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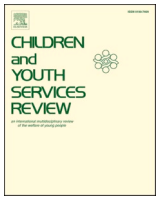

Responding to child sexual exploitation in Australia: Challenges and opportunities from the perspectives of case workers in a statutory care environment

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ABSTRACT

There is a growing interest in understanding and responding to child sexual exploitation (CSE) in Australia, but limited empirical research from Australian contexts. The research reported here contributes to the evidence base by considering challenges and best practices for responding to CSE from the perspectives of 15 caseworkers in a statutory child protection and out of home care environment in one Australian region. In so doing, the paper also offers insight into CSE along with consideration of the emerging practice directions and systems surrounding these in the Australian context. Findings point to potential problems arising from existing frameworks for understanding and responding to CSE. Participants held concerns about a narrow focus on young people's sexualised behaviours in the wider multi-agency care context. This was understood to obscure a more complex understanding of CSE and its broader context of vulnerability and connection to unmet needs – some of which can arise from the care context itself – making identification and intervention difficult. Findings align with research that emphasises outreach and intensive support for young people centring on strengthening connections, identifying and addressing unmet needs and sustaining safety through consideration of placements and living circumstances. Consideration of practice challenges and opportunities signals the importance of child-centred, wellbeing-oriented directions allowing for multiple models of CSE victimisation, underpinned by a shared language in the multi-agency context and enhanced provision in existing systems.

1. Introduction

Recent years have seen increased government attention on child sexual exploitation (CSE) in Australia, along with concern about how services can work better with children and young people to prevent and address the significant harms experienced through this form of sexual abuse. Awareness of the issue has been provoked largely as a result of findings from the *Royal Commission into Institutional Responses to Child Sexual Abuse,* which detailed CSE abuses occurring in children's residential care (Royal Commission, 2017). It has, however, been noted with some urgency, that while there is extensive evidence from other countries such as the United Kingdom (UK) and the USA about sexual exploitation and methods for tackling it there, there has been considerably less progress in the way of understanding CSE and responses to it in Australian contexts (see McKibbin, 2017; Gatwiri et al., 2020). Gatwiri et al., (2020:1) further stress the need to ensure that recommendations for CSE policy and practice are informed by research conducted within and with consideration of the Australian context, given the 'historical, legislative and socio-political' particularities of care systems and the countries within which these operate.

This paper aims to make a contribution to the evidence base by reporting findings from a qualitative study into CSE in Australia, principally giving consideration to challenges and best practice for responding to CSE in a statutory child protection environment. In so doing, the paper offers a broader argument arising from these findings, that there may be potential challenges stemming from recently developed practice frameworks for understanding and responding to this abuse. The paper therefore also offers further insight into this social problem along with consideration of the emerging practice directions and systems surrounding these in the Australian context. It is worth noting here that there is no current definition for 'child sexual exploitation' in Australia (Royal Commission, 2017) and this paper therefore begins by giving context for the research by setting out policy and practice approaches to understanding and responding to CSE, alongside

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consideration of the existing evidence base in Australia.

1.1. Emerging CSE policy and practice in Australia

Emerging directions for responding to CSE in Australia have been largely influenced by early practice frameworks derived from parts of the UK, namely England. For example, resources first developed in New South Wales (see FACS (NSW) 2016), and aspects of more recent approaches such as those developed in Victoria and Queensland (see Victoria State Government, 2017; Queensland State Government, 2019), draw on early UK policy and research led primarily by Barnardo's (UK). This representation of CSE is primarily underpinned by a 'grooming' model of CSE perpetration conceived as extra or non-familial harm (see for example DfE, 2009). This particular framing of CSE emphasises a model of abuse in which a child or young person is targeted, a relationship is formed, and in exchange for gifts, affection or other goods they are coerced to engage in sexual activity with the abuser and/or other abusers, sometimes with threats of further harm and violence if they do not do so (van Meeuwen et al., 1998).

