

The fourth wave – Incorporating sexually abusive treatment services into a feminist victim service

Introduction

I am going to talk about the integration of SABTS into victim services in Victoria but specifically about SECASA which I know the most about and is one of the largest providers of voluntary SABTS services in the state. I am talking about structural issues not clinical issues. Firstly however I will deal with the title of this talk. Why the fourth wave?

The suffragettes in the early 1990s lobbied predominantly for women's right to vote – for universal suffrage. In the 1970s Australian society experienced a short period of radicalisation as did most western democracies. SECASA and the sexual assault service system in Victoria grew out of that period. Specifically out of the Women Against Rape Collective and a Women's Health Collective that respectively took telephone calls for assistance and support and provided medical assistance for rape victims. These feminists, for those too young to remember, were known as the second wave.

When SECASA employed its first male worker in the late 1990s I wrote a conference paper entitled **The Third Wave. The Development of a Sexual Assault Service for Male Victims**. In 2005 Russell Pratt, who ran our two SABTS programs at that time suggested I write about what he called the fourth wave which was incorporating offender treatment programs into victims services. Notice the title. We were all comfortable with that title back then and it is only 7 years ago. Although this has a similar title you will be please to know that I have updated the paper and changed part of the header as we would not be comfortable with the offender label today for young people. At least I hope we would not as our knowledge and understanding of this area has increased.

Service System

I am going to describe the Centres Against Sexual assault (CASAs) service system in Victoria where the majority of sexually abusive treatment service programs sit and the SABTS service system.

The CASA system commenced in 1987 – 35 years ago. There are now 16 CASAs. 15 direct service agencies and one after hours telephone service. Six of these services are in the metropolitan area of Melbourne and include the Gatehouse Centre at the Royal Children's Hospital which sees only children and adolescents. The other nine are in rural and regional centres. Eleven of the CASAs are attached to healthcare networks and the other five are community based. There is a peak body called the CASA Forum to which we all belong and which negotiates with government and provides representation on committees and boards. This is an organised service system providing a range of inputs for approximately 10,000 people a year.

In relation to SABTS there are 12 services now providing this block of treatment – nine CASAs plus the Children's Protection Society, Australian Childhood Foundation and MAPPS. Berry Street, Shepparton who was the fourth service handed their funding in the Hume region back to the Department of Human Services. The service system commenced some 17 years ago and until recently developed very slowly.

I think you are very lucky to have a chance to plan the way forward in an organised manner. It is not what happened initially in Victoria or SECASA. I think we responded to need in a reactive manner.

SECASA

SECASA started its first SABTS program in 2001 for 12 – 18 year olds. We had ongoing funding of \$165,000, and targets of 20. This funding came from the Department of Human Services. It was for the provision of psychiatric disability support services. We were surprised to get this funding. I was particularly surprised as I had rewritten the same submission with an updated budget six times since 1997 about funding for young people with sexually abusive behaviour and had had no interest as far as I knew from the department. The initial submission had been about providing an integrated service for nine families who had intrafamilial abuse. We were seeing the victims. The nine young men had been referred to private psychiatrists. SECASA had found itself in dispute with the private practitioners who after some six sessions had pronounced the young person cured. The workers seeing the younger family members had been profoundly uneasy about this situation.

We had been trying to work out how we could get a different service for these young men. There were only the four services in Victoria doing this work at the time. Three of them are the same ones funded now with the exception of the nine CASAs - the Children's Protection Society, Australian Childhood Foundation and MAPPS which required either probation or a sentence to be involved. There were also very few workers outside of juvenile justice and adult corrections trained in this work. Referral was clearly a difficult option at this time and private psychiatrists, a couple of them exceptionally busy as they were good at this work and almost impossible to get to see, were the main place for a referral.

When all else fails as a manager you need to be seen as doing something so I wrote a submission to the Department of Human Services. Nothing happened for almost four years until late 2000 when we were experiencing general funding difficulties. The department was not being sympathetic about these difficulties and neither was the healthcare network that auspices us. I decided I would close down our 24 hour crisis service on Christmas eve for a few weeks to recoup some money and bring pressure to bear on the department. I wrote to the departmental regional director to warn him of our plans and to give him time to perhaps hopefully find some money for crisis care. His response was that although he could not help with the crisis care funding issue he had some money he could put towards the submission I kept submitting. The condition was that I kept crisis care open. It seemed like a reasonable deal.

