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Children and adolescents in contact with child protection and youth justice: What we know

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Australian Institute of Family Studies

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The Australian Institute of Family Studies acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to lands and waters. We pay our respects to Aboriginal and Torres Strait Islander cultures, and to Elders past and present.

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Overview

Many children and adolescents in contact with the youth justice system have a history with child protection. Children and adolescents who have had contact with both the child protection and youth justice systems (i.e. dual-system contact) have often also experienced abuse, mental health challenges and social disadvantages.

Due to these complex support needs, practitioners who work with children and adolescents are likely to encounter dual-system children and adolescents in services outside of those specialising in child protection or youth justice. These services might include mental health, substance use, housing, disability, children and families and social welfare services.

This is an informational resource that reviews the existing evidence to support non-specialist practitioners to develop foundational knowledge on this topic. It describes how common dual-system contact is, the profile and outcomes of those with dual-system contact and the drivers of dual-system contact. Understanding these factors can help practitioners make evidence-informed decisions that acknowledge the complex interplay between children and adolescents' personal circumstances and systemic challenges.

This resource is part of a series that examines children and adolescents (aged <18 years) in contact with the child protection and youth justice systems.

Key messages

- The majority of children and adolescents in the youth justice system also have a history with child protection. Estimates vary but the evidence suggests that up to 84% of children and adolescents in the youth justice system have had contact with child protection services.
- The majority of children and adolescents in contact with child protection services won't have contact with the youth justice system. However, of those in child protection, children and adolescents in out-of-home care have a higher risk of dual-system contact as well as histories of trauma and maltreatment and complex health and social challenges.
- Although the majority of children and adolescents who have contact with both the child protection and youth justice systems are male, girls with dual-system contact are overrepresented when examining child protection contact among those in the youth justice system.
- Aboriginal and Torres Strait Islander children and adolescents are overrepresented in both child protection and youth justice systems, and among those with dual-system contact.
- Children and adolescents with dual-system contact have some common demographic characteristics and health and social outcomes that distinguish them from those who have contact with only one system. Specifically, children and adolescents with dual-system contact are more likely to have:
 - had contact with either system at an earlier age
 - had more frequent and deeper system involvement (e.g. youth detention and out-of-home care) with either system
 - greater health and social challenges, such as mental health and substance use, neurodivergence, educational exclusion and homelessness
 - histories of maltreatment, trauma and family disadvantage.
- Possible drivers of dual-system contact include:
 - the ongoing impacts of colonisation for Aboriginal and Torres Strait Islander communities
 - children and adolescents not receiving appropriate support for their life challenges (e.g. trauma, maltreatment, neurodivergence) resulting in behaviours that can increase their risk of contact with either system (e.g. running away, damaging property and aggression)
 - the out-of-home care environment, particularly residential care, increasing the risk of youth justice contact. This can include children and adolescents being subject to greater surveillance and more punitive responses to behaviour.
- Experiences within the child protection system may contribute to pathways to dual-system contact, particularly where instability disrupts care and support. More intensive and sustained child protection involvement (e.g. repeated maltreatment notifications, out-of-home care and placement instability) are associated with later youth justice contact.

- Practitioners working with dual-system children and adolescents should adopt trauma-informed and therapeutic approaches that prioritise safety, trust and cultural sensitivity. This can include recognising that behaviours of concern are commonly coping responses to trauma and a form of communication of unmet needs. Behaviours of concern are actions by a child or adolescent that pose a risk to their own health and safety, or that of others, or that create barriers to participation in daily life and community activities.
- Practitioners should embed cultural safety in their work with Aboriginal and Torres Strait Islander children by actively involving families and communities in decision making.
- A holistic, coordinated care approach is important. Dual-system children and adolescents often experience multiple, co-occurring needs and are likely involved in a range of services including mental health, substance use, housing, disability, child and family and social welfare.

Introduction

The child protection and youth justice systems can intersect and manage overlapping groups of children and adolescents. Although not all children and adolescents who have contact with child protection services will go on to have contact with the youth justice system, many who have contact with youth justice have also had contact with the child protection system (Baidawi & Sheehan, 2019a; White et al., 2024). This is sometimes referred to as the 'care to custody pipeline', where many children and adolescents in the youth justice system have first had contact with the child protection system (Baidawi & Sheehan, 2019a).

In this resource, we use the phrase 'dual-system'¹ children and adolescents to refer to those who have had contact with both the child protection and youth justice systems. This phrase includes children and adolescents who have had contact with both systems at the same time and those who have had contact with either system at different times over their youth (Baidawi & Ball, 2023).

Practitioners who work with children and adolescents may encounter dual-system children and adolescents in various settings, including services outside of those that specialise in child protection or youth justice. This is because these children and adolescents often experience multiple, co-occurring needs and commonly have contact with services related to mental health, substance use, housing, disability, children and families and social welfare (Baidawi & Sheehan, 2020).

This is one of two resources in a series that examines the evidence on children and adolescents in contact with the child protection and youth justice systems. The other resource examines how to reduce youth justice system contact among children and adolescents in residential care.

Nature of the evidence base

We conducted a rapid review of academic journal articles and grey literature (e.g. government reports, theses) of studies in Australia or countries similar to Australia (e.g. Canada, New Zealand, United Kingdom) and published 2014–25.

The research evidence found in the rapid review on the frequency, profile and outcomes of dual-system contact predominantly comes from quantitative studies. The vast majority of these studies examined children and adolescents already in contact with one of the systems (most often the youth justice system). These studies then looked to see if these children and adolescents also had contact with the other system (usually the child protection system).