Recently developed responses to CSE in Australia, therefore, direct toward educative and protective initiatives to support young people involved with child protection services or in residential care to understand and develop healthy relationships, and address risky sexual behaviours and practices (for example Queensland State Government, 2019; Victoria State Government, 2017). An important point of change through these initiatives is the reframing of what historically was viewed as young people's 'promiscuous' or 'prostituting' sexual behaviours, to 'risk-taking' or 'problematic sexual behaviours' principally occurring as a result of grooming techniques and abuse. Guidance also sets out that perpetrator grooming techniques mean that young people may not recognise their abuse, may maintain secrecy, or may fear the consequences of disclosure making CSE particularly hard to tackle (for example FACS (NSW) 2016). Such directions therefore also emphasise the need for increased therapeutic and protective responses for young people. For example, the *Respecting Sexual Safety* treatment programme piloted in the state of Victoria in residential care, designed with three aspects of prevention, is geared towards therapeutic and protective monitoring responses drawing on psycho-education and relational work and promoting constant day/night communication with a carer, alongside provision of education around safety, healthy sexual behaviours and relationships. Research evaluating the pilot (see McKibbin et al., 2019) indicated an increase in staff confidence and knowledge about responding to CSE, reduced episodes of young people going missing and increased safety planning. Challenges, however, include staff distress and difficulty preventing young people leaving the home to be sexually exploited – noted as arising largely from the absence of specific guidance around responding to CSE in the day-to-day due to a training focus on CSE identification and perpetrator disruption.

Also in development in relation to the CSE agenda is multi-agency coordination and information sharing between, variously, the police, care home providers, Health, and departments responsible for the care and protection of children. In Victoria this is directed by a specific CSE protocol that includes a focus on perpetrator disruption (see Victoria State Government, 2017). Elsewhere this has been encompassed within multi-agency forums with a broader remit for developing better responses to risk around young people living in residential care, but which also includes efforts to inform awareness and understanding of CSE (for example DCJ, 2021).

1.2. Emerging CSE research evidence in the Australian context

Other evidence from Australia, however, suggests there may be some limitations to these emerging policy directions. Findings reported by Gatwiri et al., (2020) from their comprehensive systematic scoping review of research into child sexual abuse and exploitation in children's residential care in Australia, posits a more complex representation of this abuse and the factors contributing to CSE vulnerability to which directions need to respond. This research evidences a connection between CSE and previous or additional trauma, but also reports that a lack of access to community adults, unmet emotional needs caused by disrupted attachments, and lack of control or participation in decisions about care are important factors informing vulnerability to CSE (see also Moore et al., 2017) Placement insecurity is also noted as a vulnerability for young people in out of home care, potentially reinforcing young people's lack of trust, while influencing whether their needs are being adequately met and, also, whether additional support focussed on well-being needs and social connections may be required (Uliando and Mellor, 2012).

Earlier research by Jackson (2014), focussing on CSE and young people with complex needs involved with child protection and the care and youth justice system, argues that young people can resort to exchanging sex as a way of meeting essential needs that have rarely been met by family or the systems with which they have been connected. Needs may relate to safety, identity, security, cultural and social connection, health, education and participation (also Uliando and Mellor, 2012). In this context, Jackson argues, some forms of CSE may be best understood as 'survival' or transactional sex (2014: 22). Examples of this model of CSE victimisation may include young people resorting to exchanging sexual activity for drugs, alcohol, shelter, money; with perpetration occurring through opportunistic encounters (see Brown, 2017). Jackson (2014) also raises concerns about solely attributing CSE related behaviours or vulnerability to past or current trauma; warning that 'high risk' behaviours may be best understood as adaptive strategies that are a symptom of a system that is not adequately addressing needs. CSE risk or abuse can then be reinforced, inadvertently, by protective strategies put in place to mitigate risk of the abuse (such as removal from a care home targeted by abusers, increased oversight or restricted socialisation with peers) which could lead to other harms and further vulnerability (broken attachments, isolation, mental ill-health).