So there we were with \$165 000. No expertise in house in this area, only four services in the state doing this work at the time and a very limited pool of workers trained in this field who probably were not going to see SECASA as a career path.

Obviously we were going to need help to set up the program. We went into partnership with the Children's Protection Society who were one of the agencies already doing this work. They seconded one of their workers into SECASA. A counsellor/advocate put up her hand to be trained as long as I agreed she could move back into victim work in six months if she was unhappy. And we started.

This was not an easy process at the beginning. Remember the origins of sexual assault centres – the women's movement. When I first employed a male worker one of the female counsellors had left making it clear she had chosen to work with women in an agency with a feminist history and not with men. At one level this is all myth as SECASA had always seen men and certainly many male children. But like all myths it has traction and certainly the general view of sexual assault centres back then was that they were services run by women for women. In some cases operating with women only space.

It was also a myth that we did not work with children and young people with problem sexual behaviour and sexually abusive behaviour. The sexual assault field had generally worked with these groups up to the age of 11. To some degree this work was born out of the inability to refer on and if you worked with children you were a party to parental distress and desperation to find a service for your adolescent. SECASA had actually seen young people up to the age of 14 with the young people between 12 and 14 being assessed on a case by case basis.

The fact that we had been doing this work did not stop there being some very difficult conversations about the unfeminist nature of this work within the agency and at the CASA Forum, the peak body, when SECASA started their first SABTS program which was at the time snappily called the Southern Sexual Abuse and Counselling Prevention Program (SSACPP).

The issues raised in SECASA were heart felt by victim workers and debated regularly in team meetings and just about anywhere else victim workers got together. They included;

- People feeling really concerned victims and SABTS young people might be in the same waiting room. This was a concern even when everyone was from the same family.
- The primacy of victims rights were being ignore according to some workers by even thinking of having this client group in the agency.
- We had sold women out by undertaking this work
- A firm belief that money was being taken from victim programs for offender programs
- Anger at the different unit costing and it being seen as a devaluing of victims suffering
- Annoyance at the different amount given for professional development in the initial stages of the SABTS program being set up. This has since been resolved but initially victim workers received \$1 000 per annum and SABTS workers \$3 000. It was to do with the need to provide additional training for an unskilled workforce with a very small pool of workers. Everyone got the same number of professional development days – 10 – but the money usually runs out before the days.

I don't know whether the issues for you here will be the same but I imagine some of them are going to be similar.

Outside the agency the CASA's peak body CASA Forum was also less than impressed. You might ask why does this matter? Well it is the powerbase for the sexual assault field in Victoria. Government deals directly with the Forum the majority of the time rather than individual agencies.

The initial response in 2001 when I announced that we had this funding was a threat by at least one CASA to not have SECASA as part of the forum. This was probably an empty threat as SECASA is by far the largest CASA but it is unpleasant to be at odds with close colleagues to that degree. However although that threat has gone since nine of the CASAs took up the SABTS funding, one manager has ceased to attend the forum which is significant when you try to

present a cohesive approach to the government. This is because of her firmly held view that SABTS have no place in CASAs.

SECASA continued to do this work. We received some additional funding as did the other four agencies involved in the field as the referrals were increasing. The discussions in the CASA Forum changed as other CASAs were struggling with referrals for this group of clients.

One of the managers persuaded most of the CASAs to agree to a submission to DHS asking for funding for this work basically due to the difficulty in finding a place to refer these young people. The number of referrals was growing as people became more aware of the behaviour and were seeing it as more than a stage an adolescent was going through and would grow out of.

In 2005 the Victorian government, after considerable lobbying and consultation, rewrote the legislation that governed child protection and produced the Children, Youth And Families Act (2005). This rewrite included for the first time provisions specifically related to the provision of services for young people 10-14 years with sexually abusive behaviours. The legislation created therapeutic treatment boards and therapeutic treatment orders. These provisions were for

Children who had exhibited sexually abusive behaviours where a children's court order was considered necessary to ensure the child's access to or attendance at an appropriate therapeutic treatment program.

Four therapeutic treatment boards with expert panels were established to provide advice to the departmental secretary as to whether it was appropriate to seek a therapeutic order in respect of a child.

