

The third wave: The development of sexual assault services for male victims

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Introduction

This paper looks at the political context of the development of services for male victims of sexual assault in Victoria, the evolution of the South Eastern Centre Against Sexual Assault (SECASA) male service, the argument for placing male victim services in mainstream sexual assault centres and the difficulties that arise when working with this group of victims

History Of Sexual Assault Centres

The Victorian Centres Against Sexual Assault grew out of the Women's Movement which itself in Australia evolved from the social change movements which proliferated in the Western World in the late 1960's and early 1970's. Many of the women involved in the various groups such as the Anti-War Movement, the Anti-Apartheid Movement and the New Left found that the prejudice and discrimination they faced as women in these groups was no different to that in more traditional organisations. By 1974 in Victoria their dissatisfaction with the political activity of the left had led to specific groups of women meeting around various issues such as domestic violence, community run childcare services, abortion law reform, equal pay and, of relevance to Centres Against Sexual Assault today, rape.

The first Rape Crisis Centre in Victoria started in September 1974 formed by one of these women's liberation groups. This service provided access to medical examinations and counselling for adult women who had been raped. It did not provide services for children or men. This service did not receive Government funding in 1975 when the Whitlam Government made federal funding available, administered through the States, for the establishment of rape crisis centres across Australia. The Centre was offered funding but felt unable to conform to the management and organisational changes required as a condition of the grant. The unfunded Women Against Rape Collective (WAR) continued to operate until the end of the 1970's offering to women who had been raped support with reporting to the Police, medicals and accommodation if necessary.

In early 1977 a large public hospital in Melbourne refused to treat a rape victim who required medical attention and, following considerable negative publicity for hospitals generally, the Queen Victoria Public Hospital started to offer a service to rape victims in August of that year. This was the beginning of the South Eastern Centre Against Sexual Assault although there was no funding available for service provision at this time. This service was based in the Psychiatry Department of the hospital, not to provide a medical model or because it was felt victims needed psychiatric help, but because initially the only social worker willing to provide an additional after hours service for no pay was a psychiatric social worker.

By this stage various groups were lobbying the Government for a rape crisis centre and in 1979 the Queen Victoria Hospital received funding to provide a 24-hour counselling service to sexual assault victims. Slowly sexual assault centres were established around the state with a number of different organisational styles. There are now 15 sexual assault centres with an annual budget of approximately \$8 million and a peak body, the Victorian CASA Forum.

Development of SECASA's Male Service

Services to male victims are not a recent phenomena for Victorian Centres Against Sexual Assault. In fact, the process of working with male victims of sexual assault actually commenced for SECASA when the service itself started in August 1977. But, as with services for children we were not that clear about what we were actually doing as opposed to what we thought we were doing. We initially thought we were providing services for women who had been recently assaulted. It was several years before it became clear that the service at the Queen Victoria Hospital was seeing a large number of children, a considerable number of adult survivors of childhood sexual assault and a number of male victims of assault both past and recent.

From the beginning the 15 Centres Against Sexual Assault were funded to provide a service to victims of sexual assault regardless of gender. But, their origins, the gendered nature of sexual assault and the philosophy of some Centres led to them being seen and, to some degree, seeing themselves as services run by women for women. However, it appears that the majority of Centres saw adult male victims from very early on in their development.

As mentioned previously the South Eastern Centre Against Sexual Assault commenced in August 1977 when the Psychiatry Department of the Queen Victoria Hospital agreed to provide a 24-hour response for the Emergency

Department for rape victims. This ad hoc service was funded one position in 1979. Several Social Work positions were funded over the next 8 years and by 1987 there were 7 positions. When the Queen Victoria Hospital was closed, as part of a State wide restructuring of hospital bed availability, and moved to the newly built Monash Medical Centre out of the City of Melbourne, the sexual assault centre also moved with the 7 positions. It became a team in the Social Work Department.

In 1993 the Monash Sexual Assault Centre (MONSAC) moved out of the hospital into a community house and changed its name to the South Eastern Centre Against Sexual Assault. By this stage more funding had been made available for a number of programs.

