark (Haahr-Pedersen et al., 2024) and the United States of America (Fontes & Tishelman 2016; Wherry et al., 2015). They operate using a multidisciplinary model that integrates professionals from legal, medical, mental health, and social work backgrounds to provide a comprehensive, child-focused response using positive working relationships from relevant professionals (Thompson et al., 2025). They are the entry point for child sexual abuse allegations in jurisdictions with established CACs (Schreier et al., 2022). CACs can reduce victim-survivor trauma, improve support for children and families, and facilitate more effective forensic investigations (Nwogu, 2015). Given the focus on specialised sexual violence mental health support, Schreier et al. (2022) highlight the importance of innovative funding mechanisms to ensure access to the children who need it.

In-house support and investigation are provided from the first report until the finalisation of criminal justice proceedings, and CACs provide a crucial link between all relevant agencies. Specially trained forensic interviewers conduct interviews using evidence-based, non-suggestive techniques within supportive, child-friendly environments. These interviews are often observed by

multidisciplinary team members and recorded to preserve the integrity of the child's statement. Physical medical exams, and mental health assessments, are also provided at CACs (Wherry et al., 2015). The multidisciplinary team members can communicate so that results from a health assessment, for example, can be used to inform suitable forensic interview practices for that victim-survivor.

The benefits of CACs cannot be understated. Research indicates that communities with CACs benefit from stronger interagency collaboration, greater law enforcement involvement, improved access to medical and mental health services, and higher satisfaction among caregivers, highlighting their alignment with evidence-informed and trauma-sensitive best practice. Nwogu (2015) suggested the CAC's multidisciplinary team approach had an evidenced positive effect on successful prosecutions of child sexual abuse perpetrators. Negative experiences of victim-survivors' interactions at CACs have been attributed to missing out on well-liked everyday activities to attend the CAC rather than interactions which occurred at the CAC itself (Haahr-Pedersen et al., 2024).

CACs can be particularly beneficial with intrafamilial child sexual abuse. Tener, Tarshish and Turgeman (2020) emphasise complexity with some sibling child sexual abuse cases where there is not a clear aggressor and where both siblings can play a perpetrator and victim-survivor role. As such, CACs can provide an appropriate forum for treatment and care that accounts for complex family dynamics in such cases. Therapeutic responses for an entire family unit can be considered within a CAC, which could otherwise be forgotten in a traditional police/Child Safety setting (Newman et al., 2023; Tener et al., 2020).

The National Children's Advocacy Centre was founded in 1985 in Alabama, United States of America, as the world's first Child Advocacy Centre. The CAC model revolutionised the response to child abuse by coordinating a multidisciplinary team (MDT) to handle abuse allegations in this jurisdiction. Details of this Centre's current model are outlined in Figure 6 below. The establishment of the National Children's Alliance (NCA) in 1988 created a national network of CACs in the United States. It provides an accreditation program and has established national standards for CACs to meet to attain accreditation.

Figure 6: National Children's Advocacy Centre (NCAC)

The Madison County Multidisciplinary Team is comprised of representatives from the District Attorney's Office, Law Enforcement, the Department of Human Resources (DHR), child forensic interview specialists, family advocates, therapists, and medical professionals including Crisis Services of North Alabama. The NCAC responds to the initial visit and assessment, and the investigation process.

Initial Visit and Assessment: Upon arriving at the NCAC, caregivers will meet with a family advocate while the child participates in a private session with a forensic interview specialist. During this visit, the child will also be offered a comprehensive medical exam by the NCAC's paediatrician or nurse practitioner. Additionally, a DHR investigator will assess the child's safety. If needed, the child may be referred to an NCAC therapist for ongoing support.

The Investigation Process: After the forensic interview, law enforcement will evaluate whether there is sufficient evidence to substantiate that a crime has occurred. Investigations may take several weeks to conclude. If an arrest is made, the District Attorney's Office will decide whether the case proceeds to trial. Throughout this process, the NCAC family advocate remains by the caregiver's side, offering emotional support and helpful resources.

The NCAC Demonstrates a Commitment to Children: The Multidisciplinary Team (MDT) strives to conduct investigations in a child-centred, timely, and professional manner. They serve children under 19 who have experienced sexual abuse, severe physical abuse, neglect, or

have witnessed a crime or traumatic event. Importantly, no child is ever denied services due to a family's financial situation.

While CACs are not common practice in Australia, the strong evidence base of success in responding to child sexual abuse allegations makes CACs an attractive option for implementation. A Child, Youth and Family Centre was opened in 2011 as the first

Australian Child Advocacy Centre, named “Parkerville Children and Youth Care”. CACs only currently exist in Western Australia. Further details of this CAC are outlined in Figure 7 below.

Figure 7: Parkerville Children and Youth Care

Parkerville Children's home was originally founded in 1903 by two Anglican nuns, Sister Kate and Sister Sarah, who “arrived in Freemantle on the Orient Pacific RMS Oroya, accompanied by child migrants from the Orphanage of Mercy in London”, (Parkerville Children and Youth Care, n.d.). Parkerville has since evolved into a community-based organisation that provides multidisciplinary services for children, young people and families who have experienced abuse.

As an organisation and registered charity, it operates in accordance with “Australia's National Child Safe Principles” (Parkerville Children and Youth Care, n.d.). The organisation delivers a wide range of prevention and trauma response programs and services, ranging from, early education and intervention to help protect children and young people, to trauma informed therapeutic services for victim-survivors of abuse. With a team of over 175 professionals, Parkerville supports more than 10,000 people across Western Australia every year, through “child advocacy services, integrated family services, early intervention and prevention, youth homelessness and supports and therapeutic foster and residential program”, (Parkerville Children and Youth Care, n.d.).

Herbert and Paton (2024) considered the effects of Trauma-Focused Cognitive Behavioural Therapy combined with other therapeutic approaches to treat children at the Parkerville Children and Youth Care CAC. Drawing upon client records, the study considered children experiencing multiple forms of child maltreatment (not just child sexual abuse) coming from complex family environments including parental problematic substance use, mental health, and/or family and domestic violence. The study found that integrating multiple therapeutic approaches resulted in symptoms of major trauma being addressed; as such, the community-based delivery of those services was beneficial. The study did not consider forensic interviews or any criminal investigation processes. However, it demonstrates value in therapeutic services delivered in a community setting like a CAC to children who have been abused.

CACs *should* be considered for implementation in Queensland. The implementation of CACs aligns with recommendations arising from the Royal Commission in Australia. Volume 9 (Chapter 5) of the Final Report into the Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission, 2017) recommends that the Australian Government, and each state and territory, should fund “dedicated support services... to provide an integrated model of advocacy and support and

counselling” (p .15) to victim-survivors who experience child sexual abuse in institutional contexts. Arguably, to respond to the broader needs of all victim-survivors of sexual abuse in Queensland, dedicated multiservice centres should be funded for all children, regardless of the type of sexual abuse they have experienced.

Should Queensland implement CACs, the development of an accreditation system in

Queensland is further recommended to provide standardised oversight of services and promote best practice standards. It is important to note however, that national standards should not overlook the need for individual CACs to have community-specific approaches to service delivery (Bracewell, 2015). As outlined by Walsh and colleagues (2003), individual CACs should prioritise needs and approaches to service delivery, especially rural and remote communities, based upon

community needs. Furthermore, the development of CACs should co-occur with an independent sexual violence specialised research team, such as UniSC's Sexual Violence Research and Prevention Unit, to enable ongoing review of implementation and effectiveness, as well as impact in addressing the needs of victim-survivors and their families. Ongoing research will also enable emerging best practice standards to continue to evolve and champion the CAC service delivery models.

Finding 4: Support services for survivors require a systemic and holistic approach addressing structural barriers and incorporating peer and family support

Support for victim-survivors can, and should, come from multiple places. A child victim-survivor will engage with multiple individuals and agencies throughout the disclosure process including families, peers, health services, police, child protection, schools and teachers and other trusted adults. Each individual or agency can play a role in supporting that child. Trauma recovery should be understood within the framework of interpersonal relationships, emphasising that psychological safety plays a key role in supporting the healing process (Barrow et al., 2021). Victim-survivors face many barriers in accessing crucial support. As such, systemic changes could be considered to reduce the barriers that victim-survivors face in accessing support services. Limited research exists on how child sexual abuse affects children in the preschool age group and below, including their social-emotional wellbeing and educational journey (Hebert et al., 2017; Tejada & Linder, 2020). A key recommendation of this Report is for further research to be undertaken to understand the specialised support needs for early childhood victim-survivors.

Supportive relationships

Support from non-offending parents and/or caregivers can be beneficial for a victim-survivor's successful recovery following child sexual abuse disclosure (Johnson, 2022). Victim-survivors need parental and sibling support which can reduce post-traumatic stress disorder symptoms (Februanti & Kartilah, 2019) and assist them to adjust in the aftermath of child sexual abuse (Nwogu et al.,

2015). Caregivers can contribute to better mental health, a sense of safety and access to support services for victim-survivors (Johnson, 2022). In fact, support for caregivers plays a critical role in shaping family relationships. Minimising further trauma and effectively navigating family dynamics throughout, and after the investigation process, can help lessen the psychological impact of child sexual abuse (Miller & Rubin, 2009). The use of Child Advocacy Centres has been identified as increasing satisfaction with non-offending caregivers' experiences of child's sexual abuse investigations (Newman et al., 2023; Nwogu et al., 2015; Tener et al., 2020), and the caregiver's own sense of support. The trial of such centres in Queensland could consequently aim to improve specialised interviewing and investigation approaches as well as specialised support services for children and their non-offending caregiver/s. Child Advocacy Centres have been further explored in Finding 3.

Relational safety for survivors is integral for healing and recovery. In a United Kingdom study, Barrow and colleagues (2021), highlighted that young people who were victim-survivors of sexual exploitation valued emotional comfort and trust in relationships more than practical or informational support. As such, reliability, consistency, and freedom to share experiences at their own pace and within relationships that they experience are safe is important. These relationships can be with caregivers (both in residential settings or with family members), therapists, or other adults

with whom young people experience emotional security and safety with. Notably, the young people identified social workers as being highly appreciated in this context, rather than police or school staff. Unlike police, whose roles are often associated with authority and investigation, or teachers, who may lack the time or training to respond adequately to disclosures, social workers are trained to validate children's experiences and provide consistent advocacy within complex systems. Social workers' professional focus on the child's emotional wellbeing and their ability to navigate protective and legal frameworks without punitive undertones fosters a sense of being heard and protected among victim-survivors (Fallon et al., 2020). There are limited opportunities for children to interact with social workers outside of the child protection space in Queensland.

There are also growing indicators in research which affirm that peer support offers a meaningful and relationally secure approach in supporting adolescent victim-survivors of child sexual abuse. Februanti and Kartilah (2019) suggest that peer support can be more valuable than parent support, with "peers helping victims to recover from the trauma they experience" (p. 104). Manaf and Mokhtar (2013) in Februanti and Kartilah (2019) state that "social support like friendship makes victims feel more supported and alive so that they can continue to make their lives better" (p. 104). A model of peer support is also validated in a United Kingdom study which sought to explore the value of peer support for young people who had experienced sexual abuse (Cody et al., 2023). A growing body of research has examined the use of peer mentoring for individuals affected by child sexual abuse (Buck et al., 2017; Gregory et al., 2021). This type of mentoring generally involves an older mentor (adult) with lived experience of sexual abuse offering one-on-one support to a young person who has experienced similar trauma. In a United States-based peer mentoring program, Rothman and colleagues (2020) observed improvements in participants' overall wellbeing, along with decreases in exploitation, substance use, and other harmful behaviours. Similarly, Buck and colleagues (2017) explored

a United Kingdom peer mentoring initiative targeting youth impacted by gang involvement and child sexual exploitation. Although acknowledging the study offered only a brief snapshot as a result of a smaller sample size and localised sample of victim-survivors, the findings pointed to meaningful emotional, relational, and practical benefits.

