

March 2026

# Sector Insights paper

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*Methodological Note: Initial thematic synthesis and formatting assisted by Generative AI. All content verified against primary sources by the author to ensure empirical accuracy.*

# NSW Ombudsman investigation into DCJ's practice of closing *Risk of Significant Harm* reports

## CHILD SAFETY

### Key message

The Ombudsman found that routine closure of screened-in Risk of Significant Harm (ROSH) reports can amount to maladministration when the investigation needed to determine risk has not occurred.

### What the report examined

The investigation examined whether NSW Department of Communities and Justice's (DCJ) triage, allocation and closure of screened-in ROSH reports complied with the *Children and Young Persons (Care and Protection) Act 1998* (Care Act). It focused on reports closed without allocation to a caseworker, especially where the stated reason was "No Capacity to Allocate" (NCTA) or "competing priorities".

### Insights from the results

65%

Of 244,710 screened-in ROSH reports were closed as NCTA in 2024-25.

19.5%

Of reports screened-in as ROSH received a face-to-face assessment by a caseworker in 2024-25.

>2/3

Of sampled NCTA closures had no evidence risk concerns were resolved

80%

Of children reported at ROSH and not seen also received no referrals

### Recommended reforms

- DCJ should review ROSH and related policies, practices and tools to ensure alignment with the current legislation and statutory requirement so every report is the subject of a clear s 30(a) or s 30(b) decision before closure, with reasons recorded.
- Government should consider to review and improve the Care Act, including the definition of 'at risk of significant harm' and the absence of any definition of, or express link with 'in need of care and protection'.
- Immediate priorities include abolishing the 28-day closure practice, tightening guidance on duplicate reports, and improving training, quality assurance program and decision documentation.

### What the Ombudsman found

- **Closure had become routine, not exceptional.** The report shows no improvement over time: 60% of screened-in ROSH reports were closed as NCTA in 2022–23, 64% in 2023–24, and 65% in 2024–25.
- **Statutory duties were not always met before closure.** The Ombudsman concluded that when DCJ closes a ROSH report due to inadequate resources without the investigation needed to determine whether a child is at ROSH, it fails its statutory responsibility.
- **The 28-day closure rule was inconsistent with legislation intent.** The report argues that an arbitrary timeframe cannot justify closure where screened-in reports still raise unresolved risk concerns; 28% of sampled NCTA cases cited exceeded timeframes as closure reason.
- **Practice settings distorted prioritisation.** Weak post-closure scrutiny, default use of NCTA labels, under-used desktop investigation, and performance incentives linked to 'children seen' could all skew allocation away from highest-risk children.
- **Tool design and documentation were also part of the problem.** The report found that DCJ's decision-support tools were not properly aligned to NSW legislation or calibrated to the NSW context, and that decision recording and documentation gaps obscured the real basis for closure decisions.

### System implications

The report suggests the issue is not only one of capacity, but also of system design and governance. It found that ROSH reports were often closed on resource grounds without the necessary investigation and assessment, while default closure labels and limited recording of reasons obscured decision-making and reduced transparency, accountability and learning. The Ombudsman concludes that current law, policy and practice are misaligned, and points to the need for reform of ROSH-related policies, practices and tools so they better align with legislative requirements. The report did not attempt to quantify the direct child-level impact of each closure decision.

# Examining Attitudes Conducive to Technology-Facilitated Child Sexual Exploitation and Abuse

CHILD SAFETY

CHILD SEXUAL ABUSE

This study presents findings from nationally representative surveys of 4,918 men in Australia, the United Kingdom, and the United States, examining attitudes towards technology-facilitated child sexual exploitation and abuse (TF-CSEA) and their relationship with sexual interest in children and online offending behaviours. Using latent class analysis, researchers identified three distinct groups of men based on their attitudes, with significant implications for prevention efforts.

## Study design

Researchers conducted online surveys with quota-based samples of men aged 18 years and over, matched to population characteristics. The survey included 25 items adapted from the Child Sexual Abuse Myth Scale, measuring attitudes across three domains:

- **Denial of abusiveness:** beliefs minimising the harmful nature of TF-CSEA.
- **Normalisation/blame diffusion:** beliefs that TF-CSEA is acceptable or that responsibility lies elsewhere.
- **Restrictive stereotypes:** stereotypical excuses for online offending behaviour .