These studies can provide useful information on the outcomes experienced by dual-system children and adolescents and how they differ from those who have contact with only one system.

However, these studies do not tell us what is *causing* children and adolescents to have contact with both systems (i.e. what factors or actions lead to dual-system contact) or whether it's the dual-system contact that is affecting particular outcomes such as poor mental health.

Our review also included qualitative studies of dual-system children and adolescents and the practitioners who work with them. These provided contextual information on the drivers of dual-system contact.

¹ We chose this phrase to be consistent with other recent Australian research (Baidawi & Ball, 2023). However, children and adolescents who have contact with both systems have also been referred to by various terms including, 'crossover kids' (Sentencing Advisory Council, 2019), 'dual contact youth', or 'dually involved youth' (Baidawi & Ball, 2023).

What is the child protection system?

The child protection system is responsible for intervening when a child or adolescent (aged under 18 years) is at risk of harm. Children and adolescents who come in contact with the child protection system have usually experienced or are at risk of maltreatment or are in situations where their parent/s are unable to adequately care for them (Australian Institute of Health and Welfare [AIHW], 2024).

Child protection interventions are most common for younger children under 15 years (AIHW, 2025a). Interventions are less common for older adolescents, particularly those aged 15–17, unless there are significant and ongoing concerns about safety or wellbeing.

Australian states and territories are responsible for overseeing the child protection system (AIHW, 2024).

Contact with the child protection system can include (AIHW, 2024):

- notifications – when reports of possible abuse, neglect or harm are made and investigated
- care and protection orders – legal orders and arrangements where some responsibility for a child's welfare becomes the responsibility of the relevant child protection agency
- out-of-home care – alternative accommodation provided for a child where it is deemed that a parent/caregiver is unable to provide adequate care for their child; for example, living with a foster carer, in a residential care facility or with a non-parent family member.

There can be repeated child protection contact over time, with periods of involvement that open and close across a child's life. This means child protection services may play an ongoing, though sometimes intermittent, role in a child's life over many years.

In Australia, around 307,000 children and adolescents had notifications of alleged maltreatment made about them to child protection from 2023 to 2024 (AIHW, 2025a). In the same period, 70,100 children and adolescents were on a care or protection order and 55,300 were in out-of-home care (AIHW, 2025a).

What is the youth justice system?

The youth justice system is responsible for managing children and adolescents who have or allegedly have committed a criminal offence (AIHW, 2025b). Each Australian state and territory has its own youth legislation, policies and practices (Baidawi & Piquero, 2021). Although there are exceptions,² children and adolescents aged 10–17 years who have committed an offence will generally be managed by the youth justice system.

Contact with the youth justice system can include contact with police, criminal courts, community-based supervision (where children and adolescents are monitored and supervised while living in the community) and youth detention (AIHW, 2024).

From 2024 to 2025, 44,583 children and adolescents in Australia had formal actions taken against them by police (Australian Bureau of Statistics [ABS], 2026). This included being charged with an offence, which could later result in being sentenced to a youth justice order, and the use of alternative measures such as official warnings (ABS, 2026). During the same time period, a separate group of 9,224 children and adolescents were sentenced to community-based supervision and/or youth detention (AIHW, 2025b).³

² There are some exceptions to the 10–17 years age bracket. For example, the minimum age of criminal responsibility in the Australian Capital Territory is 12 years, and some young people in Victoria aged between 18 and 20 years can be sentenced to detention in a youth justice facility as a result of Victoria's 'Dual Track' sentencing system (AIHW, 2025b; Moriarty et al., 2024).

³ As these statistics are from different datasets, we cannot determine if those who were sentenced are a direct subset of those who had formal actions taken against them by police in this case.

How common is dual-system contact?

It is difficult to precisely determine how common it is for children and adolescents to have dual-system contact. There is currently no publicly available national dataset that routinely records how many children and adolescents have dual-system contact in Australia.

Instead, information on how common it is comes from individual research studies and government reports, which often look at this issue at the state and territory level, rather than nationally. Because of the different methods used in these studies and reports, the number of young people with dual-system contact in each jurisdiction cannot simply be added up to produce a single national figure.

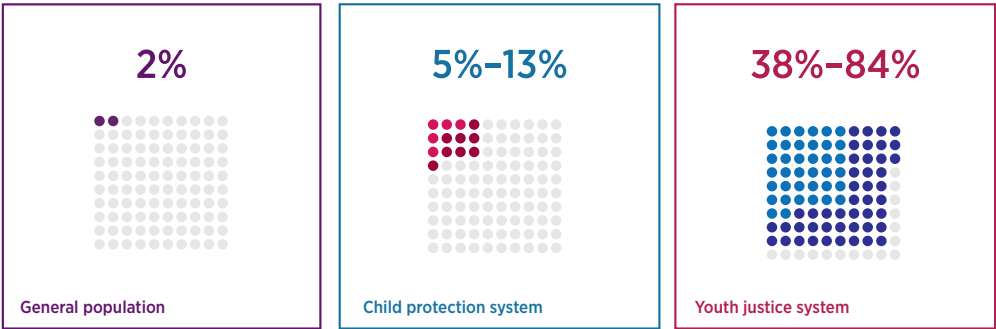
Additionally, the findings about how common dual-system contact is (i.e. the proportion of children and adolescents experiencing dual-system contact) tend to vary depending on what group of children and adolescents are examined in the study or report. That is, the proportion of dual-system contact varies depending on whether the study population is children and adolescents in the:

- general population
- child protection system
- youth justice system.