Collectively, peer relational and mentoring studies suggest that peer-based models hold promise and may offer valuable support for those affected by child sexual abuse. More specifically, a semi-formal provision for peer support, mid-way between friend and professional, characterised by one-on-one mentoring has value. Cody and colleagues (2023) explain that in this model, mentors and mentees engaged in informal activities together, such as having coffee or participating in shared outings. In addition to emotional support, mentors provided practical assistance: accompanying young people to appointments, helping with paperwork, and connecting them to relevant services. One participant described the support as a form of "emotional mentoring," emphasising the importance of building trusting relationships (p. 4). Young people valued the relatability of the mentor having a lived experience of sexual abuse contributed to feeling understood and forged a deep connection of *knowing* (p. 6).

Specialised support services, like Bravehearts, are available to children, young people and their families in Queensland. Bravehearts continues to provide ongoing research regarding child sexual abuse, as well as support services to victim-survivors. Recent research undertaken through Bravehearts, to investigate factors that influence therapy completion in a child sexual abuse counselling service by Chapman and colleagues (2025), identifies that caregiver involvement emerged as a significant factor influencing whether children completed therapy. Specifically, when a parent or guardian participated in therapeutic support sessions alongside the child, the likelihood of completing treatment was over four times higher compared to cases where no caregiver was actively involved. As a result of this research, Bravehearts has

implemented new policies to now require parents to engage in support services alongside their child's involvement. These findings support other studies (Herbert, 2021; Johnson, 2022; Nwogu et al., 2015), validating a best practice approach for the establishment of specialised support services to ensure that parent/caregiver engagement in therapy with their child should be facilitated as far as possible. This is also a key finding for therapy services provided in CACs. A national roll-out of additional Braveheart service centres throughout Queensland alongside CACs could also fill a gap in specialised sexual violence support services. This specialised service could also serve victim-survivors who may not need the full services of a CAC, including those who choose not to pursue a criminal justice process, and/ or have previously reported their abuse and are now seeking therapeutic support.

Children and young people in state care are also a key group who require specialised support as victim-survivors. In the Australian context, there is a dearth of research regarding the support needs of young people who have been the victim of child abuse which has been affirmed in the Royal Commission into Institutional Responses to Sexual Abuse in Australia (2017). A study by Hallett (2023) identifies that while research in Australia, and globally, has shown that young people in

residential care are at heightened risk of experiencing child sexual abuse, international evidence also makes it clear that child sexual abuse victimisation occurs across a range of settings and is not confined to residential care alone. Considering the links between child sexual abuse and the various systems that interact with the most vulnerable young people, it is essential to examine statutory care settings and broader systemic responses to child sexual abuse beyond just residential care. In Australia, counselling is the most commonly funded option for referral by Child Protection case workers (Hallett, 2023). An important finding from Hallett's (2023) study, is that this cohort of young people are often reluctant to engage in counselling, and counselling alone largely fails to address the various factors that may elevate the risk of experiencing child sexual abuse in the first instance. In line with findings from other Australian and international studies (Barrow et al., 2021; Cody, 2023), the young people who participated in Hallett's (2023) study also identified that connection and engagement with caregivers and outreach support workers are integral to addressing child sexual abuse, over and above a specific type of system intervention. Approaches that include peer support and/or external youth worker outreach are identified as being valuable and effective. Figure 8 outlines an American peer support model from the My Life My Choice program.

Figure 8: The My Life My Choice Survivor-Mentorship Program Model

The My Life My Choice (MLMC) program was established in 2002 by a non-profit agency in Boston, America in response to the tragic murder of a young person who was being commercially sexually exploited. Grounded in Maslow's Hierarchy of Needs, MLMC operates on the principle that youth must first have their basic needs met and experience safety, love, and belonging before healing and growth can occur. The program matches young people affected by, or at high risk of, child sexual abuse with trained adult mentors who are, themselves, survivors of abuse. These survivor-mentors support mentees in exiting exploitative situations, coping with trauma, and building stable, safe lives.

Referrals to MLMC come from a wide range of sources, including child protection agencies, law enforcement, schools, and care facilities. Young people are referred based on known or suspected experiences of exploitation, with indicators such as running away frequently, involvement with significantly older partners, prior victimisation, or concerning online behaviour. In many cases, young people who initially deny being sexually abused disclose these experiences only after building trust with their mentor; 67% of suspected cases were later confirmed child sexual abuse after such relationships were established.

The program features a survivor-led assessment process to match mentees with one of MLMC's full-time mentors, each of whom has been out of "the life" for at least five years. Mentors undergo extensive training and a shadowing period before working independently. Mentorship plans are tailored to the individual needs of each young person and may include weekly meetings, accompaniment to appointments, and referrals to mental health, housing, education, and other support services. Mentorship is long-term and open-ended, with no age limit for continuing support.

In addition to individualised mentoring, MLMC offers leadership development opportunities through initiatives like the Leadership Corps, which provides paid roles for young people to engage in advocacy and skill building. Community events and peer activities foster a sense of connection and belonging, reinforcing the emotional and relational aspects of recovery.

Specialised and targeted support

Specialised support in the community is needed for victim-survivors of child sexual abuse. While the Royal Commission (2017) made various recommendations to address the fragmentation of support services in Australia, there remains significant scope for increased funding and service provision to young children who are victim-survivors in Queensland. Research widely advocates that support services to victim-survivors should be specialised in responding to the specific needs of child sexual abuse (Allnock et al., 2012; Chapman et al., 2025). Experiencing sexual abuse in childhood has been linked to a wide range of both immediate and lasting effects (Chapman et al., 2025). These include disruptions to neurological development, physical health issues (Irish et al., 2010;

Johnson, 2004), and increased risk of mental health challenges (Amstadter & Vernon, 2008; Fergusson et al., 2008; Ginzburg et al., 2006; Maniglio, 2010). These enduring impacts speak to the need for specialised support and targeted interventions for victim-survivors. Children who are sexually abused may also exhibit behavioural difficulties (Davis & Petretic-Jackson, 2000; Purcell et al., 2004; Sigfusdottir et al., 2008), experience fewer opportunities throughout their lives (Daignault & Herbert, 2009) and face heightened vulnerability to further victimisation (Bender et al., 2003; Casey & Nurius, 2005; Filipas & Ullman, 2006). Beyond the profound personal toll, these outcomes place considerable strain on broader systems, contributing to increased public expenditure in areas such as welfare support and criminal justice services (Barrett & Byford, 2006; Curtis, 2007). The

implementation of Child Advocacy Centres is one of the leading best practice models for specialised and family-centred care internationally.

For early childhood victim-survivors in particular, specialised support services have the potential to address longer term trauma impacts. Cicchetti and colleagues (2010) suggest that abuse may be especially damaging when it occurs at a very young age, with high levels of depression being more frequent among children abused in the first five years of life. Further, the likelihood of suicide attempts increases when sexual abuse begins at a younger age and continues over an extended period (Lopez-Castroman, 2013). Hébert and colleagues (2017) highlight that because key cognitive skills develop during early childhood, it is essential to identify and address the difficulties experienced by preschool-aged children who have been sexually abused as early as possible (p. 507). There remains a dearth in the literature about best practice approaches to specialised sexual abuse services to young children (Hebert et al., 2017; Tejada & Linder, 2020), and this is identified in this Report as an important and urgent focus of further research.

Addressing accessibility and engagement barriers are key to providing high-quality support services to victim-survivors. In this context, long waitlists, an inability to pay for the costs of therapies and travel to appointments, unreliable transport, and multiagency commitments are identified in a United States study as being key barriers to child sexual abuse victim-survivors and their families (Slemaker et al., 2021). Best practice approaches, such as those identified above relating to peer support mentor models, or multiagency service models such as is seen in

Child Advocacy Centres, are also identified in the literature exploring support to victim-survivors.

There is a critical need to ensure that support services are also provided by suitably qualified trauma therapists. Glucklich and colleagues' (2023) study of written testimonies, provided by adults who had received therapy because of child sexual abuse, identified that children were retraumatised by being sent to therapy with inadequately skilled clinicians who were not trauma trained. The value of providing specialised Child Advocacy Centre services with specialised clinicians is further emphasised in seeking to overcome these risks in the unregulated context of counselling services within the general community. *The Courage Project* may also offer a solution through its provision of eHealth service delivery.

Evaluation findings indicate that *The Courage Project* has shown early positive outcomes, suggesting its potential to make lasting improvements in the mental health and trauma recovery for young people across the Mackay, Whitsunday, and Isaac regions. The program is effectively engaging its target population and meeting its initial goals, supported by a skilled and specialised team and access to strong organisational resources. Its collaborative approach—working with local sector partners and community organisations—has strengthened the region's capacity to respond to trauma-related mental health needs in children. Additionally, the program's integration with Bravehearts' wider services has enabled a more holistic and coordinated model of prevention, early intervention, and treatment for childhood trauma (Bravehearts Foundation, 2022). The *Courage Project* is further described in Figure 9.

Figure 9: The Courage Project

The Courage Project is an initiative of Bravehearts that delivers a mental health service to disadvantaged and disengaged children and young people (under the age of 14) that have experienced trauma. The service uses evidence-based, trauma informed approaches to support children and young people in their healing journey. The multidisciplinary team works with children and young people individually plus their non-offending family members and support services. The Courage Project provides two key interventions:

Counselling

The Courage Project's specialist child counselling is tailored to meet the needs of the individual and, where possible, the family. This may include:

- Individual counselling and support;
- Family support;
- Protective behaviours and early intervention support; and
- Counselling support for children (aged 12 years or less) with harmful sexual behaviours.

Child and Family Advocacy

The Child and Family Advocate assists children and families in navigating and understanding the service system and how to access supports to meet their needs. This includes but is not limited to:

- Wraparound support for children and their families who meet the eligibility criteria for the program;
- Working with the child to create a strengths-based individual plan and assisting them to achieve the goals that they set;
- Assistance in navigating the tertiary and non-tertiary service systems including reporting to police and/or Child Safety;
- Assistance in providing referrals to appropriate support services outside of the scope of The Courage Project;
- Provide community engagement, training and education to meet the needs of the local services and community; and
- Where appropriate, work in collaboration with a counsellor supporting the child and their family.