## Three Latent Classes Identified:

**Class 1 (n = 3,926, 79.8%):** Low probability of endorsing any attitudes conducive to TF-CSEA; lowest rates of sexual interest in children (2.6%) and online offending (4.5%).

**Class 2 (n = 380, 7.7%):** Highest endorsement of normalisation/blame diffusion beliefs. One in five men had sexual interest in children (21.5%) and would have sexual contact with a child under 15 years (21.5%).

**Class 3 (n = 612, 12.5%):** Moderately high probability of endorsement of denial of abusiveness and restrictive stereotypes. One in three had engaged in TF-CSEA (33.8%); 36.5% indicated they would have sexual contact with a child under 15 years.

## Key findings

Measure	Class 1	Class 2	Class3
Sexual interest in children	2.6%	21.5%	18.6%
Engaged in TF-CSEA	4.5%	7.6%	33.8%
Would have sexual contact with child <15	1.4%	21.5%	35.5%
Works with children	12.5%	22.5%	35.1%
Child in household	28.0%	56.0%	47.6%

- Men from Classes 2 and 3 were significantly more likely than Class 1 to be employed, hold a bachelor's degree, have children in the household, and work with children.
- Men from Classes 2 and 3 were significantly more likely than Class 1 to watch pornography more frequently and purchase sexual services online.

## Country differences

A greater proportion of men from the United States (17.6%) were in the highest-risk Class 3, compared with Australia (10.1%) and the United Kingdom (10.5%). Australia had the highest proportion in Class 2 (10.0%).

## Implications

An important finding of the study: *The shift from normalisation/blame diffusion (Class 2) to denial of abusiveness (Class 3) was associated with greater odds of acting on sexual interest in children.*

The authors conclude that the moral quandary posed by sexual interest in children plays an important protective role. Interventions reinforcing that child sexual abuse is harmful and the fault of the perpetrator may prevent at-risk men from offending.

- **Primary prevention:** Recognising child sexual abuse as morally wrong may help prevent offending. Interventions that reinforce two key messages: that child sexual abuse causes harm, and that perpetrators are responsible for their actions, may deter at-risk men from acting on their sexual interest in children.
- **Secondary prevention:** Targeting men holding normalisation/blame diffusion beliefs may assist in identifying offenders earlier in their trajectory.
- **Media and technology sector responsibility:** The study underscores the critical role of media, technology platforms, and the entertainment industry in reinforcing social consensus against child sexual abuse.

Salter, M., Whitten, T., Woodlock, D., Slater, C., McFeeters, A., Lu, M., Naldrett, G., Tyler, M., & Fry, D. (2026). Examining attitudes conducive to technology-facilitated child sexual exploitation and abuse: Evidence from a representative multi-country study. *Journal of Interpersonal Violence, 41*(7-8), 1600–1623. DOI: 10.1177\_08862605251403621

# Residential Care Practitioners' Knowledge, Training and Insights into Child Sexual Exploitation

CHILD SAFETY

CHILD SEXUAL ABUSE

Child sexual exploitation (CSE) involves children being coerced or manipulated into sexual activity in exchange for something of value. Children in residential care are considered particularly vulnerable due to complex needs and exposure to risk environments. However, specialised training on identifying and responding to CSE is not consistently required for residential care practitioners in Australia.

This study used a survey of 84 residential care practitioners from a large **Queensland** provider to examine workforce knowledge and training related to child sexual exploitation (CSE). Most respondents were frontline practitioners or their managers, with a small number of administrative staff.

## Key findings

### 1. Major gaps in training on child sexual exploitation

Training exposure on child sexual exploitation was limited. Only 25% of practitioners reported receiving pre-service training, and just over half had received in-service training, indicating gaps in workforce preparation.

### 2. Strong knowledge in some areas but uneven overall

Practitioner knowledge of key safeguarding concepts was uneven. While most practitioners understood the transactional nature of exploitation, important gaps remained in foundational concepts.

22.5% did not correctly identify the definition of CSE and 35.7% did not correctly identify the definition of Child Sexual Abuse (CSA), and only 19.1% correctly answered the question about legal consent to sexual acts.

### 3. Practitioner insights into facilitators and challenges

Figure 3 shows the percentage of respondents who ranked each factor as the most important (**ranked number 1**) in facilitating or impeding responses to CSE. Cooperation with police and Child Safety services was most frequently ranked as both a key facilitator and a key challenge.