This evidence opens up a more complex picture of CSE than is apparent in a focus on grooming and risk. It also suggests why CSE may present challenges for those seeking to support young people experiencing this abuse. There may be difficulties with identifying CSE due to a lack of awareness of the abuse or in understanding its complexity. This may run alongside challenges supporting young people who may not recognise they are being exploited, which *could* be as a result of grooming, or, because CSE is connected to an everyday lived experience of unmet needs, lack of ownership or belonging in the care (home) context. Some challenges for preventing and responding to CSE may arise from the (lack of) resources and interventions available for young people for this purpose. Research, however, has not addressed the perspectives of those working directly to support young people, which would provide an important contribution for the evidence base.

1.3. Emerging contexts of CSE research and practice

As a new research field in Australia, research into CSE has attended to the specific context of children's residential care (see Gatwiri et al, 2020 for their overview), or with a focus on CSE and harmful sexual behaviours (HSB) (for example McKibbin, 2017; McKibbin and Humphreys, 2019; McKibbin et al., 2019). This is likely largely shaped by the *Royal Commission*, which revealed CSE abuses and also harmful sexual behaviours from young people in out of home care – both of which are emerging fields of research, policy and practice in Australia. This directs to two points worth noting.

First, while it has been established in Australia and internationally that young people in residential care are particularly vulnerable to experiencing CSE, it is also clear from international evidence that CSE victimisation is not isolated to this domain (Royal Commission, 2017; Gibbs et al., 2018). There is then a gap in research attention given to responses to CSE in other connected contexts in Australia, particularly in

child protection work occurring for children at the edge of care and still living with family, or in care arrangements other than residential care. Given the connections between CSE and the systems to which young people most vulnerable to this abuse are subject, there is then a clear need to consider the statutory care context and wider system responses to CSE beyond residential care.

Second, consideration of CSE and HSB together appears to be specific to the Australian policy agenda. For brief context, policy and research in Australia draws on findings from the *Royal Commission* and UK work, defining HSB as 'behaviours that are problematic to the child's development' and harmful towards self or others; while 'problematic sexual behaviours' are detailed as age-inappropriate behaviours short of harm which may also 'place the child displaying such behaviours at risk of CSE' (see Royal Commission, 2017:23). This attention is such that CSE has been somewhat overshadowed by a focus on HSB, which may create challenges for extending awareness and understanding of CSE. For example, HSB forms a key strand of the national strategy to address child sexual abuse, whereas CSE is subsumed largely within discussion of relationships and safety education and offending prevention and intervention (see Commonwealth of Australia, 2021).

As an under-researched issue in Australia, this paper makes a small but unique contribution to progressing understanding of CSE and how best to identify and respond to young people at risk of or experiencing such harms, by providing consideration of responses to CSE in a statutory care context, drawing on key perspectives of those directly involved. By doing so, it also opens up consideration of emerging directions in Australia and points to possibilities for the further development of approaches to CSE for effective intervention and prevention.

2. Method

This research was shaped by Cardiff University's governance framework and the British Sociological Association's (BSA) statement of ethics. Ethical approval was given by Cardiff University Social Research Ethics Committee. Permission for the research was given by the state department where the research took place. All participants opted into the study, volunteering to take part after having been provided with information about the research and choosing to contact the researcher to indicate they were interested in participating.

2.1. Research design and context

The research findings reported here formed part of a small-scale explorative qualitative case study. The research utilised small group and one individual interview in order to elicit (i) case workers' understandings of CSE, and (ii) perspectives on opportunities, challenges and dilemmas encountered when responding to young people experiencing sexual exploitation. This paper reports findings on the latter focus of the study. The choice of method was both methodological and practical – both methods are aligned in capturing perspectives for understanding elements of practice and social phenomena (Coffey, 2004) and this was a busy practice environment with a stipulated number of participants permitted by the department, hence one participant who could not attend a focus group took part in an interview in order to be part of the research. The context for the research was one district of an Australian state government department responsible for the care and protection of children. The research utilised a purposive, snowball sampling strategy with case workers from across four regional offices, who undertake child protection practice and case management of children in relative or kinship care, as well as protective responses to children in residential care.