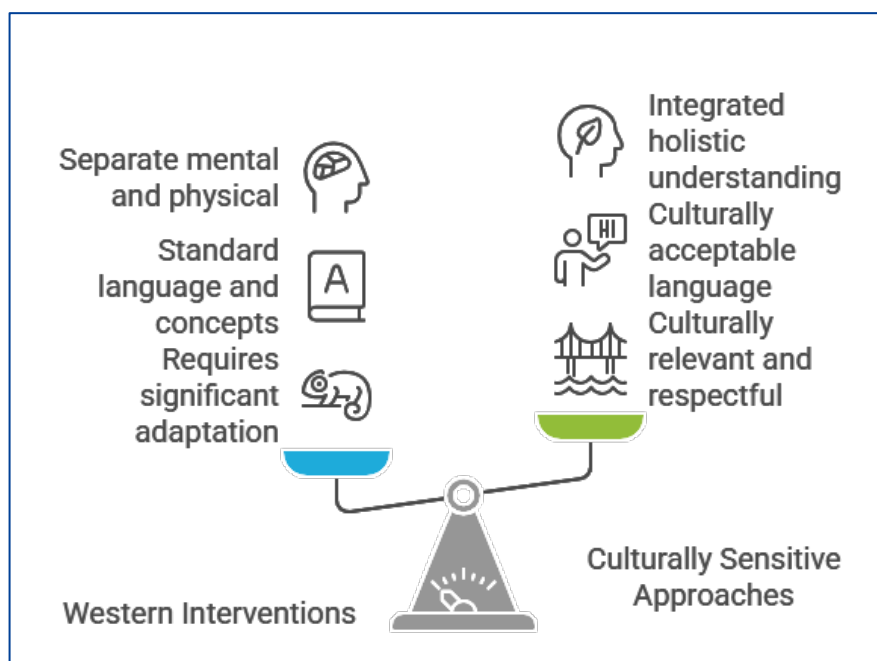
Cultural appropriateness plays a critical role in the effectiveness of mental health services, particularly when working with diverse populations. Standard "Western-style interventions" often require significant adaptation to be relevant and respectful within different cultural contexts, such as those of First Nations communities (Rafferty, 2018, p. 252). For instance, a study focusing on commercially trafficked children in Southeast Asia found that the term "healing" was more culturally acceptable and better received than "therapy," highlighting the importance of language and conceptual framing in service delivery (Rafferty, 2018). For Aboriginal and

Torres Strait Islander Peoples, the Western construct of mental health is misaligned to Indigenous social emotional wellbeing concepts, which also incorporate elements of spiritual wellness (Dudgeon et al., 2022). Many children, especially those from cultural backgrounds where discussing personal feelings is uncommon, often struggle to express their needs and concerns verbally. Additionally, in some cultures, psychological, emotional, and spiritual experiences are not viewed as separate from physical symptoms; instead, trauma is understood and addressed through its effects on the body as an integrated whole (Rafferty, 2018). These findings

underscore the need for culturally sensitive approaches to ensure mental health interventions are both accessible and meaningful to the populations they aim to support. Figure 10 visually represents how cultural relevance can be considered in mental health interventions. The Royal Commission Report (volume 9, Chapter 5) also

recommended that funding be provided for First Nations healing approaches “as an ongoing, integral part of advocacy and support and treatment service system response... these approaches should be evaluated in accordance with culturally appropriate methodologies” (p. 15).

Figure 10: Tailoring Mental Health for Cultural Relevance



4.2 Perpetrator accountability

Research Questions

What methods are most effective in holding perpetrators accountable through prosecution, rehabilitation, and/or reintegration programs, and how can risks posed by known offenders be managed?

How do Australia's practices for protecting children from sexual abuse compare with leading international models, and what lessons can be adapted to improve outcomes in the Australian context?

Perpetrator accountability involves individual and systemic actions. As a concept, it has been “overused but under-examined” (Campbell et al., 2016, p. 2). Perpetrator accountability, at an individual level, refers to a person acknowledging wrongdoing and taking responsibility for the harm they have caused to another. As a “complex, multi-layered and long-term task” (Chung et al., 2020, p. 57), accountability must be considered at “all points” within the broader justice system, as responsibility for perpetrator accountability comes from a whole-of-community approach (Campbell et al., 2016, p. 10). However, different forms of accountability may conflict or fail to align; accountability by the state can prevent the perpetrator from taking personal responsibility for their actions while also failing to acknowledge the impact of violence on the victim-survivor (Chung et al., 2020).

Accountability for perpetrators of child sexual abuse offences is vital. Perpetrator accountability is a component of addressing child sexual abuse prevalence, supporting victim-survivors and fostering a culture of community safety. Accountability can occur at all stages of the child sexual abuse conviction, sentencing and release process: prosecution, rehabilitation and reintegration programs can all contribute to ensuring perpetrators are held responsible for their behaviour. Such interventions must be considerate of the victim-survivor in the process while also aligning with individual perpetrator needs. The research emphasises the importance of community in addressing child sexual abuse and community is central to perpetrator accountability.

We were asked to consider perpetrator accountability and the role of prosecution, rehabilitation and reintegration programs in holding perpetrators accountable. Firstly, prosecution processes aim to ensure accountability through imposing legal consequences upon breaches of the criminal law. Secondly, sex offender treatment programs and other rehabilitation opportunities can assist perpetrators to accept responsibility for the harm they have caused and reform their behaviour to prevent future risk to the community. Thirdly, community reintegration is the inevitable final step in accountability, with varying initiatives and opportunities for a perpetrator to be supported in their desistance from offending while living in the community. Rehabilitation and reintegration often work in tandem and, in fact, rehabilitation accounting for individual perpetrator needs, in conjunction with community reintegration, provides the best desistance outcomes (McKillop et al., 2022). Four key findings relating to perpetrator accountability, and how risks posed by known perpetrators can be managed, are set out below.

Community management policies are an effective way to hold perpetrators accountable while they are reintegrated back into the community. Community management relates to surveillance, monitoring and support for a perpetrator after they have been released from incarceration. Professionals' perceptions of community management policies, at a macro level, found they can reduce reoffending and have a deterrence role (Christensen et al., 2022b). Abracen and Looman (2016), in a Canadian study, recommended high-risk, high-

needs perpetrators need a community management strategy that incorporates multi-disciplinary, integrative care involving emotion-based coping strategies. In a multinational systematic review, Christensen et al. (2022a) found technology, such as remote monitoring software, greatly assisted managing

perpetrators in the community as law enforcement reported efficiencies and perpetrators appreciated the opportunity to evidence good behaviour. Figure 11 visually outlines the key components of a community management model.

Figure 11: Key Components of a Community Management Model



There is a clear link between rehabilitation and reintegration. Reintegration programs, on their own, have demonstrable desistance outcomes for perpetrators in the short term; however, for sustained effects long term, reintegration should be combined with sexual offender treatment programs to reduce recidivism (McKillop et al., 2022). As such, rehabilitation and reintegration are inextricably linked. In the below findings, rehabilitation and reintegration are considered separately, although we note their value for perpetrator accountability when combined.

Rehabilitation and reintegration practices, however, can be challenging for the community. Sexual offending, particularly against child victim-survivors, generates strong and absolute community condemnation (Moritz et al., 2024). In fact, “people feel a response before they deliberately consider

the issue” (Harper & Harris, 2017, p. 7; Sanchez de Ribera et al., 2024). Courts will often remove a perpetrator from the community through imprisonment, as a risk management tool, which protects community vulnerabilities in the short term (Roberts et al., 2024; Walton, 2021). Community members prefer punishment and community protection in response to child sexual abuse (Moritz et al., 2024). Trends exist, such as in Poland, where law reform is now favouring community protection over reintegration for perpetrators despite empirical evidence emphasising resocialisation as a more effective response (Bochenski, 2022). There is also some community misunderstanding that perpetrators of child sexual abuse cannot be rehabilitated (Richards & McCartan, 2018). Addressing and countering community reluctance may be difficult but will be

important to garner support for the longevity of initiatives implemented.

Perpetrator accountability is a significant policy consideration (D’Urso et al., 2023). Ultimately, “community protection strategies may be designed to manage public perceptions rather than protect children” (Birgden, 2022, p. 620). Mahoney et al., (2022) argue that politicians and media have a role in encouraging a “more progressive and inclusive agenda” which challenges the problematic sexual offender narratives and promotes more “holistic” responses to support perpetrators (p.137).

It is worth noting the measure of “effectiveness” is a challenging one. Research will evaluate studies and initiatives based upon set parameters within that research itself. As such, there may be different understandings of

effectiveness depending upon individual study factors. In this Report, we have considered how well the study met its aims, particularly in relation to its effectiveness and its impact on reducing reoffending or supporting perpetrator accountability.

We note that many of the prosecution, rehabilitation and reintegration strategies are not targeted solely towards child sexual abuse perpetrators. Initiatives and research, discussed below, generally apply to perpetrators who have committed a sexual offence against adults or children because the research in relation to sexual violence is more diverse and there is limited research, in some areas, pertaining to child sexual abuse specifically. Where there is specialist application towards a child sexual abuse perpetrator, it will be addressed specifically.

Finding 5: Prosecution processes should not place the burden of perpetrator accountability on victim-survivors

There are several barriers that exist in progressing a child sexual abuse complaint from disclosure to police complaint. The legal responses “to all forms of child sexual abuse are hindered by low rates of reporting, charging and prosecution, high attrition, fewer guilty pleas and fewer convictions” (Dallaston & Mathews, 2022, p. 80). While there are significant barriers to disclosure beyond the control of the criminal justice system as highlighted in Finding 1, research successively illustrates only a “small proportion” of reported child sexual abuse matters “result in prosecution and conviction, with a significant drop-off at each stage of the criminal justice process.” (Cashmore et al., 2020, p. 85). The Royal Commission into Institutional Responses to Child Sexual Abuse (2017) noted several features of child sexual abuse cases which limited these criminal justice responses, including that complainants may be unwilling to proceed or to provide evidence because the system is not trauma-informed, prioritises the needs of the perpetrator and often perpetuates further harm. Where these barriers continue to exist, they will impede perpetrator accountability as they decrease the likelihood of a matter progressing to trial. Even when a

victim-survivor is willing to pursue accountability of the perpetrator, the demands and challenges of the evidence process, including the perceived credibility and reliability of the victim-survivor’s evidence, the nature of how evidence is adduced, and the potential impacts of cross examination on a child can lead to the case being discontinued.

As such, there is a need to examine the existing legal framework in responding to alleged crimes of sexual abuse against children and how it can hold perpetrators accountable. We have not considered the role of sentencing on perpetrator accountability, although note rehabilitation and reintegration, which are outcomes of the sentencing process, are explored further below.

Legal framework for centring children’s safety

The perceived reliability of victim-survivor evidence at trial has a significant impact on whether a perpetrator is found guilty of an offence. The capacity of a child victim-survivor to “accurately, completely and consistently” communicate their memory becomes key to whether prosecution is successful (St George et al., 2025). As child abuse allegations often lack physical evidence, cases may turn on the

perceived credibility of the victim-survivor's testimony against that of the alleged perpetrator (Fessinger et al., 2024). In many of these cases, the victim-survivor is the only witness (Fessinger et al., 2024). The means by which victim-survivor testimony is captured, examined and cross-examined contributes to painting a picture of the offending and the reliability of the victim-survivor's allegation. Yet, research consistently finds the reliability of child victim-survivor testimony may be reduced by a failure of legal counsel to consider child developmental barriers during questioning and misunderstandings relating to the impacts of trauma on children's memory and recall (Goodman-Delahunty et al., 2017).

The way in which evidence from child victim-survivors is adduced, presented and scrutinised has a significant impact on the chances of successful prosecutions. International and national scholarship details the varied challenges in navigating the trial testimony of child-victim survivors in a developmentally appropriate way, from questioning style (Denne et al., 2023) through to their physical presentation. (Burrows & Powell, 2014). This is primarily due to the developmental differences of children, their different styles of communication and the complexities of trauma responses (Denne et al., 2023). Scrutiny of testimony practices are important to prevent the re-traumatisation of victim-survivors (Dwarakanath, 2022) yet child victim-survivor testimony is also so important to the successful prosecution of a perpetrator. In an analysis of the association between interview quality and child sexual abuse trial outcome using a sample of cases across three Australian states, Pichler et al. (2020) found "the number of child witness inconsistencies was (marginally significantly) associated with outcome" (p. 401). In this same study, Pilcher and colleagues (2020) advocated a need to look beyond only interview quality and its association to child abuse trial outcomes, highlighting "the importance of examining the trial as a whole when investigating the relationship between the child witness interviews and the legal process" (p. 395).