Funding was rolled out to make sexually abusive treatments services available across the state. This was for therapeutic treatment order clients and other voluntary clients. To our surprise most of the clients turned out to be voluntary. Nine of the fifteen direct service CASAs received funding and SECASA and the Gatehouse Centre who work with children and young people received money for training to skill up a small workforce with limited skills. There is no insult intended to the hard working workers in the field but there had been limited training and limited opportunities.

There were difficulties very quickly in the field which included

- Some agencies targets were ridiculously low – 5 – this did not give them any choice of treatment. For example individual, family or group. It is not enough either to have a small team. This meant that this work was part of the workload of a victim worker. In some cases there is no opportunity to decide whether a group would be better for a young person as the targets are too low to allow for group work.
- There were not enough skilled workers for all the agencies so we either had to poach staff or be creative in where we recruited.
- Once the statewide training run by SECASA and Gatehouse was completed there was no funding for ongoing training or mentoring
- There was no statewide framework for treatment which led to some difficulties.
- TTO money does not extend beyond 15 leaving a serious service gap with the 15-17 year olds.
- TTO money only provides for 12 months treatment with an additional 12 months on application.

Behind the development of the services and worker issues was another layer of the service system. Managers, of what were originally called offenders services, started meeting regularly around 2000. There were practitioner forums run for the small number of workers in the four agencies to look at new ways of working and try and keep abreast of new developments in New Zealand, the US and other places such as New South Wales which started programs in 1996. The managers meetings and practitioner forums were eventually combined and we started meeting regularly. SECASA had become part of a group of five agencies.

When the legislation was changed in 2005 there was funding made available for therapeutic treatment orders to commence in 2007 and SABTS services to start. Due to the CASA Forum submission offering a statewide service CASAs were approached to provide these services. The CASAs who were interested in providing this service started meeting with the other agencies in the regular meeting. This made it a large meeting with workers and managers and up to 30 people in attendance. We decided it would be easier if we presented a united front about issues that were concerning us. In 2006 I wrote to the then Minister for Community Services and told her that we had created a peak body – CEASE. Peak bodies are easy to set up but take a bit more energy to keep going.

In addition the Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA) had been running roundtables since the middle of the 1990s although at least half of the attendance back then was from New Zealand. New Zealand had had SABTS program well established some ten years before Australia.

CEASE now meets monthly and has standards of practice for the field. The first ones were created in 2008. They have recently been revised by a working group of the peak body and were launched last week.

In 2008 the department of justice provided funding for three of the Victorian agencies to provide extended treatment services to 15-17 year olds. SECASA, CPS and Berry Street received this funding. By this time I should mention our targets were 84. Additional funding was provided this year by the Department of Human Services for 10-14 year olds. This means for SECASA we have approximately \$900,000 and 124 targets. This is not said to make you wish for this level of funding but to flag another issue I will raise in a moment which is that I did not intend to have a quarter of SECASA's money allocated for SABTS.

There have been moves in the field at the manager level which are impressive and if there are difficulties here with incorporating these services into victim services take heart that in a decade the worst of it will be over. At the recent CASA Forum planning day there was a discussion about SABTS programs – unheard of even five years ago this sort of discussion – the issue was around the recent funding round being only for 10-14 year olds. A manager who has not been that supportive of SABTS when we were discussing should we write and discuss the need for funding for 15-17 years olds said “it is inevitable. We might as well write now.” However, there are always glitches and just as I thought there was an acceptance of SABTS as part of CASA services the recent CASA Forum conference organisers refused to have papers from SABTS workers included in the conference.

So what do we have now. We have

- A peak body that meets monthly with up to twenty people attending on a regular basis with representation from most agencies, DHS and on occasions DOJ. This allows us to feed issues back to the government in a systematic way.
- We have a government evaluation of the service system being conducted.
- An additional \$7.4 million this year over 4 years for SABTS as the government recognises gaps in service.
- An updated standards of practice
- Over a decade of service provision and the knowledge and experiences that brings with it.

But what don't we have from SECASA's perspective after over a decade of service

- A statewide service for 15-17 year olds
- A training program to upskill the workforce
- Sufficient money for some rural and regional services to enable them to offer a flexible service
- A statewide framework for working with SABTS.

However there have been movements in a decade that I want to share with you. Last week I surveyed twenty-one of the workers at SECASA. I would like to tell the stats people amongst you that I did thirty but it is not true. They were asked about the advantages and disadvantages of having SABTS in SECASA. This was what they said remembering back to the initial issues in 2001.