Nevertheless, despite the difficulties in estimating the prevalence of dual-system contact, the evidence consistently shows that the majority of children and adolescents (Figure 1):

- in contact with child protection services won't have contact with the youth justice system
- in the youth justice system do have a history of child protection contact
- had contact with child protection before they had contact with the youth justice system.

Figure 1: The proportion of children and adolescents experiencing dual-system contact in the general population, child protection system and youth justice system



How common is dual-system contact among children and adolescents in the general population?

Few studies have examined how common dual-system contact is in the general population; that is, what percentage of children or adolescents in the population of a state or territory (or Australia as a whole) have had dual-system contact. However, the data that do exist suggest it is relatively uncommon at a population level.

A study of all children and adolescents (aged <18 years) in South Australia (*N* = 164,204) found that less than 2% of children and adolescents in the general population had currently or previously had contact with both the child protection and youth justice systems (Malvaso et al., 2020). By comparison, 29% of all children in South Australia had experienced some contact with child protection services (Malvaso et al., 2020).

Although the number of young people with dual-system contact in the general population is relatively small, the evidence suggests that dual-system children and adolescents, as a group, experience significant life challenges early in their lives and frequently go on to have high lifetime support needs and poor life outcomes (discussed further in the following section).

How common is dual-system contact among children and adolescents in the child protection system?

Our review didn't identify any studies or reports that had examined nationally the proportion of children and adolescents with dual-system contact among those in child protection systems across Australia

However, international studies and state-based studies in Australia have found that between 5% and 13% of children and adolescents in the child protection system have also had contact with the youth justice system (Maclaurin & Passi, 2019; Malvaso et al., 2020).

Dual-system contact is more common among those who have experienced out-of-home care, compared to those who have had contact with child protection that has not resulted in an out-of-home care order. Malvaso and colleagues (2020) found that 15% of those who ever experienced out-of-home care in South Australia had also had contact with the youth justice system.

Additionally, a New South Wales study of all children born between 2002 and 2005 found that 57% of those who experienced out-of-home care before the age of 10 also had contact with the police (Tzoumakis, 2025). These children and adolescents were 6 times more likely to have contact with the police than those who had not been in out-of-home care (Tzoumakis, 2025).

How common is dual-system contact among children and adolescents in the youth justice system?

Although the overall proportion of children and adolescents with dual-system contact is relatively small within the general population, the evidence suggests that it is very common among those in contact with the youth justice system. However, the exact proportion is difficult to estimate.

Studies examining dual-system contact at a state level in Australia have found that between 38% and 84% of those in youth justice have had dual-system contact (Malvaso et al., 2020; Sentencing Advisory Council, 2019).⁴

For example, the AIHW found that, in Australia, 65% of children and adolescents under community-based supervision or in youth detention (in 2022–23) had contact with the child protection system in the previous 10 years (AIHW, 2024). However, as this estimate only includes those under community-based supervision or in youth detention (as opposed to any youth justice contact), it likely underestimates dual-system contact nationally.

Demographic profile of dual-system children and adolescents

Age and sex

Dual-system children and adolescents commonly have a history of early institutional contact and tend to enter both systems at a younger age than those who have only had contact with one system. They are more likely to have child protection contact before the age of 5 years, compared to those in child protection without youth justice system contact (Malvaso et al., 2020). Children and adolescents first sentenced to a criminal offence between the ages of 10 and 13 years are also more likely than those with first sentences at an older age to have prior child protection involvement (Sentencing Advisory Council, 2019).

The majority of children and adolescents who have had contact with both the child protection and youth justice systems are male. However, when examining child protection contact among those in the youth justice system, girls are overrepresented. (AIHW, 2024; Malvaso et al., 2020). In Australia, a higher proportion of females (76%) in the youth justice system have had contact with child protection than males (62%) (AIHW, 2024).

⁴ This variation in findings about the proportion of dual-system contact among those in the youth justice system is in part explained by (a) the different types of contacts examined in different studies and (b) how the studies collected information on the system contacts.

Race and ethnicity

Aboriginal and Torres Strait Islander children and adolescents are overrepresented in both the child protection and youth justice systems. They are also 26 times more likely than non-Indigenous youth to have dual-system contact (AIHW, 2024). It is important to note that this overrepresentation is influenced by the [structural drivers of dual-system contact](#), which are discussed later.

The overrepresentation of Aboriginal and Torres Strait Islander children and adolescents is most apparent at the deeper points of both systems: residential care and custodial sentences (Sentencing Advisory Council, 2019; White et al., 2024).

For example, in 2019 Aboriginal and Torres Strait Islander children and adolescents comprised only 2% of children and adolescents aged 10–20 years in Victoria. However, they comprised 12% of those who had experienced lower levels of contact with both systems (i.e. youth justice diversion and child protection notifications) and 33% of those with deeper involvement with both systems (i.e. youth detention and residential care) (Sentencing Advisory Council, 2019). This indicates that although Aboriginal and Torres Strait Islander children and adolescents are overrepresented at multiple points in the child protection and youth justice systems, their overrepresentation is especially pronounced at the deeper stages of these systems.

Aboriginal and Torres Strait Islander young people who have had contact with both systems are more likely than non-Indigenous dual-system children and adolescents to:

- be sentenced and charged at a younger age (first charge at under 14 years of age) (Baidawi, 2020; White et al., 2024)
- have a higher likelihood of conviction (White et al., 2024)
- have experienced family violence, household substance abuse and household criminal justice involvement (Baidawi & Sheehan, 2019a; Ball & Baidawi, 2021; White et al., 2024).