Evidentiary processes across Queensland courts have broadly sought to enable the considered presentation of testimony from child victim-survivors. The *Evidence Act 1977* (Qld) provides: "The affected child's evidence-in-chief must be given as a statement without the child being called as a witness" (*Evidence Act 1977* (Qld) s 21AF(1)). This presentation of documentary evidence as testimony is further enabled by exceptions to hearsay doctrine provided to child victim-survivors and witnesses under the Act (*Evidence Act 1977* (Qld) s 93A). Unlike other jurisdictions which struggle to uniformly apply child hearsay exceptions (Dwarakanath, 2022), Queensland law provides certainty for child witnesses and their advocates. As a result, pre-recorded documentary evidence, including the preliminary investigative interview of a child victim-survivor conducted by police, may be lead as a "93A statement" at trial, accounting "for all or part of the complainant's evidence-in-chief" (Pichler et al., 2021, p. 939). This documentary evidence may also be captured in pre-recorded examination by legal counsel, with child victim-survivors restricted from being subject to cross-examination unless approved by the court (*Evidence Act 1977* (Qld) s 21AG(1)). Such arrangements may reduce victim-survivors' exposure to re-traumatisation through the court process. However, in doing so, these pre-recorded moments of testimony increase in their significance, as it is these encounters which jurors use to assess the credibility of victim-survivors and their allegations. As a result, perpetrator accountability is linked to potentially formative stages of the investigation, placing additional weight on investigative interviews, as outlined above in Finding 2.

Section 93A evidence can be quite diverse. Section 93A statements might involve initial interviews of child victim-survivors by police or police in partnership with Department of Child Safety Officers (see *R v ABF* [2021]). No matter what form they take, as always, judges maintain a broad discretion as to the admissibility of evidence – including s 93A statements. As noted, it has become increasingly common practice for child victim-survivors to have a s 93A statement account

for part or all of their evidence-in-chief. Several principles have been noted as relevant to the conduct of a s 93A statement video interview: (a) interviews “should concentrate upon relevant and admissible material”; (b) “the opinions which the complainant may have about the defendant are not relevant to the proof of charge”; (c) “the complainant should not be asked to speculate about the punishment of the defendant”; and (d) there is no need to capture every word spoken between officers and the complainant as officers need to understand the nature of the complaint (*Horan v Ferguson* [1995] 496-497, cited with approval in *R v RAK* [2012] at [32]). Likewise, the discretion of a judge to exclude a s 93A statement remains if it is “inexpedient in the interests of justice” (s 98); “unfair to the person charged” (s 130) or if a public policy consideration arises (“most likely concern for the proper administration of criminal justice”: *R v FQ* [2008] at [7]). A full analysis of s 93A evidence being used, or excluded, in Queensland has not been undertaken here.

Successive studies have observed barriers for children to effectively, accurately and completely respond to cross-examination. A lack of understanding of legal terminology and complex language (Sacau-Fontenla & Morais, 2024); the deployment of coercive questioning tactics (Pichler et al., 2020); and leading and suggestive questioning on cross-examination (St. George et al., 2022; Westera et al., 2019) all contribute. When inappropriate questions are posed to a child witness, there is a perceived need for the active intervention of judges and prosecutors (Lee et al., 2025). As Skinner (2020) notes, for questioning to account for “developmentally proven approaches”, judges must effectively intervene and implement them in the courtroom (p. 51). Defence lawyers should not deliberately seek to confuse or distress child witnesses; however, their questioning often fails to align with children's developmental stages (Westera et al., 2019).

[Reforming Queensland's adversarial system](#)

In Queensland, prosecution occurs in the legal context of an adversarial court system. In the adversarial system, the judicial officer is

independent and impartial. Judicial officers ensure both parties abide by the rules of evidence and court procedure. Most notably in this system, the decision of a judicial officer or jury is confined to the issue(s) in dispute. A court does not do its own investigation. Additionally, a child victim-survivor is often subjected to cross-examination. A study by Westera and colleagues (2019) found that the distinct objectives of cross-examination, particularly its focus on challenging the credibility of the witness and its frequent use of leading questions, are misaligned with established best-practice approaches to interviewing children

The cross-examination of child complainants in child sexual abuse proceedings in Queensland remains a contentious issue, despite legislative safeguards. Children often face complex and intimidating questioning techniques that can be traumatising and difficult to comprehend, leading to emotional distress and potential re-traumatisation (Australian Institute of Criminology [AIC], 2003). While the *Evidence Act 1977* (Qld) prohibits unrepresented defendants from personally cross-examining child witnesses and requires applications to cross-examine at committal hearings (Queensland Courts, 2004), defence lawyers may still employ sophisticated tactics such as leading, repetitive, and confusing questions to undermine the child's credibility (Cossins, 2009). These adversarial strategies, sometimes described as “legitimated bullying”, can have a profound psychological impact, and studies have found that many children would be unwilling to report abuse again due to their court experiences (Australian Institute of Criminology, 2003; Cashmore & Trimboli, 2005). Although reforms such as pre-recorded evidence and remote testimony have been introduced to reduce harm, ongoing concerns persist that the adversarial nature of cross-examination can still cause significant distress and impede justice for child victims.

While changes to how child witnesses provide evidence or receive support in understanding questioning may improve child victim-survivor testimony, and therefore progress perpetrator

accountability, these processes continue to rely upon individual actors within the criminal justice system to appreciate the developmental differences of children. As the recent research by Lee and colleagues (2025) shows, however, different actors within the Australian legal system perceive the vulnerability of children differently, with evidence suggesting defence lawyers tend to overlook and/or ignore these factors. Stein and colleagues (2025) highlight the challenge for legal practitioners at trial in these moments, as they must balance the trained, institutionally ingrained techniques of cross-examination and interrogation with the vulnerability of child witnesses. While these observations reflect the nature of the adversarial justice system, they likewise suggest the need for further training and support for legal professionals to communicate in developmentally sound ways and to significantly increase their knowledge to demonstrate trauma-informed engagement and understanding. These findings are supported by findings from the Royal Commission, which also identifies the impacts on children's perceived quality of evidence in the context of poor knowledge and understanding by police, lawyers, and judges regarding trauma and its impact on memory and recall (Royal Commission, 2017).

In other jurisdictions internationally, child sexual abuse cases are prosecuted through inquisitorial legal systems, which allocates the judicial officer an active role to contribute to the investigation process. Children are rarely cross-examined in this system, although questions can be posed to them. The most advanced models internationally have adopted the Barnahus model (Council of Europe, 2023). The term "Barnahus," meaning "Children's House" in English, originated in Iceland, the first Nordic country to implement the model in 1998. The Icelandic Barnahus was inspired by the Child Advocacy Centre (CAC) model, which was developed in response to child sexual abuse, beginning in Huntsville, Alabama, in 1985 (Johannason, 2017).

Both the CAC and Barnahus models follow the "one door principle" (also referred to as the "under one roof principle"), which emphasises

that professionals should *come to the child* rather than the child having to go to them. For example, the Barnahus model has been depicted as comprising four key areas: criminal investigation, child protection, physical health, and mental health, with a symbolic "roof" above them representing knowledge (Johannason, 2017). A key aspect of the "one door principle" is the aim to prevent repeated interviews and interactions with multiple professionals in settings that are not designed to meet children's needs, thereby reducing the risk of "secondary victimisation." Both the CAC and Barnahus models are intended to be child-friendly, child-centred, and sensitive, ensuring that the process does not cause additional harm. Preventing further victimisation of the child during the criminal justice process is often emphasised as a crucial goal (Skybak, 2004). This principle is primarily implemented through the joint child investigative interview (Guobrandsson, 2010), with the Barnahus model incorporating a co-hearing process where the interview is observed by professionals in an adjacent monitoring room. This allows for multi-professional observation to avoid repeated questioning and ensures that specialised expertise is utilised. Countries that currently have a Barnahus style model include Iceland, Sweden, Norway, Denmark, Finland, Netherlands, Estonia, Belgium, and Portugal. It is currently being introduced or trialled in Ireland and provinces of Canada. CACs were further explored in Finding 3 above.

A mapping study of the Council of Europe found that,

[t]he data clearly show that member States where Barnahus or Barnahus-type services are in place are able to implement child-friendly justice standards more reliably and systematically than member States where these services do not exist. The mapping study confirmed this for specific standards concerning the right of child victims to be heard in criminal investigations and proceedings (Council of Europe, 2023, p. 99).

A study in the United Kingdom also examining the Barnahus model found that the merits of this system disrupt existing conceptions and roles of the welfare and criminal systems that children are involved in, stating

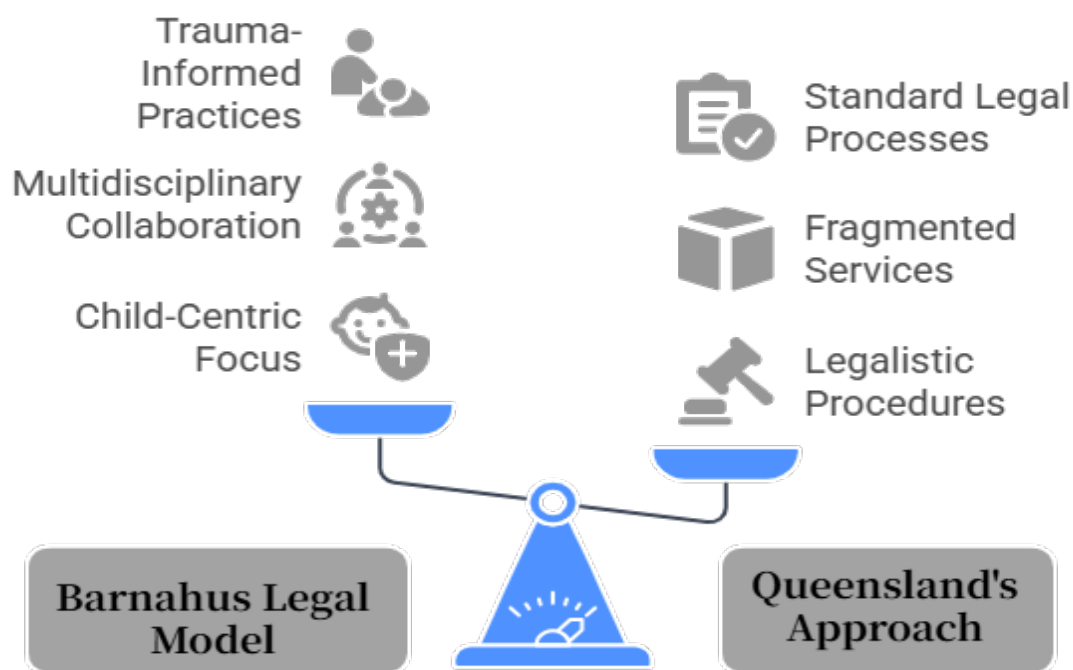
a disruption will involve moving away from a discourse that prioritises criminal justice processes and outcomes and the rights of people who have been accused of causing harm to children over those focused on upholding children's rights, promoting child safety, and supporting children in recovering from their maltreatment (Devaney et al., 2024, p. 1).

The Barnahus model shows so much promise in reducing victim-survivor retraumatisation. A reduction in the frequency of interviews, medical examinations, and other assessments involving children, coupled with improvements in their timeliness and the assurance that such procedures are carried out by highly trained and experienced professionals, can substantially mitigate the risk of secondary victimisation experienced by child victim-survivors and witnesses. These measures also hold the potential to enhance the quality and reliability of evidence collection within criminal justice proceedings and to facilitate the meaningful participation of children in such processes. The Barnahus model, as an integrated and child-centred approach to justice, provides a demonstrable example of how these outcomes can be achieved while

upholding the legal rights of both victim-survivors and perpetrators. The mapping study published by the Council of Europe (2023) stated, "Barnahus is a driver of change towards child-friendly justice and an illustration of the interesting dynamic circularity of innovative practice, standard-setting and jurisprudence" (p. 99).