Advantages

- Deals with young people as victims as well as perpetrators
- Keeps young people out of the criminal system
- Addresses the fact that youth need therapy not stigma
- Victim and SABTS work inform each other
- It is easier to communicate about family issues with workers in the same agency
- It provides a well round response to families with inter familial sexual assault
- Makes the co-ordination of services easier

Now before you get excited and think all your problems will be over if you last a decade there were more negative comments although they were actually from a couple of workers not the whole group.

Disadvantages

- Puts victims in continuous harms way

- Clients who have seen SECASA's website worry they will run into sex offenders in the waiting area/victims are uncomfortable knowing offenders are in the same service
- Role confusion for counsellors
- Therapeutic space design predates the SABTS programs and not adequate
- Offenders given more help than victims. Look at the funding
- SABTS program seen as the problem with the victim waiting times

But compared to 2001 we have moved on. The really negative comments were from two workers. We can address most of these issues. The therapeutic space is an issue. We have a dedicated team for SABTS work. SABTS programs make no difference to victim waiting times as it is separate funding. But there are similar issues arising

- Arguments about the primacy of victims rights
- Concern money is being taken from victims services for offenders
- Underlying accusations of selling women out

So where to from here for Victoria.

- Therapeutic treatment orders need extending to 8 - 18 years. With the advent of broadband access to pornography has become much easier. We have a number of clients with serious behaviours at a younger age than we saw previously.
- Unit costing needs addressing. We work with department of human services families who are often harder to deal with than SABTS clients. There is an inequity here.
- There needs to be a statewide training program as there is for the sexual assault field victim workers. Lack of statewide training does not assist the development of a statewide model.
- The therapeutic treatment order boards and the field need to become more skilled at risk assessment. There are a number of young people referred into SABTS program who are not suitable for what is predominantly a voluntary program.
- The framework whilst it has moved to dealing with adolescents as needing treatment programs different to adults programs needs to move to look at attachment and trauma. The majority of the young people referred have histories of family violence, neglect sexual assault or have aspergers or high end autism. This is where the literature points us as well as some of the training but it takes agencies time to retrain workers and to adapt. This is still new and evolving work.
- Peak body needs a secretariat

What would i do differently?

1. I would be clearer about the need to have a statewide structure for reporting back to government and the therapeutic treatment boards. Suggest the creation of a statewide steering committee with representation from judiciary, police, child protection and clinical agencies.
2. I would set up regular discussions inter agency about integrating the two programs into one agency rather than leave it to individual workers and locations.
3. I would schedule regular discussion about the philosophical issues underlying bringing these two areas together and keep the discussion real. For example the belief that our waiting times are because of the SABTS program is not logical but it is an indication that workers are feeling pressured and see their commitment to women as being undermined. But times change and our approaches need to change.
4. I would lobby harder for funding for a workforce development program and not assume that it can be addressed by victim training with add ons which is what we currently have in Victoria.
5. I would put more effort, especially now given the change in approaches to employing family therapists to work within the agency with both victims and SABTS clients
6. I would take more notice of the difficulties workers say they are having with the under 10 year olds, who do not come under the TTO legislation and have a different funding formula.
7. I would look at the need to modify premises to deal with the ongoing waiting room debate.

8. Make sure there were funds for research and evaluation to inform practice.
9. Accreditation tied to training.
10. Statewide orientation process for first 12 months.

Conclusion

This is an evolving field of practice. When I started work in the 1970s I worked in residential care. We had a number of young people with quite serious offending behaviour and it is not that we didn't see it because we had to manage it within the residential units. However we thought it was just a stage they were going through. When a number of them ended up in jail in later life for sex offending the workers would nod sagely and say "well we knew they had a problem."

Now we know more than they have a problem. We know that society has a problem with these types of offences. We know that young people have behaviour that can be changed, views of the world that can be challenged and in most cases families that can be helped to look at what happens within their family that contributes to this behaviour such as family violence, substance abuse and neglect.

I think victim services who tackle this work have come of age. It is our preventative work. Our contribution to creating a safer society for women, children and men. Sex offenders have some 200 victims each according to the research. We know that adolescents are still forming their views of the world and how they interact in society. If we can change their behaviour and their views in the areas of sexual harassment and assault we will reduce in the long term the number of victims. This is as much preventative work as running a protective behaviours program in primary schools.

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10.12.12