2.2. Sample and data collection

15 caseworkers were involved. All had experience of child protection and out of home care service provision, and often case managed a young person for a year or more. 11 identified as female; four as male. Their practice experiences ranged from two years to 15 years. All had experience of managing risk in relation to CSE and of supporting young people in this regard. Practise accounts of sexual exploitation relayed through the study included adult, peer, group, familial and extrafamilial perpetration and aligned with survival, transactional, commercial and relationship models of CSE, underpinned by the concept of exchange (see Royal Commission, 2017; Secretariat of the Lanzarote Committee, 2016).

Each small group and the individual interview lasted between 60 and 75 min in length and were guided by the following research topics which provided a way of understanding key perspectives into: 1) understandings of sexual exploitation; 2) specific risks associated with children and young people in relation to sexual exploitation; 3) challenges, dilemmas, and opportunities particular to working with young people for whom there are concerns over sexual exploitation; 4) the above in relation to young people in out-of-home care.

2.3. Analysis

Transcription data were analysed through thematic coding, based on a form of grounded theory (Charmaz, 2006). This approach to analysis is both abductive and inductive, data-driven and theoretically informed by existing literature. The creation of codes and themes was guided principally by the data, organised firstly by the four research areas, above, and then with reference to and shaped by key literature to ensure rigour (Coffey & Atkinson, 1996). The researcher also attended group supervision and discussion meetings over the two-month period, which did not generate data for the project but informed its direction and provided an element of rigour through supporting adequate competency and understanding of the cultural context of the setting.

2.4. Limitations

This paper reports on a small-scale qualitative research study, in a department in one large Australian state. It does not therefore offer up claims for generalisability in the way that larger representative studies might, and acknowledges there may be specific practices occurring in other states that are not captured in these findings. It instead provides an exploration of an under-researched subject, by offering a rich understanding of key perspectives of those directly involved in CSE prevention and intervention. Given the limited evidence base, it provides important insights into the potential challenges and opportunities for CSE intervention and prevention, which may have resonance beyond this particular study. Further research into CSE victimisation, perpetration and methods for intervention and prevention, giving consideration to a range of perspectives – importantly, young people's – is clearly needed.

3. Findings

Analysis revealed the following key themes: challenges identifying CSE; limited existing service options; benefits from assertive outreach and intensive support; the importance of stable and suitable placements for sustaining safety; and the need for shared language and specialist support in the wider care and multi-agency context.

3.1. Challenges identifying CSE

Analysis revealed challenges to identifying CSE, revolving around two key aspects. First, participants spoke of a general lack of awareness of or informed understanding of CSE in the broader general care context with care providers, carers and parents and also those in the multi-agency context, namely policing and health. Participants in this study held a view of CSE more in line with that put forward by Jackson (2014) in which young people might be exploited to exchange sex to meet emotional, situational or circumstantial unmet needs, or by others with

third party involvement. They spoke of how behaviours that they felt to be associated with CSE, such as engaging in sexual activity in exchange for something to 'survive' or for 'affection', or being sexually active at a young age and being known to be hanging around with older men, were not always understood the same way by others in this wider context. They relayed that carers and other professionals they worked with in the community focussed on young person's problematic, harmful or sexualised behaviours – attributed variously to being the out-working of trauma, learning difficulties, or as young people 'putting themselves at risk' for others to exploit them.

> *"I noticed that she was characterised as sexualised behaviours due to her autism…the two were connected they weren't [seen as] two single things: she has autism and she has been sexually exploited" (Focus group 2)*
> *"If that child or adolescent you know is sexually exploited, it's [treated by others as] blame coming onto them. That they are [perceived as] naughty, 'this is their fault', 'if they just stayed at home and if they didn't go out' and 'they know what it's like going down there, they shouldn't go near that pub or down to that beach'." (focus group 1)*

This may reflect the emerging state of arrangements around CSE as well as increased attention and resources towards HSB, as discussed in 1.3, above (see also Commonwealth of Australia, 2021). The challenge described by participants is that CSE becomes 'missed', because the focus is instead on managing problematic sexualised behaviours rather than, in their view, identifying the vulnerabilities behind the abuse in order to respond effectively.