There is more limited research evidence on dual-system contact among children and adolescents from culturally and linguistically diverse communities. However, what evidence we do have suggests that they are less likely to have dual contact than those who self-identify as white Anglo-Saxon or as being from English-speaking backgrounds (Moriarty et al., 2024).

Health and social outcomes

Children and adolescents with dual-system contact commonly have extremely challenging histories of maltreatment and/or disadvantage. They also, on average, have poorer social and health outcomes than children and adolescents with single-system contact (or with no system contact at all). This includes poorer mental health, a higher incidence of substance use and increased social marginalisation (White et al., 2024).

We discuss some of these health and social outcomes below.

Maltreatment and trauma

Dual-system children and adolescents are more likely to have histories of maltreatment, trauma and abuse than those in contact with only one of the systems and those in the general population. Early childhood trauma can affect cognitive and emotional development. Early experiences of trauma are associated with difficulties in attention, working memory, executive functioning and emotional regulation (Fan & Kang, 2025).

For dual-system children and adolescents, this often includes experiences of family violence, emotional or physical abuse, neglect and adverse childhood experiences (Baidawi & Sheehan, 2019a; Malvaso et al., 2017; White et al., 2024). For example, a study of children and adolescents in South Australia found that those who had experienced both maltreatment and an out-of-home care experience were 22 times more likely to be convicted of a criminal offence than those in the general population (Malvaso et al., 2017). This study also found that for children and adolescents in contact with the child protection system, multiple and recurring types of maltreatment were associated with a greater likelihood of contact with the youth justice system (i.e. dual-system contact) (Malvaso et al., 2017).

Additionally, dual-system children and adolescents typically report high exposure to adverse childhood experiences (ACEs), averaging around 5.4 ACEs (Baidawi & Sheehan, 2019a). In contrast, children and adolescents in the general population typically report between 1 and 4 ACEs (White et al., 2024).

Family circumstances

The parents and families of dual-system children and adolescents also commonly experience disadvantage and hardship. Compared to families of youth in contact with only one system, these families are more likely to experience unemployment, financial stress and housing insecurity (Maclaurin & Passi, 2019; Malvaso et al., 2020).

Dual-system children and adolescents also have higher rates of parental criminal justice involvement and mental health issues than those with single-system contact (McFarlane, 2018; White et al., 2024). Further, dual-system children and adolescents are 4 times more likely than those in the general population to have a deceased parent (White et al., 2024). They are also more often witnesses to the death of their parent or to have discovered a deceased parent (Baidawi & Sheehan, 2019a).

Mental health, substance use and neurodivergence

Dual-system children and adolescents experience disproportionately high rates of mental health and substance use challenges. Compared to those in contact with only one system, dual-system children and adolescents are more likely to be diagnosed with depression or anxiety and to experience emotional regulation difficulties, self-harm and suicide behaviours and externalising behaviours (Baidawi & Ball, 2023; Maclaurin & Passi, 2019; White et al., 2024).

A 2023 study examining all children and adolescents in the Northern Territory found that those with dual-system contact were 30 times more likely to be hospitalised for mental health reasons than young people who had no contact with either system (Leckning et al., 2023). This study also found that dual-system children and adolescents were hospitalised at higher rates than those involved with only one system, with the likelihood of hospitalisation increasing where there was deeper involvement with either system (e.g. youth detention, out-of-home care) (Leckning et al., 2023).

Mental health challenges, substance use and neurodivergence are likely to co-occur in dual-system children and adolescents. A study of children and adolescents in contact with Children's Criminal Courts in Victoria found that the majority (79%) of those with dual-system contact experienced at least 2 or 3 of these outcomes, compared to 38% of those solely in contact with the youth justice system (Baidawi & Ball, 2023).

Dual-system children and adolescents are frequently neurodivergent. Neurodivergent children are overrepresented in youth justice systems, and many also experience high levels of trauma and abuse (Day et al., 2024). The overlap of neurodivergence and trauma can contribute to pathways leading to school exclusion and early contact with the justice system (Day, 2025; Campbell, 2020).

In a study of 300 dual-system children and adolescents in Victoria, nearly half (48%) were found to have a recorded type of neurodivergence (Baidawi & Piquero, 2021). Common neurodivergence reported among these children and adolescents included autism spectrum disorder, attention deficit hyperactivity disorder and learning and intellectual difficulties (Baidawi & Piquero, 2021; Maclaurin & Passi, 2019; White et al., 2024).

Social marginalisation

Dual-system contact is associated with increased social marginalisation among children and adolescents. Dual-system children and adolescents are more likely to experience homelessness and socio-economic disadvantage than those who have only had contact with one of the systems (Colvin et al., 2020; White et al., 2024). Although the reasons for homelessness among dual-system children and adolescents were not reported in the research, family and domestic violence is a common driver of unstable housing among young people in the general population (AIHW, 2021).

Dual-system children and adolescents are also more likely to be excluded from education due to practices such as school suspension and expulsion (White et al., 2024). Insufficient support for those involved in child protection to stay in school has been connected to early educational disengagement and the onset of offending (White et al., 2024). This suggests it may be a driver of dual-system contact.

The association between dual-system contact and health and social outcomes

There is insufficient evidence to determine whether all the health and social outcomes described above are a cause or a consequence of dual-system contact. It is likely that many factors act in combination or are mutually reinforcing. Children and adolescents' health and social challenges may increase their risk of contact with child protection and youth justice systems, and dual-system contact, itself, may negatively affect their health and social outcomes.