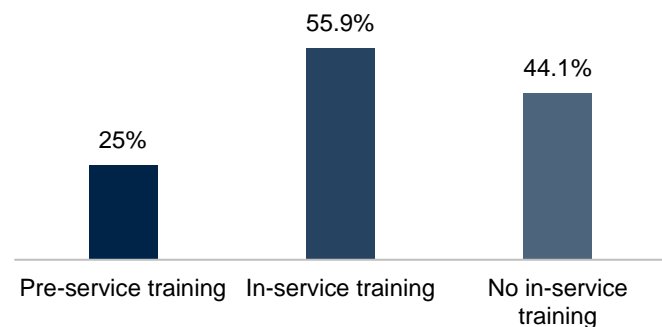
### 4. Other findings

Practitioners demonstrated strong knowledge of many practical aspects of child sexual exploitation, including perpetrators, grooming strategies, indicators and impacts, with over 90% correctly identifying most outcomes. Knowledge of some indicators and risk factors was less consistent, with school absences identified by only 22% of practitioners. Most practitioners (79.3%) perceived that CSE is becoming more common, most often attributing this to the increasing role of technology, socioeconomic pressures and the broader sexualisation of society.

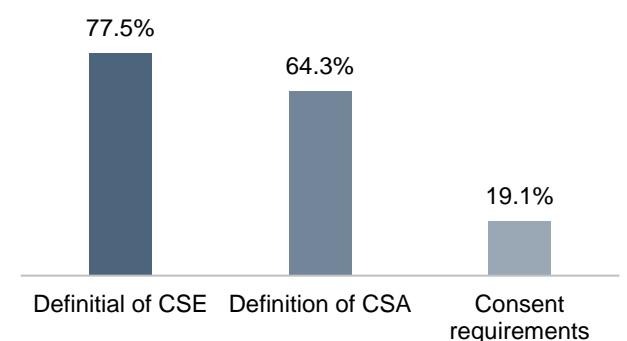
## Summary

The study highlights important gaps in workforce preparation to respond to child sexual exploitation. Key findings include low levels of both pre-service and in-service training, a strong desire among practitioners for further training, priority areas where knowledge could be strengthened, and insights into system features that both support and hinder effective responses to CSE.

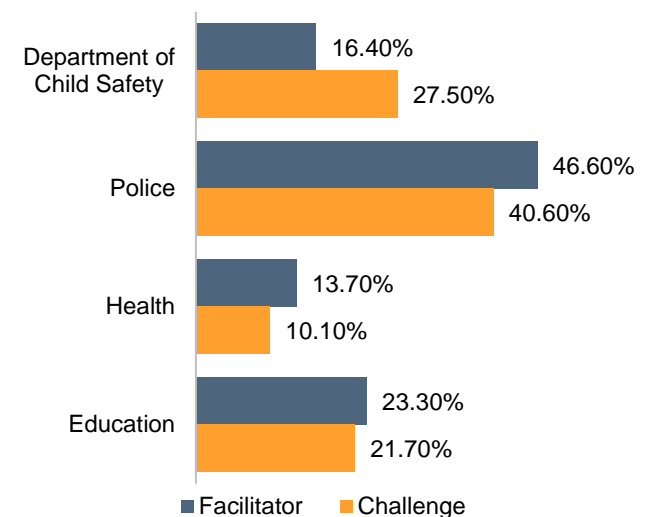
**Figure 1: Training exposure on CSE among residential care practitioners**



**Figure 2: Practitioners knowledge of key CSE concepts**



**Figure 3: System factors influencing responses to CSE**



Rees, E., Mathews, B., Townson, C., & Parvin, K. (2026). Residential care practitioners' knowledge, training and insights into child sexual exploitation. *International Journal for Crime, Justice and Social Democracy*. <https://doi.org/10.5204/ijcisid.4166>

# Families' perspectives on services' responses to Australian children's harmful sexual behaviours

CHILD SEXUAL ABUSE

ADOLESCENT MENTAL HEALTH

This Australian study examined how families experienced service responses when children were displaying, affected by, or both displaying and affected by harmful sexual behaviours (HSB). It drew on 81 valid survey responses from parents, carers and foster parents, with 15 follow-up interviews to understand which services were involved, how helpful they were, and what made support hard to access.