Adopting a Barnahus model does not reduce or lessen perpetrator accountability or the robustness of associated legal processes in any way. The collaborative, multidisciplinary approach of the Barnahus model allows for timely and integrated decision-making, reducing the risk of inconsistencies, and enhancing the legal admissibility of the child's account (Devaney et al., 2024). The early and active involvement of prosecutors ensures that the interview is conducted in a way that aligns with evidentiary standards, increasing the likelihood of charges being laid and sustained in court. The model leads to stronger testimony and more robust evidence. Evidence from jurisdictions using the Barnahus model suggests it contributes to higher rates of prosecution and conviction, demonstrating its effectiveness in ensuring that child sexual abuse perpetrators are held accountable within a trauma-informed and legally sound framework (Children's Commissioner for England, 2017). Figure 12 visually depicts the key differences between Queensland's adversarial model and the proposed Barnahus model.

Figure 12: Comparative prosecution approaches between Barnahus models and the existing Queensland adversarial model



Finding 6: Rehabilitation works most effectively when it is responsive to individual perpetrator needs.

Rehabilitation refers to treatment or behaviour correction to reduce the reoccurrence of a crime. In Queensland specifically, rehabilitation is also one of the purposes of sentencing following a criminal conviction (*Penalties and Sentences Act 1992* s 9(1)(b)). Rehabilitation can be distinguished from the removal of a perpetrator from the community by physically or situationally preventing ongoing behaviour such as through imprisonment, and deterrence, aimed to disincentivise offending (Forsberg & Douglas, 2022): imprisoning or deterring a perpetrator are alternative methods to prevent offending, or encourage desistance, but do not address the cause of the behaviour itself as rehabilitation does.

Szumski and colleagues (2016) argue for three levels of interactions to support perpetrator

rehabilitation. Firstly, a whole of societal educative response condemning sexual violence. Secondly, interactions aimed towards potential perpetrators who have an interest in, or are engaged in, child sexual abuse and who have not been detected. Thirdly, treatment and supervision of convicted perpetrators throughout the criminal justice process including during their sentence, post sentence and active support in community reintegration. As such, rehabilitation responses must be embedded within the broader social and systemic environment that is both preventative and supportive. Without a surrounding context that challenges the normalisation of sexual violence and supports desistance, individual rehabilitation efforts are likely to be undermined. An integrated strategy, therefore, requires cross-sector collaboration between

justice, health, education, and community services, aligning therapeutic, regulatory, and educative responses to create a cohesive system of prevention and accountability.

Rehabilitation considerations, in the literature, are comprehensive and diverse. There are two main system features which can assist to hold perpetrators accountable through rehabilitation. Sex offender treatment and restorative justice are options for further consideration. Rehabilitation must also be unique to the needs of diverse perpetrators including women, children and young people and First Nations People. Each of these system features are addressed below.

Treatment

Sexual offender treatment programs (SOTP) are a model of rehabilitation. A SOTP encourages a perpetrator to take responsibility for the harm they have caused and be accountable to the community, using evidence-based strategies. Various therapies can be provided including cognitive behavioural therapy (identifying and changing thinking and behaviour to improve wellbeing); psychotherapy (addressing psychological, emotional, and behavioural issues through conversations with a professional); and skill therapy (using practical skills to manage thoughts, emotions and behaviours) (Pal, 2022). Emotional and relational skills are an important tool to reduce recidivism (D’Urso et al., 2023). Individualised rehabilitation is needed for sex offenders given the different causes and motivations for offending; for example, perpetrators with paedophilia (a sexual interest in children) have unique treatment needs (Rodrigues et al., 2023). SOTP are usually administered during the perpetrator’s period of imprisonment although can be delivered in community settings.

Child sexual perpetrator treatment is diverse, and comprehensive research exists evaluating SOTPs. Various factors can impact upon success including treatment duration, types and amounts of medications prescribed and treatment program composition and sequencing (McKillop & Rayment-McHugh, 2025). Cognitive behavioural therapy features strongly and favourably in the literature

(DeSorcy, 2016; Harrison et al., 2020; Walton, 2021). Cognitive behavioural treatment can be delivered according to two contemporary rehabilitation models: the Risk-Need-Responsivity (RNR) Model and the Good Lives Model (GLM). RNR, originally conceptualised in Canada, targets the perpetrator’s risk of reoffending, their treatment needs and considers how the treatment should be delivered (Birgden, 2020). The GLM derives from Australia and New Zealand and is a clinical approach to perpetrator rehabilitation. Physical, social and psychological wellbeing are all considered (Birgden, 2020). Sexual offender treatment generally involves cognitive behavioural therapy, multisystemic therapy (an intensive therapy addressing the multiple, interconnected factors, across family, peers, and community, that contribute to offending behaviour (Borduin, 2009)), and community-based reintegration, with both successful and unsuccessful programs incorporating these elements (Prenzler et al., 2023).

Undertaking treatment has a positive impact on preventing recidivism for perpetrators. Sexual offenders who engaged with treatment, whether or not they completed it, experienced the benefit of desistance and increased time to the next offence (McKillop et al., 2022). Treatment programs tailored to an individual perpetrator, in conjunction with community reintegration, provided the best desistance outcomes (McKillop et al., 2022). In fact, Rayment-McHugh and colleagues (2022) argue that understanding how programs work in “real world” settings is particularly important, given individual, program, and system factors can influence program success (p. 149). There are many examples of successful treatment programs reducing recidivism for sexual perpetrators, both domestic and international (McKillop et al., 2022; Olver et al., 2021; Prenzler et al., 2023). However, there are few examples of treatment programs specific to perpetrators of child sexual offences and no recent evaluations. Prenzler and colleagues’ (2023) evaluation of successful programs featured three programs for child sex offenders, and none of them were evaluated in the previous ten years, within this project’s timeframe. An area for further

research includes recent evaluations of treatment programs for perpetrators of child sexual abuse offences.

As outlined above, treatment programs must be responsive to individual perpetrator needs. The unique characteristics and backgrounds for some perpetrators mean that targeted support should be considered. This is especially the case for women, children and young people, and First Nations People who have committed child sexual abuse offences.

Females

Motivating factors and behaviours amongst female perpetrators are different to their male counterparts (Pflugrad et al., 2018). As such, rehabilitation opportunities should also be unique and targeted. There is very little research on female perpetrators and the effective rehabilitation and treatment options (Priebe et al., 2024a; Priebe et al., 2024b; Weinsheimer et al., 2017). In an Australian study of 18 female perpetrators and 25 practitioners, Priebe and colleagues (2025a) identified that essential features of rehabilitative programs for women sentenced for child sexual abuse include flexible treatment methods, re-imagined treatment settings and positive alliances which included therapeutic and mentorship components. They also identified that program continuity was particularly important for maintaining rehabilitation efforts. Van der Put (2015) suggested existing offender treatment programs for women and targeted at female perpetrators who had committed non-sexual offences could be extended for sexual perpetrators in the absence of specialised sexual offender treatment programs. Despite a clear need for female perpetrator treatment opportunities, “system-level barriers, inadequate expertise and tools, and obstructive perceptions and attitudes” impede program delivery (Priebe et al., 2025b, p. 164).

Children and young people

It has long been accepted that rehabilitation for children and young people should be different to adult perpetrators. This is reflected in Australian courts’ approaches, generally, favouring rehabilitative and reform-oriented

consequences for children and young people who demonstrate harmful sexual behaviours as opposed to deterrent or punitive outcomes; as the perpetrator approaches adulthood, the courts are stricter in applying a more punitive approach (Warner & Bartels, 2015). There has been an increase in child sexual abuse perpetrated by children and young people in Australia in recent years (Mathews et al., 2025). Children and young people have greater variability in offending behaviours, psychosocial backgrounds (that is, the influence of psychological factors and social environment on their wellbeing) and risk of reoffending than adults (Krause et al., 2020). Most children and young people who demonstrate harmful sexual behaviours do not continue sexual offending into adulthood (Ryan & Otonichar, 2016). Research indicates that while some children and young people engage in coercive or harmful sexual behaviours, the majority do not continue sexually abusive behaviour into adulthood when provided with appropriate support and intervention. These behaviours are often developmentally distinct from adult sexual offending and may reflect issues such as exposure to trauma, poor sexual boundaries, or psychosocial immaturity rather than entrenched deviance (Ryan & Otonichar, 2016). Longitudinal studies suggest that with timely therapeutic intervention, many young people displaying coercive sexual behaviours can develop healthy sexual attitudes and relationships over time (Tidefors et al., 2019). The literature emphasises the importance of differentiating between normative sexual exploration, problematic behaviours, and abusive conduct, as well as avoiding assumptions of inevitable criminal trajectories. A developmentally informed, trauma-aware approach is essential to supporting rehabilitation and preventing future harm. As noted previously, considering children and young people who demonstrate harmful behaviours is beyond the scope of this Report and further research is warranted in this space.

First Nations and Indigenous Peoples

First Nations People who perpetrate sexual offences face unique challenges in relation to rehabilitation options. In a study of sex offender treatment and reintegration programs

in Queensland, McKillop et al. (2022) identified that First Nations prisoners were twice as likely to return to custody after release because of recidivism than their non-Indigenous counterparts. The “compounding effects of social disadvantage” are risk factors that contribute to reoffending including substance abuse, unemployment, lack of education, anger and violence, and health deficits (Willis & Moore, 2008, p. 32-36). Further, First Nations People who perpetrate sexual offences were also less likely to complete sex offender treatment programs (McKillop et al., 2022). Poorer outcomes in treatment program completions stemmed from an overreliance on Western clinical knowledge with a lack of culturally relevant content as well as poor cultural safety (Rayment-McHugh et al., 2025).

Rehabilitation must be culturally responsive and appropriate for it to be effective for First Nations perpetrators. Where culturally tailored programs are not available, First Nations perpetrators are reluctant to engage (Rayment-McHugh et al., 2022). As such, specialist cultural components are explicitly linked to First Nations engagement in treatment programs (Smallbone et al., 2009). More specifically, therapeutic engagements should include Indigenous support staff, soliciting feedback from cultural representatives on program composition, Elder endorsement of programs and consultation with cultural advisors (Smallbone et al., 2009).

Canada has had some success in cultural responsiveness. Clearwater Program, in Canada, for example, incorporated Indigenous Elders into sex offender treatment, consultation and cultural services for Indigenous perpetrators (Oliver et al., 2021). Further, the Tupiq program, offers an 18-week evidence-based program incorporating cultural traditions and delivered in Inuktitut, the Indigenous language (Stewart et al., 2014). The program is delivered to perpetrators, while incarcerated, and focuses on release planning including awareness of individual experience, responsibility for behaviour and relationships to others. In evaluating the program, Stewart and colleagues (2014) found lower rates of recidivism in a three year follow up period when

compared to recidivism rates from perpetrators completing an alternative SOTP in the same time period (or not having attended any SOTP).

Restorative justice

Restorative justice has been proposed as an accountability mechanism with application to child sexual abuse matters. Restorative justice is an alternative approach to criminal justice that focuses on repairing harm caused by criminal behaviour (Drost et al., 2015). It brings together perpetrators, victim-survivors, and community members in a non-adversarial process to address the aftermath of a crime and its future implications (Braithwaite, 2000). As such, it addresses crime from an environmental level, considering the impacts of crime on the broader community (Umbreit & Armour, 2011). Key elements include identifying and repairing harm, involving all stakeholders, and transforming traditional relationships between communities and government in responding to crime (Drost et al., 2015; Purba et al., 2024). Restorative justice programs often include victim-survivor mediation, conferencing and/or circles (Gal, 2011; Van Ness, 2017). In fact, Circles of Accountability and Support are a key restorative approach which we address further in Finding 8 below. This approach aims to restore victim-survivors, perpetrators, and communities by addressing harm caused by the offence, which may include emotional harm or financial losses (Braithwaite, 2000).