For example, mental health and substance use challenges can be associated with behaviours that increase the risk of children and adolescents having contact with either system (Baidawi & Sheehan, 2019a). However, system contact can also affect how such challenges (and associated behaviours) manifest or if they get better or worse.

There is some evidence that mental health and substance use challenges can be improved during system involvement if there is access to appropriate services and support (Borschmann et al., 2020; Pearce et al., 2026). However, a lack of appropriate support can mean these challenges get worse (Pearce et al., 2026). System contact, in itself, can also negatively affect young people's health or exacerbate social challenges due to, for example, exposure to traumatic events and/or substance-using peers (Cameron et al., 2019; Edwards, 2017).

Similarly, when children and adolescents disengage from education, they can have an increased risk of dual-system contact. However, contact with one or both systems can also disrupt education and make re-engagement more difficult. This is a particular risk after periods of youth detention or changes to care placements (White et al., 2024).

As we discuss later in this resource, the risk of dual-system contact may also be increased by inadequate or inappropriate system responses to pre-existing factors – such as neurodivergence or histories of trauma and/or maltreatment – especially when they are associated with behaviours such as aggression or substance use (Baidawi & Piquero, 2021; Malvaso et al., 2017). System responses that don't meet the support needs of the child or adolescent or that take a punitive approach to a child's behavioural challenges can both exacerbate existing challenges and increase the risk of dual-system contact.

Child protection and youth justice system outcomes

Dual-system children and adolescents typically experience more frequent and deeper involvement with both systems than other children and adolescents.

As noted earlier in this resource, dual-system children and adolescents are more likely than those with just child protection contact to receive child protection notifications related to maltreatment, to be in out-of-home care and to have longer out-of-home residential stays (Baidawi & Sheehan, 2020; White et al., 2024). Their contact with the child protection system is usually before their first contact with the youth justice system (White et al., 2024). This suggests that this deeper child protection involvement may be a driving factor for later youth justice contact.

Dual-system children and adolescents are also more likely than those in child protection only to experience placement instability; that is, to frequently move between different care placements (Boatswain-Kyte et al., 2024; McFarlane, 2018). This may also be a driver for youth justice contact as offending by children and adolescents in child protection often happens around times of instability.

When it comes to youth justice contact, dual-system children and adolescents have a higher number of convictions and charges, particularly for violent offences, compared to those with only youth justice contact (Baidawi & Ball, 2023; Malvaso et al., 2019; Yang et al., 2021). They are also more likely to be sentenced to youth detention (Baidawi & Ball, 2023; Malvaso et al., 2019; Yang et al., 2021).

Structural drivers of dual-system contact

Dual-system contact occurs due to complex interactions between the characteristics and experiences of individuals, their family and community context and the systems they engage with.

The previous sections outlined the profile and outcomes experienced by dual-system children and adolescents. As described above, many of these factors can be considered as both potential reasons for why some children and adolescents have contact with both systems as well as the consequences of their system contact.

The patterns of those who frequently have contact with the child protection and youth justice systems also reflect wider structural issues, including institutional and historical racism, the availability and responsiveness of services and the way in which certain behaviours are commonly framed as 'criminal' rather than as health and wellbeing concerns.

This section explores some of the key structural drivers of dual-system contact identified in the research evidence (see [How this resource was developed](#)).

Colonisation, racism and disconnection from Country, culture and community

As noted earlier, Aboriginal and Torres Strait Islander children and adolescents are overrepresented in both the child protection and youth justice systems. Many researchers and advocates argue that this is due to the ongoing and intergenerational effects of colonisation. In particular, Aboriginal and Torres Strait Islander communities have faced racist practices and policies such as the forced removal of children, inappropriate child protection responses and being heavily policed (Moriarty et al., 2024; White et al., 2024).

These practices and policies have had consequences for the families directly impacted and ongoing impacts for their descendants and communities (AIHW, 2024). For example, researchers have suggested that these policies have increased the occurrence of risk factors, such as trauma, housing instability and substance use, associated with contact with the child protection and youth justice system (Moriarty et al., 2024).

Aboriginal and Torres Strait Islander children and adolescents with dual-system contact also often have family connections to the Stolen Generation (Baidawi & Sheehan, 2019a; Ball & Baidawi, 2021; White et al., 2024).⁵ This forced removal of children disrupted the intergenerational transmission of cultural practices and language, connections to Country and kinship ties, all of which are important for identity formation and connection to culture. Disconnection from Country, culture and community has also been associated with an increased risk of contact with the child protection and/or youth justice systems (Ball & Baidawi, 2021; White et al., 2024).

More information on the relationship between connection to culture and the health and wellbeing for Aboriginal and Torres Strait Islander people is available [here](#).

Unmet and co-occurring needs and behaviours of concern

As we noted above, dual-system children and adolescents have commonly experienced adverse childhood experiences and related health or social challenges. As such, they usually require intensive support. The evidence suggests that when these needs are not adequately met, a child or adolescent may exhibit 'behaviours of concern'. These are actions such as aggression, self-injury or property damage that pose safety risks or limit participation in daily life (Strawa & Lancaster, 2024). These behaviours can subsequently lead to contact with the child protection and/or youth justice systems.