## Key findings

- Schools, health services and psychologists were the main points of contact. The most commonly involved services were school/preschool/childcare (42%), GPs or paediatricians (37%), psychologists (32%), sexual assault services (26%) and police (25%).
- Child mental health services and psychologists were rated as the most helpful, while police and school/preschool/childcare were rated the least helpful overall, despite being among the most involved services.
- Families did not find services easy to access. Across the sample, ease of access was rated low overall (average 2.13 out of 5), suggesting that families often struggled to find or reach appropriate help.
- Cost, waiting lists and safety concerns were key barriers. The most commonly reported barriers were cost (27%), waiting lists (18%), and situations where the child did not feel safe attending the service (13%).

## Conclusion

Responses across schools, childcare, police, child protection and other services are often inconsistent, unclear and ineffective, with families reporting confusion about which agencies should be involved and difficulty finding therapeutic services with HSB expertise. A stronger child-centred, trauma-informed and coordinated response is needed to support both children who display HSB and children harmed by it.

McInnes, E., Ey, L.-A., & Tippett, N. (2026). *Families' perspectives on services' responses to Australian children's harmful sexual behaviours*. *Journal of Sexual Aggression*. Advance online publication. <https://doi.org/10.1080/13552600.2026.2621869>

# Intergenerational patterns of child protection system involvement in an Australian population cohort

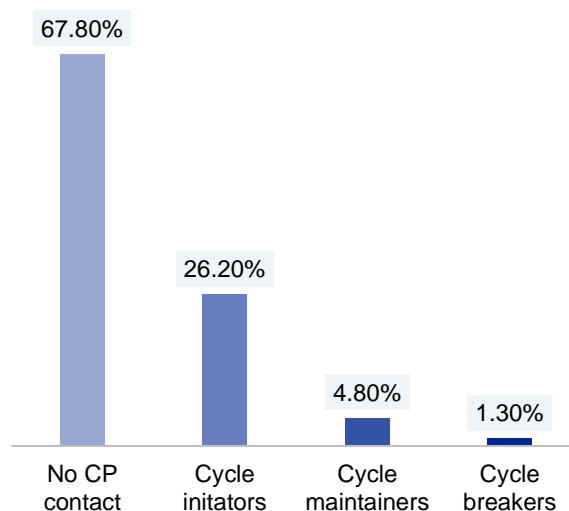
CHILD SAFETY

This paper investigated intergenerational patterns of child protection contact, and the family and parental factors associated with these patterns. The study used population-based linked administrative data for 75,784 NSW children followed from birth to about age 18, linked to mother/father records and child protection contacts across generations.

## Key findings

- Most families had no child protection (CP) contact across generations (67.8%).
- Around 31% of children were known to child protection services, compared with 5% of mothers and 1.7% of fathers in the cohort.
- Among children known to child protection services, the large majority (85%) had no parental history of child protection contact (described as 'cycle initiator' families).
- Among children known to child protection services whose parents also had a history of child protection involvement, 79% were also known to the system ("cycle maintainers"), while 21% were not ("cycle breakers").
- Compared with other groups, cycle maintainer families showed higher disadvantage and more serious, frequent and earlier child protection involvement.
- The only factor associated with breaking the cycle rather than maintaining it was older maternal age at the child's birth.

Family patterns across the cohort



Green, M. J., McKenzie, E., Watkeys, O., Cheung, M. M. Y., Dean, K., O'Hare, K., Zulumovski, K., Butler, M., Carr, V. J., & Tzoumakis, S. (2025). Intergenerational patterns of child protection system involvement in an Australian population cohort. *Child Abuse & Neglect*. <https://doi.org/10.1016/j.chiabu.2025.107844>

# Conditions of Safety: Safeguarding Models for Preventing Organisational Child Sexual Abuse

CHILD SAFETY

CHILD SAFE ORGANISATIONS

CHILD SEXUAL ABUSE

While there are many existing frameworks for preventing child sexual abuse, they often lack a consistent approach. This research analysed decades of safety models to identify the most critical components of protection. By distilling 50 different concepts into six "conditions of safety," the study provides a clear, unified foundation for building safer organizations.