Second, as indicated below, similarly participants shared that identifying CSE can be challenging because young people will rarely disclose or ask for help in relation to CSE:

> *"She'd finally told me what had happened but then she wouldn't disclose the fact that this had happened to anyone else, to the police or anything." (Focus group 2)*

There were several interconnected reasons suggested for this: young people may not view their experience as abuse, there may be shame and a fear of stigma and judgement, there may be a strong cultural norm of not speaking to the police, there may also be a fear that they will likely receive a poor response from the police and other professionals, and they are unlikely to have developed relationships with the trust required for such disclosures. While their narratives did not focus on perpetrators, given their concerns over practices that can blame victims, their focus was on the potential barriers for disclosure created by systems and institutions, which, in turn, creates challenges for them when trying to help young people. Participants described how, for these reasons, a shared understanding aligning with their perspective of CSE among carers and professionals is particularly salient.

3.2. Limited existing service options

A lack of tools and opportunities to direct provision to address CSE is also viewed as a challenge. First, there is a shared view about a lack of focus in existing assessment processes (such as risk of harm assessments) to enable identification and direct responses to the specific care and support needs that were understood by these participants to inform CSE. Participants also relayed that their interactions with young people are often oriented to crisis responses when a young person is less likely to want to talk and share concerns. For these reasons, tackling CSE as a specific concern is understood to be largely reliant on individual caseworker initiative, which presents challenges when advocating for provision. This is viewed as particularly so if CSE is not understood as a key priority by various decision makers across the care system, as this impacts on available provision. Relatedly, there was also a frustration among participants at a lack of opportunities to support young people. Counselling was the system option funded by the department most available for caseworkers, and they felt this did not respond to the myriad factors behind CSE, or of young people's reluctance to engage in counselling:

> *"We're not thinking innovatively on how to support these kids therapeutically, it's oh well they don't want it. They're not talking, they don't want it, and what else can we do? Hands up in the air you know. We should be tailoring our care and our support for these kids in a way that is going to benefit them, not how we think they should take that service. So we go 'oh we've given you a therapist but you said no', that's an adult approach. We should be going and getting creative on how can we work with these children to get better outcomes." (Focus group 3)*

Second, having shared the reasons why engagement around CSE can be challenging, they went on to express frustrations that support for young people is less likely to progress when young people refuse to engage with provision. Yet they felt that support offered may not be timely enough, does not respond to the various needs associated with the abuse or seek to prioritise young people's perspectives.

3.3. Benefits from assertive outreach and intensive support

From the perspectives of these participants connection and engagement are paramount to addressing CSE, rather than a particular type of system 'intervention', given that support needs may be different for each young person, as explained:

> *"It's what each child needs and will respond to. So it's really about really understanding that child" (Focus group 2).*

They described this as a challenge, because of a system which can, by its nature, create fractured relationships and limited time given to build necessary trust, particularly for young people in out of home care or on the edge of care. They also indicated that their role did not give capacity for what was required. For these reasons, 'assertive outreach', 'mentoring' and 'intensive support' were cited as positive examples of approaches. These could be provided through external youth work provision, specific youth outreach workers provided by the department, or via support in the form of a previous intensive support model of one-to-one worker support for young people in out of home care which had been provided by the Department. While needs were understood as individual to each child, they spoke of support clustered around the issues raised by Gatwiri et al., (2020) and Jackson (2014), such as the importance of 'building' and 'strengthening connections' and relationships outside of the care context, 'building self-esteem', and 'practical support' around life skills or access to financial resources and supporting young people to live independently:

> *"And so because the young people didn't have engagement with school or role models or sport or anything like that, encouraging them [to engage with] the things that I knew that was happening in the community to help them feel more connected, that was a positive [we put in place']." (Interview 5)*
> *"That's something I talk about so much about trying to get more mentor services in place to really do that one-on-one work to teach them rent, paying bills, home applications, like the stuff that they need…like I'm talking proper life skills, cooking and things like that."*
> *(Focus group 3)*