The restorative justice process offers victim-survivors an opportunity to express the impact of the crime, get answers, and gain closure (Umbreit et al., 1999). However, concerns have been raised about trivialising violence and the potential to revictimise victim-survivors (McAlinden, 2017; McGlynn et al., 2012), especially where those victim-survivors are children (Gal & Moyal, 2011). Hence, for restorative justice to be potentially effective, certain criteria must be met, including adequate preparation, victim-led services, and appropriate timing (Wager, 2013). Parents deciding for their children and monopolising the conference, and bad facilitation, can impact upon children’s experiences in

conferencing (Gal & Moyal, 2011). While more research is needed, existing evidence suggests that restorative justice can meet the needs of child victim-survivors, as well as perpetrators and communities, when applied thoughtfully and with adequate resources (Koss & Achilles, 2008; McMahon et al., 2018; Wager, 2013).

Restorative justice offers numerous benefits for perpetrators of harm and the community. It provides an opportunity for perpetrators to accept responsibility for their actions and make amends to those they have harmed (Briskey, 2021; Garkawe, 1999). This can encourage rehabilitation and *potentially* reduce reoffending rates (Bidois, 2016), which is of benefit to the community. Of particular relevance to cases of sexual abuse, restorative justice enables perpetrators to gain insight into their offending behaviour and work towards repairing the damage caused by their actions in a controlled environment (Bidois, 2016; Briskey, 2021). Thus, restorative justice can be an effective accountability tool which contributes to breaking the cycle of abuse against children (McAlinden, 2017). For First Nations Peoples, restorative justice can reduce the incidence of crime and address systemic disadvantage experienced by First Nations Peoples; Price and colleagues (2025) warns that a “one-size-fits-most” model would not be effective as active participation requires a tailored approach for community members (p. 11).

Restorative justice has been found to be particularly impactful for children and young people who demonstrate harmful sexual behaviours. Purba and colleagues (2024) suggest children and young people who perpetrate sexual offences should be dealt with “in a dignified manner with guidance and education, so that children’s rights are not neglected” and restorative justice processes can provide that avenue (p. 1216). In a recidivism study of children and young people with harmful sexual behaviours, perpetrators who had undergone conferencing rather than court processes showed much slower rates of recidivism although sexual offences were not solely targeted towards child sexual offences (Daly et al., 2013).

Restorative justice conferencing can operate within the criminal justice system or independently (Bolitho & Freeman, 2016). Within the criminal justice system, restorative justice does not need to exist as an alternative avenue to prosecution and sentencing, and it can sit parallel to court process; it can be used as a diversionary mechanism away from court intervention as well, although this is less likely with sexual offending. When parties seek restorative justice independently, they will organise (and fund) conferencing themselves which may occur because of victim-survivor dissatisfaction arising from prosecution outcomes, or where a matter does not proceed to prosecution, for example. In this way, conferencing being open to all victim-survivors, whether or not their matter has proceeded to court, allows “more victims to achieve ‘justice’” (Bolitho & Freeman, 2016, p. 46).

In Queensland, restorative justice conferencing is available for harms caused by young people and adults (see Queensland Government, 2018). Restorative justice in cases of child sexual abuse remains controversial (Ost, 2016). There is reluctance for legal practitioners to engage with restorative justice in the case of sexual violence, even where the abuse is committed against adult victim-survivors (Marsh & Wager, 2015), because of power differentials between parties (Bolitho & Freeman, 2016). Cossins cautions about potential risks of retraumatisation to victim-survivors (Cossins, 2008).

However, restorative justice provides victim-survivors with a *choice* and allows them to confront perpetrators in a way controlled by them. To counter the loss of power victim-survivors experience in sexual violence, Bolitho and Freeman (2016) suggest there are “three potentially powerful mechanisms for emotional and behavioural change” arising from restorative justice processes which include:

the ability to speak to an experience (this is about narrative and voice); to bear witness to this narrative (this is about validation and accountability); and to reflect on the future (which is a pragmatic plan addressing the immediate and longer term impacts) (p. 9).

Restorative justice shows promise in addressing child sexual abuse cases, offering potential healing and justice for victim-survivors, while supporting perpetrator reintegration, in the right circumstances. Early studies suggested restorative justice can meet victim-survivor's needs for empowerment, answers, and closure (Koss & Achilles, 2008; Umbreit et al., 1999); with restorative justice programs being proposed for utilisation in cases of historic institutional child sexual abuse (Al Alosi, 2021) or child sexual abuse more generally (Daly, 2008). Wager (2013) reported that restorative justice meetings between victim-survivors and their abusers had contributed to the victim-survivors' recovery process. Additionally, some victim-survivors may express a desire to confront their abusers as part of their justice needs, which may contribute to feeling validated (Bluett-Boyd & Fileborn, 2019). This could be particularly important in cases of intrafamilial child sexual abuse and where an ongoing relationship between the perpetrator and victim-survivor may exist.

There is limited research on restorative justice practices being used in the circumstances of a child sexual abuse offence although it is a developing area requiring further research. No

research considers age of children and appropriateness of restorative justice according to age. Very young children's cognitive and emotional development, as well as their vulnerability, would likely make restorative justice processes challenging although this would not necessarily be impossible to overcome. Bolitho and Freeman (2016) identified restorative justice programs which have completed cases relating to child sexual abuse: South Australian Family Conferencing, Project Restore Specialist Sexual Violence Service, Community Holistic Circle Healing Program, Victim Offender Conferencing (Corrective Services NSW), Cedar Cottage Pre-Trial Diversion Program and Family Group Decision Making Demonstration Project. Restorative justice conferencing cases, across these programs, involved children of all ages from 3 up to 18 (and for adults responding to historical child sexual abuse). Restorative justice practices have also been used in Fiji with Indigenous child sexual abuse perpetrators although no evaluation has been published to determine efficacy (Whitehead & Roffee, 2016). Further research and evaluation on the appropriateness of restorative justice for child sexual abuse matters is recommended, especially in relation to younger children.

Finding 7: Targeted community reintegration of perpetrators can reduce recidivism despite conflicting with community expectations

Community reintegration refers to the support offered to perpetrators, who have previously been incarcerated, to re-enter the community after their release. Reintegration, broadly, can lead to an increase in community safety as there is less reoffending. It enables perpetrator wellbeing as perpetrators are better supported to re-enter society as productive citizens. Reintegration can also be more cost effective for the government because the government is not funding imprisonment and supported reintegration reduces reoffending which has financial benefits as well (Richards et al., 2020). Reintegration, in conjunction with sexual offender treatment programs, produces the best desistance outcomes for perpetrators (McKillop et al., 2022). Desistance refers to an

individual disconnecting from criminal behaviour (Purohit et al., 2024). In terms of risk management, community reintegration for perpetrators is a powerful tool.

Research has identified the importance of thoughtful and targeted community reintegration for child sexual abuse perpetrators. Most perpetrators will be released into the community following their sentencing, so supported reconnection in the community gives perpetrators the best likelihood of success at desistance from offending (Anne-Marie, 2016; Walvisch et al., 2019). Further, social inclusion as a response to child sexual offending has a strong evidence-base (Birgden, 2020). The longer a perpetrator

lives in the community without reoffending, the less likely it is that they will reoffend according to a United States of America study (Zgoba & Mitchell, 2021). As such community reintegration that allows perpetrators to forge strong social and relationship connection is preferred.

Technology-assisted management of perpetrators in the community allows law enforcement to better manage perpetrators in the community and respond to issues as they arise. In a Rapid Evidence Assessment regarding police management of child sexual perpetrators in the community, Christensen and colleagues (2022a) found technology-assisted management, such as electronically monitoring bracelets, computer scans, and remote monitoring software, show promise to support community reintegration; and called for further research to better inform policing in this area. A Californian study of registered sex offenders was found to be “marginally less likely to abscond” when they were monitored with GPS (Turner et al., 2015). Digital tools are also used in corrections to assist in managing Australian perpetrators (Ross et al., 2023). As such, technology can assist in managing risks posed by known perpetrators.

There are several barriers which can be problematic for successful community reintegration. McAlinden (2016) identified individual and structural barriers for reintegration, namely self-motivation and social or economic disadvantages respectively. Social isolation was found to have a strong correlation with recidivism amongst a cohort of immigrant adolescent male perpetrators in Sweden (Tidefors et al., 2019). First Nations People who perpetrate child sexual abuse offences also face unique reintegration barriers including dislocation from community and Country; racism; and ostracism (Bennett et al., 2025).

Labelling practices can be problematic for successful community reintegration (Walton, 2021). Labelling can cause perpetrators, especially young people, to act in accordance with the label assigned to them because they are fulfilling the community’s expectations of themselves, increasing the risk of recidivism

(Bosetti & Fix, 2024). In fact, labelling has been found to be obstructive to successful reintegration (Anne-Marie, 2016). Labels can be perceived as stigmatising and reduce the labelled person to the label assigned, therefore undermining efforts towards rehabilitation and cessation of offending behaviour (Willis, 2018).

Reintegration is uncomfortable for the community. Community members can experience fear from the possibility of perpetrators reoffending, often fuelled by media portrayals and misunderstandings about perpetration as well as a preference for more punitive criminal justice responses (Tuschick et al., 2025). Another significant community concern relates to housing perpetrators, and the risk of having a child sexual abuse perpetrator living adjacent to them; the potential proximity to neighbourhood children is relevant because of the perceived risk community members have (Tuschick et al., 2025). Napier and colleagues (2018) have identified a correlation between registered sex offender addresses and deflated property sale prices in an area, suggesting that sex offenders being identified in the community causes the perception of increased danger in that area. Ultimately, reintegration requires community education as well as surveillance and support for perpetrators returning to the community.

Reintegration is a long-term public safety measure which needs prioritisation (Roberts et al., 2024). Community reintegration can be successfully and safely implemented using existing evidence-based techniques focused upon building community, such as Circles of Support and Accountability or Cultural Mentoring Programs, which are explored further in Finding 8. Sex offender registration and notification is less successful at achieving desistance amongst the cohort. Public registration and notification exclude and vilify perpetrators (Duwe, 2015), whereas accountability and support programs recognise the “social context of offending”, promoting the “notion of ‘community’ as a powerful tool” (Richards & Biron, 2024). While community support of perpetrator reintegration may not be

immediately forthcoming, preventing recidivism must take priority.

Registration and notification

Sex offender registration is a technique for facilitating community reintegration following child sexual abuse offending. Registration can involve public registries, where community members can access personal perpetrator information; and non-public registries, where information is recorded for the purposes of law enforcement but where the public does not have unfettered access (Napier et al., 2018). Registration can be implemented as a risk management strategy that seeks to prevent and reduce sexual offending, especially with child sexual abuse (Simmons, 2019). In the case of public registries, registration and notification is intended to raise public awareness of dangers in the community (Bailey & Klein, 2018).

International examples of sex offender registration, which allows public access to identifiable perpetrator information, exist. The United States of America, South Korea, and the Maldives facilitate a public register (Hall, 2019). The United States of America implemented stringent nation-wide registration and notification allowing any member of the public to access names and addresses of perpetrators, with individual states also prescribing additional requirements specific to that jurisdiction (Sharma & Kewaliya, 2024). Registration also applies to children and young people who perpetrate sexual offences in the United States of America, which Walker Sterling (2015) argues is problematic because children should be treated differently from adults on account that “all children, no matter what they have done, can be redeemed” (p. 315). Community support for registration and notification in the United States of America is high despite the low success at preventing recidivism (Connor, 2020). India has implemented a non-public register for law enforcement access which includes personal identifying details, location and level of danger to the community (Sharma & Kewaliya, 2024).

