

25th August 2025

The Commissioner
Commission of Inquiry
Child Safety
GPO Box 783
Brisbane QLD 4001

Dear Commissioner,

RE: COMMISSION OF INQUIRY INTO CHILD SAFETY

Thank you for providing us with the opportunity to respond to this Inquiry.

About QSAN

The Queensland Sexual Assault Network (QSAN) is the peak body for sexual violence prevention and support organisations in Queensland. We have 21 member services, including specialist services for Aboriginal and Torres Strait Islander women, culturally and linguistically diverse women, women with intellectual disability, young women, men and children and our membership are located throughout Queensland, including in rural and regional locations. Most services provide responses to children 12 years and up and some to children under 12 years, as well as harmful sexual behaviours programs.

Our network of non-Government services is funded to provide specialist sexual assault counselling, support, and prevention programs in Queensland. QSAN is committed to working towards ensuring all Queenslanders who experience sexual violence recently or historically, regardless of age, gender, sexual orientation, cultural background receive a high-quality response in line with best practice, client-centred principles. Our work and analysis of sexual violence is from a feminist perspective and addressed within a specialist trauma framework.

We are committed to engaging with government and other bodies to raise systemic issues of concern, and to ensure the voices and experiences of victims of sexual violence are considered in the formulation of policy and legislation that impacts on sexual violence victims in Queensland.

Overburdened system and wrong focus

Feedback from our members is Child Safety is currently over-burdened and its decision-making approaches can be inconsistent and flawed. One of the biggest issues is in terms of domestic and family violence, if the police are called out to the home, this triggers a child safety notification and then the result of that can be the children are taken into care. The mother is then often in the community, often unsupported, required to meet a range of requirements to achieve an objective of getting her children back into her care. It is very difficult if not impossible for her to

find accommodation that is suitable for a family and pay this level of rent until the children are returned. Often, she is required to go to counselling and undertake parenting course. Meanwhile there is not sufficient focus on the perpetrator of the violence nor accountability and he can continue to abuse her.

It has been long established in academic literature and from our practice knowledge that if resources were focussed on supporting the mother, the victim of DFV, and to keep her and her children safe, this is the best way to improve outcomes for children. Unfortunately, there is more focus in Child Safety on a mother's failure to protect than on perpetrating violence.

Recommendation 1

That a review is conducted into the mandatory notification to Child Safety in police calls out for DFV to evaluate and understand if this approach is improving children's safety and reducing risk.

Recommendation 2

That the current Child Safety focus be re-orientated to supporting the safe parent in DFV (often the mother) to care for her children by providing practical assistance and support to increase her and the children's safety and mitigate risk from the perpetrator.

The system often does not keep children safe

The Child Safety system often does not keep child safe which is its aim. For example, they will often take the child who discloses child sexual abuse away from the family and then the child may recant as they do not want to stay away from the family. We need a more nuanced approach to these determinations than what is currently occurring.

Member services also noted inconsistency in decision making by Child Safety for example, where sometimes a member service makes an assessment and a notification, but this can be dismissed and not acted upon but in other cases, Child Safety takes the children into care, in circumstances where our members question whether other alternatives should have been considered.

One of our services had noted a recent large increase in referrals from young people who had self-placed in an unsafe environment as home was abusive. These children are often 16 years and over, but Child safety does not seem interested in this issue. The children are often still quite vulnerable but their decision to leave home is deemed their choice. Often, they are residing with adults who are unsafe.

Contextual Safeguarding

Contextual safeguarding is a term and framework that was coined by Professor Carlene Firmin in her PHD thesis in the United Kingdom in 2015. It recognised the multiple harms that were being experienced by adolescents in relation to harmful sexual exploitation and recognised the resulting

harm as a failure of system, not a failure of individuals. She found a mismatch between young people's experiences of harm (complex, multi-dimensional, including harm outside of the family) and what social workers in child protection were being asked to report on. The framework found that existing child protection systems were largely designed to work with families, but this was insufficient for addressing harms that young people were experiencing.