3.4. The importance of stable and suitable placements for sustaining safety

Suitable placements and ensuring young people have a safe and stable home environment is seen by participants as vital to any response to CSE, both in terms of prevention and intervention. This was described in relation to young people living with family, kinship, foster and out of home care. This was viewed as having such importance that, as participants explained, without attention to this aspect there is a risk of undermining other responses. Participants emphasised the importance of providing a sense of permanency for young people, and concerns

about the lack of and suitability of placements, factoring CSE in placement matching and providing consistent support workers. Aligning with research by Moore et al., (2017) they emphasised the importance of understanding the views of young people, else arrangements can increase 'feelings of powerlessness' and lead them to resort to their own coping responses which could increase CSE vulnerability, as explained:

> *"The only course of action we had was to say well we'll place you down in [place], now this child doesn't want to live in [place]. So but we're forcing these children to do something that we know they're just going to vote with their feet and put themselves more at risk."*
> *(Focus group 3)*

Another aspect raised was the need for a shared understanding and awareness of CSE, along with trained carers who can understand how to provide a trauma-informed response to young people with high needs who may display challenging behaviour. This was also discussed in relation to the system. For example, concern was also raised that a focus on family connections sometimes conflicts with safety concerns, particularly where young people were placed with relatives in small communities residing near to family who had previously harmed and exploited them. Participants also raised that a significant issue in supporting young people who 'self-place' is the lack of suitable alternatives and there was a suggestion that the Department could have a role in supporting specific carer placements for young people who have been sexually exploited.

> *"I think there's a need for like supported accommodation for kids that instead of having to feel like they've got to go and self-place… I've always thought if we had the capacity to say to a carer let's come in and refurb your garage to a teenage pad we can soundproof it whatever, you know let them live there, they can come in and have a shower or come in and have dinner at their own time, help themselves to the fridge you know like that kind of space where they're not, they don't want someone who's trying to love them and fix them but they can still make decisions." (Focus group 1)*

3.5. Shared language and specialist support in the wider care and multi-agency context

Mirroring their concerns regarding awareness and understanding of CSE discussed above, participants expressed the need for a shared language and shared understanding of (their view of) CSE to underpin and inform multiagency dialogue about CSE, young people's behaviours and necessary responses. This was expressed in relation to the wider care context involving carers and care providers, and also police and health workers. This was also raised in relation to the language used about young people when information is shared, as in the example below, and also in how carers might understand and then respond to young people's challenging behaviours:

> *"The police don't react because the kids are well known…The frequent absconder gets notified [by police] as frequent absconder, not as a vulnerable young person that might be getting sexually exploited, out in the field they're classified as a frequent absconder. Let's reword that, let's look at it in a different context and say this child is vulnerable." (Focus group 2)*

To this end, aligning with findings shared by McKibbin et al., (2019), the need for training and skills development for residential care workers for responding to CSE-related behaviours was identified, as was the need for training and support around CSE for parents, foster and kinship carers. An acknowledgement of their own training needs or for additional support to address the particular and specific complexities that come with cases of CSE was also discussed:

> *"It would be really good if there was someone who specialised in that field because I think there is a little bit of a lack of expertise when the carers are coming to the caseworkers and with these pretty difficult questions." (Focus Group 1)*

While it was acknowledged that CSE expertise should be embedded within general case work so that CSE is not seen as 'specialist' (rare, unusual), a CSE case worker with expertise to support families and carers and to advise case workers and have a role in panel discussions regarding need and provision, was discussed as positive change that would be a valuable resource.

4. Discussion

Findings suggest a number of challenges for identifying and responding to sexual exploitation while also pointing to potential ways of working that could support better responses for young people. First, findings indicate discord between these case workers' understanding of CSE and that shared by others in the wider care and multi-agency context including that put forth in emerging policy directions. In these practitioners' accounts is an emphasis on CSE that arises from and is linked to a myriad of unmet needs experienced by young people; some of which relate to the care context itself – which can be in conflict with a view of CSE that focusses on young people's sexual, risky behaviours. Challenges for identification and responding to young people related to the absence of a shared understanding of CSE between case workers, carers and other agency professionals, and therefore an absence of shared ways of making sense of occurrences of this abuse and how to best respond to young people understood to be engaging in difficult to manage CSE-related behaviours. Training and guidance for all in the multi-agency context could support awareness and understanding of the complexities of CSE, including ways of responding to young people in the everyday (see also McKibbin et al., 2019). Access to a specialist CSE case worker to support families and carers, to advise case workers, and have a role in panel discussions about complex cases of sexual exploitation, could be a valuable resource.