Sex offender registration, using either public or non-public registers, causes fear without preventing child sexual abuse or reducing

recidivism. It only captures those perpetrators who have been detected and convicted, which is a smaller cohort than the perpetrators who have committed child sexual abuse. Registries rely upon *perceptions* of safety without necessarily reducing community fear levels (Napier et al., 2018). Apart from a small deterrent effect for first-time perpetrators, an Australian Institute of Criminology study found public sex offender registries do not reduce recidivism (Napier et al., 2018). Another United States of America study conducted a meta-analysis over a 25-year period and found registration did not deter or decrease sexual offending behaviour (Zgoba & Mitchell, 2021). While registration is not intended to be punitive, there can be significant consequences for perpetrators, especially where those perpetrators are adolescents (Sterling, 2015).

Registration and notification practices are a significant barrier to successful community reintegration. Disintegrative shaming labels a person as bad because of their actions (Braithwaite, 1989). Humiliation and disrespect, through disintegrative shaming, which focuses on the person, rather than their acts (Edelman, 2017), can undermine rehabilitation efforts and increase recidivism (McAlinden, 2017). In fact, registration specifically prevents community reintegration because the perpetrators remain separate to the community (Sharma & Kewaliya, 2024). Szumski and colleagues (2016) argue registration is a populist, political, and emotional response lacking empirical support.

Other unanticipated effects from registration also arise from public and non-public registries. Cost and resourcing, especially for law enforcement, is considerable (Napier et al., 2018) with Australian police, themselves, expressing concern about being unable to meet the community's high expectations of registration (Masters & Keibell, 2019). In one United States of America study, young people convicted of sexual offences, and registered on the public register, experienced detrimental and unintended consequences, especially those from racial or ethnic groups who are disproportionately represented (Bosetti & Fix,

2024). These consequences included poor mental health and social isolation, especially because the stigma attached to registration could cause those young people to act in accordance with society's expectations of themselves and reoffend, perpetuating an ongoing circle of offending (Bosetti & Fix, 2024). The perpetrator and their family members can also be targeted by acts of vigilantism (Christensen et al., 2022b; Janus, 2016). As such, registration and notification practices should not be supported.

Australian sex offender registration and notification, so far, is primarily enabled through non-public registration. There is a national child offender registration scheme that requires perpetrators to report personal details to local police when they re-enter the community and local police, then, record and share child offender information centrally (Australian Criminal Intelligence Commission, 2025). The national scheme is managed locally according to state and territory legislation which establishes the scope and requirements for the register in each jurisdiction. While the general principles of the national scheme are consistent, there are implementation variations across jurisdictions. The Queensland register was established under the *Child Protection (Offender Reporting and Offender Prohibition Order) Act 2004* (Qld). In Queensland, the *Child Protection (Offender Reporting and Registration) Act 2004* governs sex offender registration practices and requires registrants to inform police of their whereabouts and personal details for the period of registration. The scope of registration practices across Australia have been broadened over previous years including police powers, registrable offences and perpetrator conditions (Bartels et al., 2019). The Australian community is generally supportive of registration (Bartels et al., 2021).

Western Australia has implemented a public register, known as the Community Protection Offender Register, with restricted conditions for accessing adult sex offender information (*Community Protection (Offender Reporting) Act 2004* (WA) s 81). Members of the public who harass or create animosity towards a sex

offender, or share photos or information they access without permission, can be prosecuted for a criminal offence. The legislation prescribes for guidelines to be developed to closely govern access to sex offender information (ss 81-82). These guidelines set out three tiers for information disclosure:

- Tier 1 – Missing offenders: Community members can access information about sex offenders who have breached their reporting obligations, provided false or misleading information to the police or where police do not know their location. Tier 1 provides a public safety opportunity for community members to be vigilant about sex offenders who have not cooperated with their reporting obligations;
- Tier 2 – Locality: Access is restricted to Western Australian residents who can only obtain information about sex offenders residing within their “residential locality”; that is, because access is for enhanced public safety and awareness, residents can only access information relevant to the area around where they live. Such a restriction gives community members information that is only relevant to them;
- Tier 3 – Disclosure: Parents or guardians of children can request information about adults who have regular contact with their children to establish whether those adults are registered sex offenders. Tier 3 allows carers to check that their children are not exposed to registered sex offenders (Government of Western Australia, 2025).

Importantly, while the Community Protection Offender Register provides limitations on community members having unfettered access to sex offender information, caution is still advised. As mentioned above, the register may invite a false sense of safety in community members. Where Tier 2 or 3 information is accessed and community members do not establish registered sex offenders living in their area or having contact with their children, they may cease to be vigilant. The register records convicted sex offenders; adults who may be at risk of harming children, yet have not been

detected or convicted, will not be identified and could still cause harm to children.

We note Queensland has proposed to implement “Daniel’s Law”, establishing a public sex offender register at the end of 2025. While a Queensland sex offender register is not an evidence-based solution to sex offender reintegration, there are opportunities to facilitate it in a way that is likely to achieve better desistance outcomes. For example, Simmons (2019) suggests the judiciary should be responsible for determining registration conditions rather than imposing standard conditions on all perpetrators as unnecessarily restrictive conditions can result in “secondary offences for non-deviant behaviour” (p. 792). Additionally, a more nuanced, risk-based approach, such as a tiered system where only high-risk offenders are subject to public disclosure, would better balance community

protection with individual rehabilitation, as evidenced in models used in jurisdictions like the United Kingdom (Richards, 2011). In addition, including an independent oversight mechanism to review registration decisions can ensure proportionality, protect against arbitrary or indefinite listings, and provide incentives for perpetrators to engage in treatment and pro-social behaviour (Kemshall & Weaver, 2012). Integrating supportive reintegration measures, such as access to housing, employment, and therapeutic services, is also crucial, as research consistently shows that desistance is more likely when individuals are socially supported rather than publicly shamed (McAlinden, 2006). To further reduce risks of harm, legislative safeguards should also prohibit the misuse of registry information and include penalties for harassment or vigilantism (Simmons, 2019).

Finding 8: Innovative programs targeted towards building community are proven reintegration techniques to promote desistance

There are four key initiatives that have been trialled in Australia and/or internationally, which have positive perpetrator accountability outcomes. Circles of Support and Accountability, Support and Awareness Groups, Cultural Mentoring Programs and Chaperone programs have all been proposed as opportunities for perpetrator community reintegration. These innovative programs manage the risk of perpetrators in the community through supporting them to become productive citizens. Importantly, these programs all foster relationship development amongst perpetrators and rely upon community member involvement. Social support is essential for perpetrator reintegration (Braden et al., 2012). In this way, the programs *build* community as the community shares responsibility in reintegrating perpetrators and reintegration is done at a community level. Each of these programs will be explored further below.

Circles of Support and Accountability

Connectedness is essential for successful community reintegration. Productive

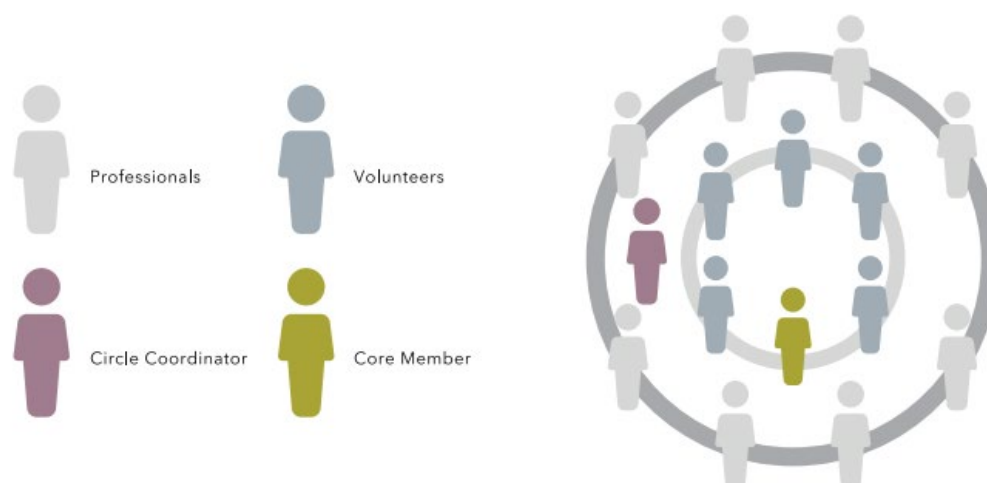
relationships, religion and support groups were found to contribute positively to reintegration (Tuschick et al., 2024). Relationships with others “form the bedrock of accountability” according to Mills (2015, p. 393) so perpetrators need to be able to form, and maintain, productive relationships. Family roles are considered “vital” (McAlinden, 2016, p. 17). Connectedness can also be created through broader support networks such as Circles of Support and Accountability.

A Circle of Support and Accountability (CoSA) is a restorative process that allows community reintegration with an element of surveillance for community protection. Using structured and regular meetings, a perpetrator (known as a “core member”) is mentored and supported by a team of volunteers who are further supported by other professionals. Richards and colleagues (2020) suggest CoSAs “challenge” perpetrator views about violence against children including child sexual abuse. CoSAs are a long-term strategy to reduce and prevent perpetrator recidivism (p. 6). In fact, they can operate for one to three years to provide

support to an individual perpetrator. There are two main purposes of CoSAs: to support perpetrator reintegration into the community and to reduce the recurrence of sexual offending (Bartels et al., 2019). They have proven benefits of improving perpetrator

emotional regulation, problem solving skills, self esteem and self regulation (Hoing et al., 2017). The composition of a CoSA is visually depicted in Figure 13, sourced from Richards, Death and McCartan (2020, p. 17) as cited in Bates et al (2014, p. 863).

Figure 13: Composition of a Circle of Support Accountability



Volunteers are a crucial element of CoSAs. Trained volunteers support the perpetrator to engage in community activities while also monitoring their behaviour and reporting concerns (Birgden, 2020). In fact, this surveillance role allows volunteers to report trigger behaviours so that extra support can be provided prior to offending (McCartan 2016; McCartan et al., 2014). Volunteers reflect community values and can represent those values more effectively than professionals working within the criminal justice system; volunteers also garner more trust from perpetrators than professionals (Richards et al., 2020). While there was a significant time investment for volunteers, research demonstrates volunteers generally had positive experiences (Lowe & Willis 2019).

CoSAs have been used in various international jurisdictions with a very high degree of success including across the United States of America, Europe, Canada, New Zealand and the United Kingdom. CoSAs have been used to successfully support perpetrators to transition from a prison environment back into the community (Roberts et al., 2024). In fact, Norway is known for a “Reintegration

Guarantee” which encourages public institutions and services to work cooperatively to facilitate successful perpetrator community reintegration (Gisler et al., 2018, p. 31). Various international studies have demonstrated a 50 – 70% reduction in recidivism (McAlinden, 2017). One long-term randomised study from the US, over an eight-year period following the perpetrator’s release from incarceration, demonstrated an 88% lower rearrest rate for perpetrators involved in a CoSA (Duwe, 2018). A cost benefit analysis, in this study, also revealed CoSAs to be a cost-effective intervention for government because of the reduction in recidivism (Duwe, 2018). Some CoSA models in the United Kingdom systematically interact with law enforcement, social services, probation and prisons (McAlinden, 2017). They also have economic benefits for the criminal justice system in enabling desistance (McAlinden, 2016).