A contributing contextual factor may be the limited availability of targeted supports for children and adolescents experiencing domestic and family violence. Although progress has been made in recognising children as victims in their own right under the *National Plan to End Violence against Women and Children (2022–2032)*, research has found that responses are often fragmented and poorly aligned with their needs. There is insufficient

⁵ The Stolen Generation refers to thousands of children who were forcibly removed by governments, churches and welfare bodies to be raised in institutions, fostered out or adopted by non-Indigenous families. This removal broke important connections to culture, spirituality and family, and has had an intergenerational impact on the lives and wellbeing of Aboriginal and Torres Strait Islander peoples (Australian Institute of Aboriginal and Torres Strait Islander Studies, 2023). Every Aboriginal and Torres Strait Islander community was impacted (Australian Institute of Aboriginal and Torres Strait Islander Studies, n.d.).

emphasis on holistic, child-centred supports that promote recovery and healing beyond initial crisis or protection responses (Gillfeather-Spetere & Watson, 2024).

In particular, a failure to adequately respond to the needs of children and adolescents once they are already in the system (usually the child protection system) can lead to further system contact (i.e. with youth justice).

For example, there is evidence that when children and adolescents in out-of-home care commit behaviours that lead to them being charged with an offence, they commonly do so when experiencing destabilising life events. Some of these destabilising events are themselves related to their contact with the child protection system and can include transitions in education, removal from parental care, placement changes, moving from care to independent living and the onset or escalation of maltreatment (McFarlane, 2018; White et al., 2024).

When institutional responses to behaviours of concern focus on managing or stopping the behaviours and do not address the need(s) underlying the behaviour, they can increase the risk of dual-system contact (Cameron et al., 2019; Edwards, 2017).

Adolescent use of violence and unmet needs

The use of violence is a behaviour of concern that is particularly likely to lead to contact with the youth justice system. As noted earlier, dual-system children and adolescents are more likely to be charged for violent offences than are the wider population in contact with the youth justice system. Additionally, their offending is more commonly in familial contexts such as adolescent use of violence in the home.

System responses to adolescents' use of violence have been identified as a likely driver of dual-system contact. When violent behaviour is addressed through police intervention or intervention orders, the reasons for the behaviour and the child's underlying needs commonly remain unaddressed. As a result, there is an increased likelihood of further youth justice contact (Baidawi & Sheehan, 2019a; White et al., 2024).

Research has found that, in Australia, families with an adolescent who is using violence frequently receive limited or inappropriate support (Campbell et al., 2020). Legal responses were found to be the most common system response provided; however, these responses are often ill-suited to adolescents' developmental needs and can contribute to criminalising behaviour without addressing underlying causes (Campbell et al., 2020).

For example, a Victorian study of children and adolescents on intervention orders (following their use of violence) found that many had disabilities, mental health challenges, neurodivergence or experiences of maltreatment (Victoria Legal Aid, 2025). Despite the underlying needs of these children and adolescents, most commonly, intervention orders were used to respond to adolescent use of violence and families were rarely provided with further support or given referrals to support services (Victoria Legal Aid, 2025).

Being placed on an intervention order, itself, has been shown to increase a child or adolescent's risk of further youth justice contact. Many children and adolescents on these orders report having little understanding of the restrictions placed on them under the order or the consequences of not following the conditions (Victoria Legal Aid, 2025). Breaches of these orders can then lead to further police contact and criminal charges (Baidawi & Sheehan, 2019a; White et al., 2024).

Criminalisation of children and adolescents in out-of-home care

Related to the factors described above is the evidence that children and adolescents in out-of-home care (especially residential care) are more likely to have contact with the police and the youth justice system as a result of 'undesirable behaviours' than are other children. In particular, they often have contact with the police for behaviours that likely wouldn't have attracted police attention if they were living in a family environment.

This can include police being contacted to address acts such as running away, leaving a placement without telling the staff, missing curfews, damaging property, yelling at staff or other minor misdemeanours (Baidawi, 2019; Baidawi & Sheehan, 2020; McFarlane, 2018; Paterson-Young et al., 2024; Walsh, 2019). Further, some children and adolescents receive additional charges related to these incidences for resisting arrest or assaulting police during an arrest (Baidawi & Sheehan, 2020).

The reasons for this criminalisation of child behaviour partly relate to the ways that residential care workers, police and the youth justice system perceive and respond to behaviour by children and adolescents in out-of-home care.

Undesirable behaviour is often more visible and detectable in residential care, in part because children and adolescents are under greater surveillance and are more closely monitored (Baidawi & Ball, 2023; Baidawi & Sheehan, 2019b).

Residential care workers are also more likely to contact the police to manage challenging behaviour rather than use therapeutic options, such as mental health or social services (Paterson-Young et al., 2024; Rampersaud, 2022). This may be due to:

- a lack of staff experience, skills and training in managing and de-escalating challenging behaviour (Bala et al., 2015; Colvin et al., 2020; Gerard et al., 2019)
- a result of organisational policies in residential care homes (e.g. requiring staff to call police for every incident) (Baidawi & Sheehan, 2019b; Bala et al., 2015; Gerard et al., 2019)
- the occupational health and safety or insurance needs of the service provider (Baidawi & Ball, 2022; Baidawi & Sheehan, 2019b; Walsh, 2019)
- systemic issues such as inadequate funding for residential care, which results in poorly trained and underpaid staff (Gerard et al., 2019; Paterson-Young et al., 2024).

Police and court responses can also escalate youth justice involvement for children living in residential care. This can be both due to a failure to take their circumstances (and histories of trauma and/or life challenges) into account as well as discrimination due to their involvement with the child protection system.

For example, some researchers have suggested that when magistrates are unaware of a child or adolescent's child protection and trauma history, or do not take it into consideration when determining the appropriate sentence, they may impose harsher sentences or bail conditions than might be expected (Baidawi & Sheehan, 2019b; Colvin et al., 2020).