## Key concepts

The study utilises several theoretical pillars to frame its findings:

- **Public health approach:** Categorises activities into Primary (population-wide prevention), Secondary (targeting at-risk sub-populations), and Tertiary (post-abuse intervention to prevent poor outcomes).
- **Situational crime prevention:** Focuses on improving policies and environmental designs to increase the difficulty of perpetrating abuse while reducing child vulnerability.
- **Contextual safeguarding:** Recognises that harm can occur in relationships formed in neighbourhoods, schools, and online, rather than just within the family unit.

## Key findings

**The Six Conditions of Safety:** The primary output of the review is a synthesised framework of six conditions that must coexist to ensure organisational safety:

### Workforce capability

Ensuring adults who engage with children and young people are skilled and knowledgeable in identifying and preventing CSA. Focusing on staff/volunteer behavioural guidelines, staff-to-child ratios, and empowering staff to self-assess risk and opportunity.

### Responsive systems

Ensuring that victims are supported physically, mentally, and culturally/spiritually following a disclosure. It includes creating safe environments for disclosure (such as accessible help lines) and ensuring that reporting pathways are clear and trauma-informed.

### Organisational culture and governance

This is operationalised through structural constructs including mission statements, the disruption of harmful gender norms, and robust workforce requirements such as specific job descriptions and enforceable codes of conduct.

### Safe physical and digital environments

Addressing risks in general physical environments like schools and institutional settings as well as "high-risk environments" that are isolated or difficult to supervise.

### Management of harmful behaviours

Focusing on the treatment and management of both adult offenders and children or young people who engage in harmful sexual behaviours. Identify the need for specialised responses and help-seeking pathways for those who have perpetrated harm to prevent recidivism and ensure systemic safety.

### Empowerment and participation

Empowering and involving children directly in prevention, shifting away from passive instruction and towards an active, rights-based engagement where organisation provides the necessary platform for children to participate in their own safety.

## Implications and conclusion

- **Multidimensional framework:** Models should now integrate prevention and response, addressing both micro and macro factors across all three public health levels (primary, secondary, and tertiary).
- **Leadership support:** The "conditions of safety" provide a practical roadmap to help organizational leaders understand and implement strategies that prevent grooming and ensure appropriate responses to abuse.
- **Measuring impact:** Researchers can use this framework to develop tools that investigate the specific effectiveness of different policies and interventions on child safety.
- **Cross-environment comparison:** Stakeholders can now evaluate how safety conditions in organisations compare or differ from those required in homes, communities, and digital spaces.

Russell, D. H., & Higgins, D. J. (2026). Conditions of safety: A systematic review of safeguarding models and concepts for preventing organizational child sexual abuse. *Trauma, Violence, & Abuse*, 1–15. <https://doi.org/10.1177/15248380251408373>

# Analysis of *doli incapax* psychological court reports in Australia

YOUTH JUSTICE

CHILD SAFETY

## Summary

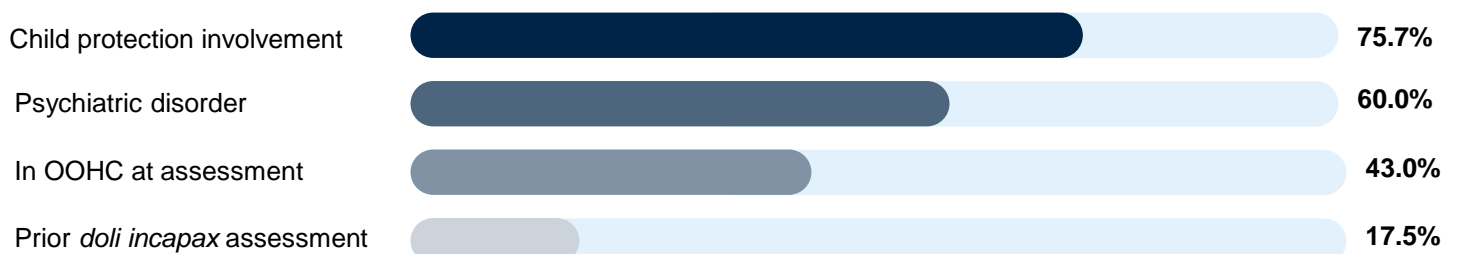
- Retrospective analysis of 80 *doli incapax* psychological reports from the Victorian Children's Court Clinic, with referrals from 22 children's courts.
- Reports were completed between May 2018 and December 2019 and represented 75 unique children.
- The study examined who was assessed, alleged offending, what clinicians assessed, and the reasons clinicians gave for their opinions.