Though her work is highly relevant to adolescents in care in Queensland, more broadly it may be relevant to Child Safety as there may be a misalignment between the organisational objectives of reducing harm and what Child Safety officers are required to do. The framework may be adapted over to other situations and may provide a pathway to systemic change by understanding issues in context, mapping behaviour, understanding patterns.

Recommendation 3

That Commission of Inquiry consider the "Contextual Child Safeguarding" framework to understand how it might be applicable to the Queensland context.

Residential Care

There is increasing reliance on residential care as an option. In our experience, there are increasing instances of very young children being placed and, there are very high risks inherent in these settings for such young children. Our services had seen children placed into residential care as young as 10 years but also as young as 8 years old.

Our membership noted the system often did not have sufficient funding to support a parent who is wanting to be a good parent, but an enormous amount of funding goes into residential care.

Aboriginal and Torres Strait Islander support

The role of the cultural support workers is unfortunately massively underutilised in our member service's experience, and they often play a token role at family meetings. The role has little influence or input into the family plan, and it is supposed to advocate and have input, but this does not occur, and their influence is negligible. We believe it should be mandatory they attend meetings, and their input should be crucial to the plan that is developed.

There also seems to be minimal effort in finding kinship carers for a child and often Child Safety can move straight to residential care and removing the child from the family and the community as, we suspect, this may be easier and less time intensive for the worker.

Recommendation 4

That the role of the Aboriginal and Torres Strait Islander Cultural Support Worker is better recognised and supported to ensure they play a key role in family meetings.

Intersection with family law

The intersection between Child Safety and family law is an ongoing issue. There is a lack of integration, coordination between the state and federal bodies and the failure to address the issue continues to place children at risk.

In the late 1990s, the Child Safety legislation in Queensland was changed which meant that Child Safety would not become involved in a family if there was a 'protective parent' and this moved many cases to family law. The ongoing issue is that the family law system does not have an investigatory arm and relies on Child Safety to investigate.

In the family law system, many protective parents were (are) unable to protect their child, as contact orders and shared parenting with the abusive parent were often made and where, if a mother raised concerns about child sexual abuse, she runs the risk of losing "custody" of her child.

A new approach is required.

Recommendation 5

That the Commission of Inquiry recommends the need for a resolution of ongoing issues between family law and Child Safety to ensure a seamless and consistent approach is taken to child protection in Australia between the state and federal systems. This new approach might include the establishment and funding of a new investigation unit specifically for family law matters.

Child Safety and Child Sexual Abuse

Member services report their clients do not always have positive experiences of reporting to Child Safety. On occasions they do not investigate at all, and no reason is provided, or it was a peer on peer, and no action was taken, or the child may be removed from the family without trauma informed practice or support.

Specialist Sexual Violence Prevention Services are Prescribed Reporting Entities

Child Safety can require mothers to engage with services as a requirement of compliance to get their children back in their care. The services are required to report on attendance and engagement, but it is a difficult balance between both engaging and building trust with a client and at the same time reporting on them to Child Safety. It can mean that mothers can be reluctant to engage with services because they know they will report on them to Child Safety.

Prevention

QSAN supports call from Sister's Inside and other community agencies for divestment from residential care and investment into communities, families, housing, health, specialist sexual violence support and other community support.

We also advocate for specific provisions in QSAN's 10 Point Plan to End Sexual Violence in Queensland.

We enclose a copy of this 10 Point Plan, and we draw your attention to relevant recommendations:

Recommendations 6

Develop a 10-year sexual violence plan that provides a future vision for addressing sexual violence that supports victim survivors, drives down offending, and provides a clear role and appropriate funding for specialist sexual violence prevention services ("the specialist sector") to support victim survivors.

Recommendation 7

Expand service provision in the specialist sector for responding to child sexual abuse by increasing skilled and age-appropriate sexual violence counselling for children under 12 years.

Recommendation 8

Fund prevention workers in the specialist sector to provide 'targeted strategies' addressing the needs of local communities, to increase awareness of affirmative consent and to help disrupt a broad culture that supports victim-blaming, increase awareness and prevention of child sexual abuse and grooming.

If you require any further information, please do not hesitate to contact the Secretariat.

Kind Regards,



Executive Officer
QSAN.