Second, findings suggest the importance of ensuring CSE-specific directions within existing frameworks facilitates a response to young people's specific care and support needs – understood by these case workers to underpin CSE. Assessment processes, available provision and flexibility given to ensure tailored support for young people according to their specific vulnerabilities and needs are understood as essential. Therapeutic provision such as counselling – the main direction for provision in this district – is considered to be insufficient to address need and safety. This type of provision isalso not always time appropriate for young people who are not emotionally or practically ready to engage with this support.

Third, relatedly, a thread running through these findings is the need for CSE responses to be guided by child-centred practice and informed by young people's perspectives, in order to have the fullest understanding of key risks and of care and support needs. Such a view has support in the practice framework of the jurisdiction in which this research took place, which emphasises the child's voice and experience as paramount. This also pertains to all states and territories as a key message in the *National Strategy* (Commonwealth of Australia, 2021) and is noted as key by research involving young people (see Moore et al., 2017). Consideration of how to embed this approach in everyday practice with care systems across states and territories could be a useful direction.

Fourth, opportunities for responding to CSE were not framed around specific interventions or treatment programmes, clustering instead around enhancing and improving existing system arrangements. Challenges are formed by difficulties establishing trusting relationships with young people connected with care systems, especially those with experience of out of home care – arising largely from the structuring of provision and the sometimes inevitable changes in key workers and carers (see also Hallett, 2016). At the same time, insecure and unsuitable placement arrangements risk undermining benefits of other support,

potentially leading to an increase in CSE risk. Intensive and outreach support such as youth work or mentoring provided by other agencies, or as part of a new role within the state department, were spoken of as presenting significant potential opportunities for enhancing practices and establishing connections with young people. Findings indicate that essential to any CSE response is the need to address young people's emotional, social and practical needs through support to develop positive connections and relationships, building self-esteem, and life skills for living independently.

This concurs with international evidence, such as that reported by O'Brien et al. (2022). In their comprehensive review of CSE interventions and services, they note that there is a wealth of research that indicates positive supportive relationships are integral to long-term safety, survivorship from CSE and positive future behaviours; while mentoring may also have positive outcomes relating to CSE associated behaviours such as drug use. The importance of establishing safety, stability and consistency through attention to placements and living arrangements as vital aspects of a response to CSE also has support from international evidence (see Dierkhising et al., 2020). It is worth noting here that while CSE is not mentioned specifically, such an approach to CSE has space within recent reforms in child protection in Southern Australia, which sets out a coordinated needs-based approach, seeking to strengthen community relationships alongside recognising system based risks (Government of South Australia, 2019).

Taken together, the findings in this small-scale explorative study reflect those in the emerging evidence base in Australia. Particularly so with research calling for a more complex understanding of CSE within policy and one that makes a connection between this abuse, unmet needs and previous or additional trauma while, also recognising that care practices have the potential to inform vulnerability as much as they do for mitigating and responding to harm (see Uliando and Mellor, 2012; Jackson, 2014; Moore et al., 2017; Gatwiri et al., 2020). This chimes with more recent research and policy directions from the UK since that which has informed emerging CSE frameworks in Australia, and which have moved away from a grooming rationale as the only model of CSE abuse (see DfE, 2017; Welsh Government, 2021). This later research involving young people abused through CSE, stresses the importance of recognising unmet care and support needs, system gaps, the impact of disadvantage within communities and how experiences of care intersect with sexual exploitation, alongside the need for practice models to (re) consider young people's 'risky behaviours' as coping responses to adversity or trauma (see for example, Hallett, 2017; Brown, 2017; Beckett et al., 2017).