### What is *doli incapax*?

In Australia, children in a conditional age range (commonly 10 to 13 years) are presumed to be incapable of criminal intent unless the prosecution proves the child knew the conduct was 'wrong' or 'seriously wrong'.

*Note: This paper is about how clinicians assess criminal capacity under *doli incapax*. It is not a direct evaluation of court outcomes or the broader minimum-age policy debate.*

## Who was represented in the reports?

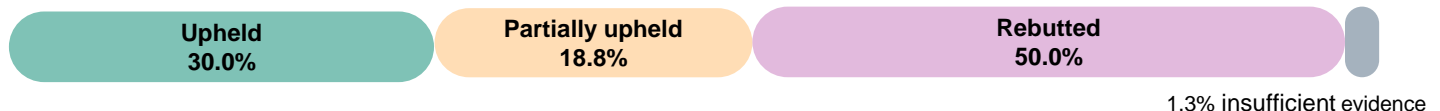


## Key findings

- The reports commonly involved children with multiple needs: 75.7% had Child Protection involvement (unclear whether this involvement was current, historical, or both), 43% were in out-of-home care (OOHC) at assessment, and 60.0% had at least one diagnosed psychiatrist disorder.
- Psychologists most commonly used tests of sociomoral reasoning (71.3%), cognitive development (63.7%), and offending risk/needs assessment (8.8%). 25.0% of reports also include other psychometric tests of psychological functioning such as Adolescent Anger Rating Scale, Adolescent Dissociative Experiences Scale and Personality Assessment Inventory.

## Clinician opinion on the *doli incapax* presumption

- Clinicians gave evidence supporting the *doli incapax* presumption being upheld or partially upheld in 48.8% of reports and rebutted in 50.0% of reports.



## Implications and conclusion

The study suggests that children referred for *doli incapax* assessment often have complex and overlapping needs, including child protection involvement, mental health or disability-related needs, and disrupted school engagement. The authors argue these findings reflect broader exclusion from therapeutic, educational and prosocial settings. The findings suggest that much can be done to strengthen social inclusion and support access for this group, and that the justice system is not currently being used as a last resort for this group of children. Report recommendations were most often directed to mental health, disability, education, family and prosocial supports, rather than only the alleged offending itself.

# A Test of Community Support for Increasing the Minimum Age of Criminal Responsibility in New South Wales

## YOUTH JUSTICE

### Study summary

This article presents the authors' "first experimental test" of public attitudes toward raising the minimum age of criminal responsibility (MACR) in Australia. The study drew on 298 respondents from the 2023 CommunityMATTERS survey in the Illawarra and Shoalhaven regions of New South Wales; participants were randomly shown burglary vignettes with varying offender age (10, 12, 14 or 16) and whether the offence was first-time or repeat.

Support was measured as whether respondents backed limiting criminal justice responses to warning or caution only in the vignette scenario.

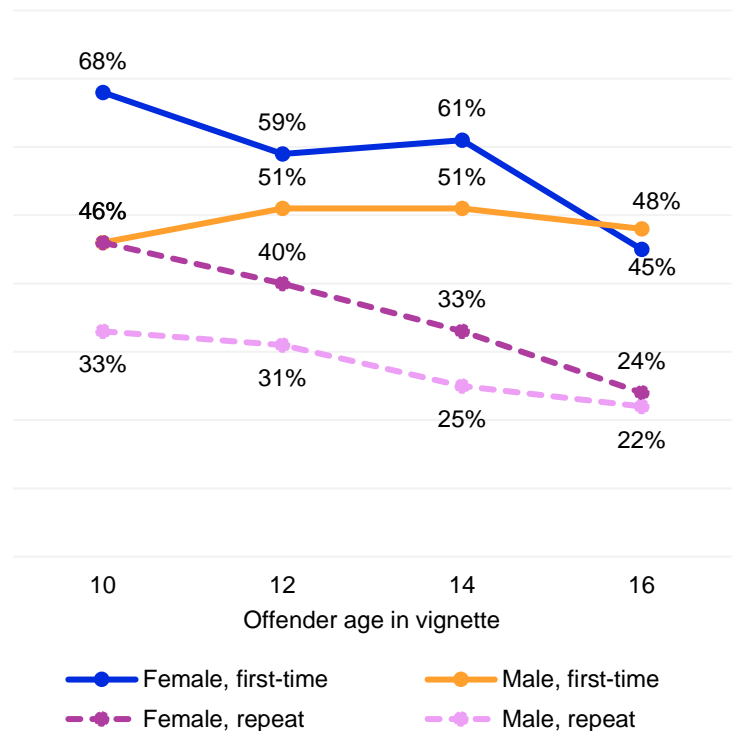
#### **"Support for legal reform is nuanced."**

The study found stronger support for younger and first-time offenders, rather than blanket support or opposition to reform.