There is also evidence that children and adolescents in residential care can experience stigma and discrimination from police and the courts. Research has reported that justice and legal professionals can make assumptions about the young person's troublemaking and dishonesty, contributing to the criminalisation of their behaviour and/or severity of criminal justice responses (Baidawi & Ball, 2022; Baidawi & Sheehan, 2019b; Colvin et al., 2020; McFarlane et al., 2019).

Children and adolescents in out-of-home care can receive more severe criminal justice responses than would typically be expected in the circumstances. For example, being charged for a minor offence when a police caution would have been a more common response (McFarlane, 2018).

Discussion and implications for practice

Based on the current research evidence, the following discussion and implications for practice may help practitioners in their work with children and adolescents who have had dual-system contact. These suggestions are not prescriptive or exhaustive but rather reflect insights drawn from the evidence reviewed for this resource. Table 1 provides a summary of the key implications for practice.

Key to this is understanding that children and adolescents who have contact with both the child protection and youth justice systems often have histories of trauma and maltreatment, complex health and social challenges and are disproportionately from Aboriginal and Torres Strait Islander communities. These factors both drive dual-system contact and indicate the types of support needed by many dual-system children and adolescents. As mentioned previously, experiencing trauma and maltreatment can also lead to difficulties related to cognitive and emotional development (e.g. executive functioning and emotional regulation) (Fan & Kang, 2025). These children and adolescents often need supports that strengthen health and wellbeing and respond to the underlying reasons for their system involvement, rather than responses that solely focus on reducing undesirable behaviour.

Such support requires a coordinated and holistic approach, as young people may be engaged with multiple services at the same time. Collaboration and communication across child protection, youth justice, education, health and social services is especially important to enable consistent, wraparound support. Coordinated care is particularly important at times of transition, such as leaving care or changes in placements or education, which have been identified as times of increased risk of further system contact (White et al., 2024).

Where it is appropriate and safe, practitioners can adopt a whole-of-family approach that includes engaging and working with the parents or caregivers of the dual-system child or adolescent. See the [Further reading and resources](#) section for practical resources for working with children and families with complex needs.

Therapeutic and trauma-informed approaches are essential for supporting the emotional wellbeing of dual-system children and adolescents. These approaches can also reduce the risk of behaviours being interpreted as criminal, rather than related to trauma.

Trauma-informed practice involves recognising the impact of trauma and creating safe, respectful environments that reduce the risk of re-traumatisation (Butler et al., 2025). It prioritises safety, trust, choice and collaboration, and views behaviours as coping responses rather than problems (Butler et al., 2025). The aim of this practice is to empower individuals and support healing through empathy, flexibility and culturally responsive care (Butler et al., 2025). For more information on trauma-informed practice, see this [practice guide](#).

Table 1: Summary of key implications for practice

Recognise children and adolescents may have contact with both systems
▪ When working with a child or adolescent in child protection, consider their increased risk of youth justice system contact, especially if they're in out-of-home care. ▪ When working with a child or adolescent in youth justice, consider whether there is prior child protection contact and an associated history of trauma.
Apply trauma-informed practice
▪ Create safe, respectful environments that avoid re-traumatisation. ▪ Prioritise safety, trust, choice and collaboration in all interactions. ▪ View behaviours as coping responses, not misconduct. ▪ Use empathy, flexibility and culturally sensitive approaches to foster healing.
Interpret behaviours of concern as communication and an expression of unmet needs
▪ Avoid framing behaviours as 'bad'; instead, be curious about what need is being expressed by the behaviour (e.g. needs for comfort, autonomy, support). ▪ Shift away from a strict behaviour management perspective to problem solving and trust building. ▪ Develop strategies that meet underlying needs and promote wellbeing.
Address complex, co-occurring challenges
▪ When working with dual-system children and adolescents consider screening for maltreatment, mental health and substance use challenges and neurodivergence, and be curious about their educational engagement and family history. ▪ Understand these challenges may both contribute to the initial contact with either system and be exacerbated by contact with either system.
Collaborate for holistic support
▪ Coordinate with child protection, youth justice, education, health, housing and disability services to provide wraparound care. ▪ Be mindful of transition points (e.g. leaving care, placement or education changes), which are high-risk periods for further system contact. ▪ Share information and break down silos to ensure consistent, comprehensive support.
Embed cultural safety for Aboriginal and Torres Strait Islander families
▪ Actively respect and uphold cultural identity and community connections when working with Aboriginal and Torres Strait Islander children and families. ▪ Reflect on personal biases and adapt practices to meet cultural needs. ▪ Use culturally appropriate communication and involve family and community voices in decision making. ▪ Work to reduce power imbalances and promote dignity and inclusion.

Further reading and resources

Working with children and families with complex needs

[9 tips for supporting children in families with complex needs](#)

This practice paper outlines ways in which professionals can begin to develop confidence in supporting children in families with complex needs. It contains tips and explanations for how to best work with families.

[Supporting staff to work with children and families with complex needs](#)

This paper provides managers, practice leaders and other decision makers with practical guidance on supporting staff to work with children and families with complex needs. It is useful for a broad range of health and welfare organisations.

[Children's mental health when experiencing multiple adversities: Practice skills for effective conversational maps](#)

This paper examines 5 practice perspective shifts that are often used by family and relationship practitioners who want to engage with children about aspects of their lives, including experiences of adversity.

[The role of adverse childhood experiences \(ACEs\) in adolescent use of violence](#)

This AIFS resource is for professionals working with adolescents using or at risk of using violence and their families. It's aimed at practitioners who need to assess the risk of adolescents engaging in violence in the future or who wish to support adolescents who have started using aggressive behaviours.