That there is support for emerging directions in Australia to embed a more complex understanding of CSE for informing prevention and intervention responses, is underscored by the concern among these caseworkers that current (mis)understandings of CSE shared by those in the wider care context does not easily recognise the complexities surrounding sexual exploitation, leading to a limited response to this abuse. As Gatwiri et al., (2020) warn, responses to CSE need to take into account other models of CSE victimisation in order to meet the identified problem. This is not to say that emerging practice directions in Australia are problematic *per se*, but those directed by a grooming model of CSE, focussing on education, protection and therapy or perpetrator disruption, may present challenges if attention within the wider care system is not also given to care practices and specific associated unmet wellbeing needs experienced by young people, which can contribute to CSE vulnerability and underpin other victimisation experiences of this abuse such as survival and transactional sex (see also Jackson, 2014).

Findings also suggest a need for caution when considering a shared focus on CSE and HSB for intervention in Australia, such as those approaches reported by McKibbin et al., (2019). Drawing connections between these two areas of practice is potentially problematic, given that one issue (CSE) involves those who have experienced sexual abuse, harms and assault, and the other (HSB) those who display concerning sexual behaviours or commit sexual harms. Referring to CSE within discussions of 'problematic sexual behaviour' (see Royal Commission, 2017: 23) may create confusion, particularly for embedding a 'common-sense' understanding among practitioners, professionals and carers that CSE is a particular form of sexual abuse and not a consequence of being sexually active in ways which are of concern. The findings relayed here indicate that in the emerging context of CSE and HSB practice, worries about potential sexual exploitation can be misdirected to discussion of problematic sexual behaviours, which may not adequately recognise CSE, and instead centre on anxieties about young people's sexual behaviours. This can direct to therapeutic responses such as offers of counselling, which risks missing a more complex and broader context of vulnerability and unmet needs, including those arising from institutional structures and arrangements.

Finally, given that directions in Australia have followed practice from the UK thus far, it is noteworthy that the approach to CSE suggested by practitioners in this research mirrors the shift in thinking about CSE and prevention and intervention in parts of the UK – particularly Wales – evident in recently reworked statutory guidance (see Welsh Government, 2021). This directs practice frameworks away from a narrow focus on protection, education and managing young people's risk (largely construed as their behaviours), towards a child-centred wellbeing-oriented approach, based on sustaining safety though promoting wellbeing, addressing care and support needs and acknowledging the importance of involving young people in decisions about their care. Clearly, further research into understanding the nature and experience of CSE victimisation in Australian contexts is needed to shape policy directions regarding this abuse.

5. Conclusion

This paper reports from a small-scale explorative study and aimed to consider potential challenges and opportunities for responding to CSE in a statutory child protection environment, from the perspectives of those directly involved. In so doing, it offers a broader finding that there may be potential challenges arising from existing policy frameworks for understanding and responding to CSE. Insights provided point to the need for further consideration of emerging directions in Australia, suggesting a need to recognise multiple models of CSE victimisation that directs away from a narrow focus on sexualised behaviours. Relatedly, there is a need for caution when considering a shared focus on CSE and HSB. This attention can obscure a more complex understanding of CSE and its connection to a wider context of vulnerability and unmet needs, thus causing confusion in the wider care and multi-agency context. Training, guidance, access to specialist support, and a shared language of CSE underpinned by the emerging CSE evidence base in Australia, would all be valuable directions for developing policy and practice. Findings align with approaches to CSE based on sustaining safety though addressing care and support needs and promoting wellbeing. Possibilities for CSE prevention and intervention are presented by existing broader practice frameworks, through their potential to ensure assessments and provision facilitates a response tailored to young people's care and support needs. Recognising CSE vulnerability arising from the care system, specifically in relation to stable and suitable placements and the need for child-centred practice, is important to consider in cases of CSE. Coordination of provision to enable assertive outreach and intensive support, focussed on building connections and addressing young people's emotional, social and practical needs, are opportunities to consider in further development of approaches to CSE. Therapeutic and educative based interventions, if they do not form part of a wider package of support, may contribute to further vulnerability if young people's needs are not addressed.

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Declaration of Competing Interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

Data availability

The authors do not have permission to share data.

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