### Key findings

- Support was highest when the offender was described as younger and without a prior offending history.
- In the descriptive results, women were more supportive **overall**: support for 10-year-olds was 57% among female respondents and 40% among male respondents; for 16-year-olds it fell to 35% for female, and 34% for male.
- For first-time offenders, support ranged from 68% to 45% among women and 46% to 48% among men across ages 10 to 16. For repeat offenders, support fell to 24% among women and 22% among men at age 16.
- In the regression model, compared with a 10-year-old vignette offender, support was significantly lower for 16-year-olds and markedly lower for repeat offenders. Women had higher odds of support than men.

### Proportion Supporting Reform by Offender Age, Prior History, and Respondent Gender



Importantly, despite the decline of individual support for legal reform in the context of the MACR, it remains relatively high when a child had a prior offending history. The authors suggest this may reflect lower public belief in rehabilitation, reduced willingness to view repeated offending as immature or accidental, and stronger endorsement of punitive responses for repeat offenders.

### Implications for policy and debate

The authors argue that "support for legal reform is nuanced". Within this regional sample, attitudes were not uniformly punitive; support shifted with offender age and prior offending history, and was strongest for very young, first-time offenders. The paper therefore contributes evidence that public support for MACR reform is conditional rather than fixed.

The discussion suggests that more developmental and rehabilitative responses may attract stronger support than binary public narratives imply, particularly for younger children.

The authors also stress that raising the MACR is "not the end of the line" and would require adequately funded policies and programs to support children and families outside criminal justice responses.

# “Don't stand up on unlevel ground”: Care leavers' experiences of out-of-home care

CHILD SAFETY

OVER-REPRESENTATION

The paper reports semi-structured interviews with seven adult care leavers aged 19–69 years (three Aboriginal and four non-First Nations) to explore the perceived benefits and challenges of being a child or young person in out-of-home care. The authors used reflexive thematic analysis and identified six themes. While limited by variations in placement types and the inclusion of one significantly older participant reflecting a different era of care, the data yielded rich and strongly aligned insights. Below is a summary of the main findings:

## 'The fragility of placement'

### Care as 'luck of the draw'

Participants acknowledged that care could provide safety, services and support, but good experiences were commonly framed as 'luck of the draw' rather than something children should expect.

### Conditional care and support

Accounts suggested that continuity and support could depend on behaviour, age, carer commitment and funding, reinforcing the sense that care was not secure or enduring.

### Standing on unlevel ground

Frequent changes in placements, schools, carers and caseworkers left participants feeling unable to 'put roots down', affecting connection, confidence and self-efficacy.

## 'The human cost of care'

### The stigma of a 'hidden' identity

Care leavers often hide their status to avoid being singled out or labelled inferior. Participants described an inability to relate to children who were not in care.

### A yearning for real belonging

Alternate care often fails to replicate the deep sense of home and family connection desired. For Aboriginal participants, this failure resulted in the total loss of Country, culture, and kin.

### Seen but not heard

Children feel powerless and “kept in the dark” regarding major decisions about their lives. This leaves young people feeling “surrounded by darkness”.

This study does not estimate how common these experiences are, but it highlights recurring relational and structural features of care that participants linked to poorer experiences: short-term arrangements, instability, conditional support, weak participation, stigma, and disconnection from family, culture and home. The authors argue that better care requires relational continuity, child-centred participation, and approaches that are both individualised and culturally responsive.

## Recommendations

- Embed relational continuity as a core value. Carers and professionals should be supported to prioritise relational stability alongside physical stability.
- Make 'good' care the standard, not the exception. The paper points to quality benchmarks and genuine engagement with children and young people's feedback.
- Strengthen participatory and culturally responsive care. The conclusion calls for children to be informed, involved and influential in decisions, with care responsive to family, culture and belonging.