Children and families in contact with the child protection system

[Practice principles for child mental health in out-of-home care](#)

This resource outlines principles for supporting the mental health of children in out-of-home care. It offers guidance for practitioners through trauma-informed, culturally safe, strengths-based and collaborative approaches to improve wellbeing.

[Supporting meaningful participation for children in out-of-home care](#)

This resource outlines ways practitioners can support children in out-of-home care to meaningfully participate in decisions about their lives. It includes practical guidance based on children's rights and Lundy's model of participation.

[Engaging with parents of kids in out-of-home care](#)

This resource outlines key considerations for engaging with parents whose children are in out-of-home care. It provides practical guidance to support parents' wellbeing, strengthen relationships and navigate challenges such as grief, identity disruption and service engagement.

[Child-centred approaches to supporting children in out-of-home care](#)

This AIFS webinar outlines child-centred approaches to supporting children in out-of-home care. It explores strategies to amplify children's voices and strengthen identity and wellbeing and includes guidance for culturally responsive practice with Aboriginal and Torres Strait Islander children.

Children and families in contact with the criminal justice system

[Improving the safety and wellbeing of vulnerable children](#)

This AIFS study provides a consolidation of evidence and recommendations for reforms to the child protection and youth justice systems by examining the nature of recommendations from 61 reports and inquiries into these systems between 2010 and 2022.

[The minimum age of criminal responsibility in Australia](#)

This AIFS resource sheet provides information on the minimum age of criminal responsibility across Australia and outlines planned changes to the minimum age in Australian jurisdictions. It also answers some common questions about the minimum age of criminal responsibility.

[The impact of parental incarceration on child behaviour and development](#)

This short article provides an overview of the research evidence on the impacts of parental incarceration on child behaviour and development with a focus on children aged 12 years and under. It includes practice considerations for supporting young people.

[Programs that support the mental health of children with incarcerated parents](#)

This short article provides an overview of the research evidence on the impacts of parental incarceration on child behaviour and development with a focus on children aged 12 years and under. It includes practice considerations for how practitioners and services can support children.

Trauma-informed practice and research

[Trauma-informed practice in family mental health support services](#)

This AIFS practice guide summarises research and practice evidence about strategies for trauma-informed practice. It outlines what trauma-informed practice is, organisation-level responsibilities for trauma-informed practice, and trauma-informed strategies practitioners can implement.

[Principles for doing trauma-informed research and program evaluation](#)

This AIFS practice guide outlines principles for conducting trauma-informed research and program evaluation. It explains how to integrate trauma awareness throughout projects and offers guidance to minimise distress and promote safety for participants.

[How to do trauma-informed research and evaluation](#)

This AIFS practice guide outlines strategies for conducting trauma-informed research and evaluation. It provides practical tips for designing safe, accessible projects that minimise distress and promote wellbeing for participants with trauma histories.

Working with Aboriginal and Torres Strait Islander children and families

[Supporting Indigenous children in out-of-home care](#)

This webinar outlines strategies for working alongside Aboriginal and Torres Strait Islander children in out-of-home care through a culturally safe framework. It provides guidance for practitioners to support social and emotional wellbeing using collaborative, trauma-informed approaches.

[Practicing cultural curiosity when engaging with children and families](#)

This resource provides guidance for practitioners working with children and families from refugee and migrant communities. It highlights the importance of cultural curiosity and cultural competency to support children's social and emotional wellbeing. This resource encourages practitioners to reflect on their practice and continue the conversation around cultural competency.

[Work with Aboriginal and Torres Strait Islander children](#)

This resource is designed to provide information, concepts, practical skills and suggestions to guide non-Indigenous professionals working with Aboriginal and Torres Strait Islander children, young people and their families/communities.

[Improving cultural safety: Recommendations for child protection practitioners](#)

This AIFS article aims to provide guidance on how practitioners can adapt their practice to create a more culturally safe environment for Aboriginal and Torres Strait Islander peoples using cultural safety principles. With Aboriginal and Torres Strait Islander children disproportionately represented in the Australian child protection system, there is a need for improved cultural safety in social and health-related services and systems.

[Resources to support culturally safe service delivery to Aboriginal and Torres Strait Islander peoples](#)

This AIFS resource sheet provides a list of resources and organisations that can support non-Indigenous practitioners and organisations in the child, family and community sector to provide culturally safe service responses to Aboriginal and/or Torres Strait Islander people, families and communities.

How this resource was developed

This policy and practice paper was developed by the Australian Institute of Family Studies, Child Family Community Australia (CFCA) information exchange. The CFCA project provides evidence-based resources and interactive assistance for professionals working to support children, support families and strengthen communities across Australian jurisdictions.

Through various consultation methods, such as the annual [Needs and Impact Survey](#), the CFCA team identifies topic areas the CFCA audience would like more evidence about to inform practice. Topics that are consistently rated amongst the most popular or needed are adolescents and young people, child abuse and neglect, and children in care.

This resource is part of a broader evidence package on dual-system children and adolescents. The literature reviewed for this resource was identified through a rapid review and synthesis of Australian and international research. Databases (SocINDEX, PsycINFO and Google Scholar) were searched for academic and grey literature on dual-system children and adolescents (aged <18 years) that was published 2014–25. Studies conducted in Australia or in countries similar to Australia (e.g. Canada, New Zealand, United Kingdom) were eligible for inclusion.

Studies were screened by title and abstract and then by full text. Of the 1,742 studies found in the searches, 32 met the inclusion criteria and were used to develop the resources on dual-system children and adolescents. Experts in dual-system contact were consulted over the course of the review.

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