CoSAs have not been widely adopted within Australia. South Australia’s model commenced in 2015 (Birgden, 2020) and provided opportunities for participants to forge “prosocial identities” (Richards et al., 2020, p. 105). While South Australia’s CoSAs were not

mandated by corrections and did not have strict surveillance and monitoring like other programs, they do provide “social support, growth and identity transformation”, (Richards et al., 2020, p. 105) and, therefore, can successfully run alongside other statutory supervision arrangements. According to Richards and colleagues (2020), victim-survivors were generally supportive of CoSAs because they focus on the future of reducing the risk of offending. Victim-survivors also understood that community-based reintegration programs, like CoSAs, play “a key role in protecting the community from sexual violence” (p. 106). Supporting CoSA implementation and evaluation in Queensland is an opportunity for further research to reduce recidivism for child sexual abuse.

Implementing CoSAs as a community reintegration measure in Queensland would require community education to address knowledge gaps and gather support. In a 2015 study, Richards and McCartan (2017) found community members did not generally support the program, which was an interesting finding given Richards and colleagues’ (2020) findings indicating victim-survivor support, outlined above. Community members believed victim-survivors should receive financial priority above perpetrator integration; they felt that perpetrators could not be rehabilitated; and

they did not understand the purpose of the CoSAs, including believing they would be used as an alternative to incarceration in sentencing. Richards and McCartan (2017) suggested stronger communication is needed around the purpose and benefits a CoSAs. More specifically, their purpose is to prevent child sexual abuse by reducing the risk of recidivism; CoSAs do not replace incarceration but supplement it; and monitoring and accountability functions of CoSAs have value in conjunction with perpetrator support. The media could play an influential role in proper communication (Richards & Biron, 2024).

Support and awareness groups

Support and Awareness Groups (SAAGs) are another opportunity for perpetrator reintegration which relies upon community involvement. SAAGs utilise the perpetrator’s existing connections such as family, friends, colleagues and/or community members or new connections may need to be formed where perpetrators do not have existing relationships. SAAGs will assist the perpetrator with desistance and developing prosocial behaviours according to their individual needs (Bartels et al., 2019). While similar to CoSAs, SAAGs are more informal in structure (Braden et al., 2012). Figure 14 describes a Victorian SAAG.

Figure 14: Corrections Victoria Support and Awareness Group

Corrections Victoria introduced a SAAG as a “systematic and comprehensive approach to the inclusion of support groups in treatment” for sex offenders (Braden et al., 2012, p. 38). It was established to assist moderate-high to high-risk sex offenders transition from prison back into community. Perpetrator participants nominated 3 – 8 individuals from different areas of their lives who could support them to achieve “healthy lifestyle goals and manage their risk factors” (Braden et al., 2012, p. 39). These volunteer support people were briefed on the program and their role which included a willingness to challenge problematic behaviour. Volunteers were also advised that they were not responsible for the perpetrator’s actions should they reoffend. SAAGs were encouraged to regularly meet with the perpetrator and to seek assistance from a specialist SAAG Case Manager should issues arise.

SAAGs have not, as yet, been evaluated and there is limited current evidence about effectiveness in reducing recidivism. SAAGs are an area for further research.

Cultural Mentoring Programs

Cultural Mentoring Programs (CMPs) are a support and accountability opportunity for First Nations People convicted of sexual offences. Similarly to CoSAs, they are a reintegration

opportunity for perpetrators. However, CMPs have a vital difference to a CoSA: they are First Nations-led and have a strong focus on culture (Bennet et al., 2025). Community reintegration for First Nations perpetrators requires:

- A holistic focus on social and emotional wellbeing, family and community, rather than an individual focus;
- Recognition that many perpetrators are victim-survivors themselves and responses need to address their own trauma;
- Community support and delivery from First Nations led organisations separate to government;
- Trust and rapport building that should begin during incarceration and then extend into the community;
- Country and culture as central to program delivery;

- Support to understand release conditions; and
- Realistic and achievable Key Performance Indicators for organisations delivering outcomes with funding (Bennett et al., 2025).

There are few examples of programs supporting cultural reintegration. A CMP offered in Townsville, Queensland, is one such example. Richards and colleagues (2020) outline the cultural and spiritual support which CMPs offer to First Nations People, convicted of sexual offences, who have been released following a period of incarceration. Reconnection with First Nations culture is a key goal. Elders provide support and mentorship using cultural activities including connection to land, ceremonies, traditional arts and crafts and participating in community events. Figure 15 describes a CMP in Townsville.

Figure 15: Townsville Cultural Mentoring Program

A CMP in Townsville was established through community organisations and Elders within that community. Participation in the CMP involved six mentoring sessions between the participant and an Elder, with the option for further sessions if needed. Participants also participated in weekly peer support groups made up of First Nations and non-Aboriginal and Torres Strait Islander male community members. Both the mentoring sessions and peer support group sessions focused on “cultural learning for improving the men’s relationships and functioning in the community” (Richards et al., 2020, p. 71).

The CMP was available for First Nations men who had been released from prison under Queensland’s *Dangerous Prisoners Sexual Offenders Act 2003*. Queensland Corrective Services identified perpetrators suitable for the program. Perpetrators often heard about the CMP from probation officers, parole officers or other prisoners. Participation in the CMP was voluntary and men chose to participate for various reasons including to meet local Elders, better understand their own behaviour and to receive support with desistance from offending. The men involved in the CMP were mostly from remote mainland or island communities and were released into the Townsville community, following their period of incarceration, to provide some separation from the communities they had harmed and so they could more readily access support services they needed such as healthcare and rehabilitation (Richards et al., 2020).

Richards and colleagues (2020) undertook an evaluation of the Townsville CMP. While the study was not able to determine program effectiveness by way of measuring sexual recidivism, due to small numbers in the CMP and the fact that the CMP had not been in operation for long, it did look at how the programs sought to reduce sexual offence recidivism. Authors found (1) the CMP helped participants build positive cultural identities; (2) it managed risk through focusing on addressing emotional distress and other stress such as anger and frustration about release conditions; (3) many of the participants had a history of trauma and institutionalisation which impacted their offending and needed further support to enable their desistance; and (4) some participant views about women being responsible for their own victimisation demonstrated that further work in perpetrator intervention programs is needed in addressing gender inequality issues.

Additional funding for CMPs to be established in Queensland is recommended, accompanied by evaluation research, both to bolster the knowledge base in this area and to determine whether the program reduces participant recidivism.

Chaperone programs

Chaperone programs are a community reintegration initiative designed to support the perpetrator while protecting the community. Suitable family members can be identified and trained to accompany the perpetrator when they are in the community. This is a voluntary appointment and one which provides a surveillance and reporting opportunity where the chaperone identifies risk of recidivism or problematic behaviours.

Only one study has documented the use of chaperones in the United States of America.

Bartels and colleagues (2019) describe the formal structures of a Chaperone program including considering criteria for chaperones to qualify; and criteria for perpetrators deemed acceptable for inclusion in the program including acknowledging personal responsibility for offending behaviour and agreeing to safety plans for interactions in the community. The study considered two groups of male sex offenders: one group who were accompanied by a chaperone and one without. The chaperoned group identified fewer engagement in high-risk behaviours and fewer instances of sexually deviant behaviour. Further research is needed to determine the viability of chaperones, as a reintegration and risk management technique, for child sexual abuse perpetrators in Queensland.

5.0 CONCLUDING REMARKS

Responding to allegations of child sexual abuse requires robust, thoughtful and trauma-informed approaches. There is an overwhelming prevalence of child sexual abuse in the community, as well as substantial and ongoing victim-survivor and societal harm as a result of child sexual abuse. In this Report, we considered the systems, processes, and interventions involved in responding to allegations of child sexual abuse. There were two key perspectives that emerged from the literature. These related to victim-survivor disclosure support and perpetrator accountability.

Queensland has a critical opportunity to lead in transforming how we respond to child sexual abuse, placing the rights, wellbeing, and voices of children at the heart of our justice and support systems. While recent reforms and inquiries have laid a strong foundation, the current system remains fragmented, reactive, and too often adult-centric. It places the burden of navigation and disclosure on traumatised children, contributes to secondary victimisation, and can inadvertently undermine both recovery and justice outcomes. Systemic reform is urgently needed to ensure that Queensland provides a coordinated, evidence-informed, and trauma-responsive system that protects children and holds perpetrators to account.

An effective response to child sexual abuse must begin with an understanding that disclosure is not a singular event but a complex, developmental process. Systems must be restructured to support children through safe, relationally secure, and developmentally appropriate pathways to disclosure. This includes reforming how forensic interviews are conducted, ensuring they are led by highly trained professionals in child development and trauma-informed practice, and delivered in settings that are safe, respectful, and culturally sensitive.

To achieve this, Queensland must invest in integrated service models that eliminate duplication, reduce trauma, and elevate the

quality and integrity of investigative processes. **Child Advocacy Centres (CACs)** and the **Barnahus model** are internationally recognised as best practice frameworks for delivering this level of coordinated care. These models centralise and co-locate multidisciplinary teams, including police, child protection, legal, medical, mental health, and social work professionals, in child-friendly environments designed specifically for vulnerable children and families. They provide a single-entry point for response and recovery, ensuring that children only tell their story once, to people trained to hear it safely and effectively. Importantly, these models also offer wraparound therapeutic supports for children and their caregivers, improving both individual and systemic outcomes.

Child Advocacy Centres offer a scalable and highly relevant model for Queensland's context. CACs have been shown to increase caregiver satisfaction, reduce system-related trauma, and improve interagency collaboration. While a small number of pilot sites exist in Australia, they are not yet widely implemented or adequately resourced. Expanding the CAC model across Queensland would directly address recommendations from the Royal Commission into Institutional Responses to Child Sexual Abuse and deliver measurable improvements in service coordination, child wellbeing, and prosecution outcomes.

The Barnahus model, operating successfully across Europe, builds on the principles of the CAC model and elevates them through legal integration. It exemplifies the “one door” approach, where services come to the child, rather than the child navigating siloed systems. In the Barnahus setting, joint investigative interviews are conducted by trained forensic specialists and observed in real time by the full multidisciplinary team. This ensures evidentiary integrity, eliminates the need for repeated questioning, and enhances procedural fairness. The Barnahus model offers a compelling, child-centred alternative to adversarial court processes, without

compromising perpetrator accountability or due process. In fact, by improving evidence collection and fostering interagency trust, it strengthens legal outcomes while safeguarding the rights and dignity of children.

Adopting and scaling both Child Advocacy Centres and the Barnahus model in Queensland would represent a transformative shift in how the state responds to child sexual abuse. These models are not only effective—they are achievable. With strategic investment, legislative support, and sustained interagency collaboration, Queensland can lead the nation in building a justice and welfare system that children can trust, caregivers can rely on, and communities can exult.

Perpetrator accountability must also evolve to include evidence-based rehabilitation, safe community reintegration, and culturally responsive approaches. Programs such as Sexual Offender Treatment Programs (SOTPs),

Circles of Support and Accountability (CoSA), and Cultural Mentoring Programs (CMPs) can support desistance and enhance community safety if implemented with proper oversight and community education. Queensland must invest in these innovative models while avoiding punitive responses, like public offender registries, that undermine rehabilitation and may ultimately increase risk.

The pathway forward demands courage, investment, and collaboration. It requires listening to children, believing them, and designing systems that are not only equipped to respond to abuse but are also worthy of their trust. Embedding the Barnahus model across Queensland would be a powerful step towards a justice system that protects children, respects their rights, and strengthens accountability, not only for perpetrators, but for the institutions entrusted to keep children safe.

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Appendix A – Total studies included in critical review

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