In 1995/6 public debate commenced about the lack of services for male victims of sexual assault. Prior to this there had been a political shift with theoretical developments about the role of men in Western societies, the construction of masculinity and lack of male access to health and welfare services amongst others. Some of this debate was politically motivated with several agencies looking for an area of need within which they could establish their service including the new one-stop victims' service agency. The Centres Against Sexual Assault were concerned for political reasons, predominantly attached to funding, to make it clear that they saw male victims whilst accepting that there was a public perception that they were female focussed.

At the time of the debate SECASA was already seeing a number of male victims along with the majority of the other Centres. However, we understood that a number of male victims were unwilling to attend a CASA and wanted to know what the issues were as opposed to what we thought they might be. A federally funded resourcing group ran two focus groups for us in our region. One group was run for local workers in various agencies and one group for the general public.

The focus group findings were as follows:-

- Male sexual assault was seen as under-reported
- There was a perceived link between being a victim/survivor and being an offender on the part of a number of participants
- Perpetrators were seen as over reporting a history of sexual assault/abuse as a way of normalising abusive behaviour
- It was perceived there was a stigma attached to attending a sexual assault centre
- A choice of male or female counsellors was seen as desirable
- There was a perception that SECASA was more appropriate for females and could not provide men, and particularly young men and gay men with a service
- It was universally agreed that SECASA should provide training, education and professional support for workers in other agencies working with male victims of sexual assault

At the same time as the focus groups were being run the Duty/Intake Worker at SECASA started asking each male caller requiring counselling if they wanted a male or a female counsellor. The majority of male callers wanted a female counsellor. This was obviously a biased sample. Presumably given the focus group findings the public and local workers might well not ring SECASA if they wanted to access a male counsellor. However, 8 percent of callers were very clear they wanted a male counsellor and needed a referral to an agency that could provide one.

SECASA, and the peak body for Victorian Centres Against Sexual Assault the CASA Forum, already had a policy that sexual assault counselling is best provided in a specialist service with sensitivity to minority group issues. As well as now being aware that a number of male clients were having to be referred to outside agencies it became clear that the debate in Victoria was leaning to the establishment of separate sexual assault services for men. At this time there were 3 non-government funded agencies providing assistance solely to male victims. These were the Rainbow Male Survivors Network, Men's CASA and Men Against Sexual Assault (MASA). Although MASA's position was that it would not take money for male sexual assault victims if it were diverted from female victims, funding streams are not always that transparent. It became clear that CASA's needed to take some action if they did not want sexual assault centres established specifically for men with the possible establishment of sexual assault services for other minority groups.

Given the findings of the focus groups and the political pressure that was building up it was decided that SECASA needed to provide a service for the male callers wanting to see a male counsellor. It was the one focus group finding that could be dealt with in the short term for the Southern Metropolitan Region. SECASA employed a male worker 3 days a week using National Women's Health Program money. He initially saw his clients in, and worked out of, the local Community Health Centre that is located in the next street. This was primarily due to space problems in the agency. However, it gave a period of time for a feminist agency to adjust to a male worker and an increased number of male clients.

Publicising the male sexual assault counsellor's availability led to a considerable increase in the overall number of men contacting the service with the outcome that the female counsellors were seeing far more male clients than previously. It

also led to us establishing a school program for male students in Years 7-12. The local Women's Health Service was allocated money to run workshops in local schools for students around sexual assault and violent behaviour issues. However, the schools requested that the classes be split into male and female students. The Health Service asked the SECASA male worker to run the workshops for the male students. Seven years on this is a program with its own project worker and twelve peer educators running a wide range of workshops for male students in local schools.

Also in 1995/6 the Victorian Government established the Drug and Crime Prevention Joint Parliamentary Committee and focussed on the lack of services for male victims of sexual assault. The Department of Human Services, who provided most of CASA funding at this time, started exploring what they saw as a lack of service provision for men. When some additional funding became available services for male victims were one of the priority areas. SECASA received funding for two full-time male counsellor positions.

SECASA now has a Men's Service with 4 full-time positions and 5 workers. Four of these workers are male and one female. The service provides

- Counselling for past and recent victims of sexual assault
- Anti-violence workshops on a range of topics in schools for male students in years 7-12
- Groups for both gay and straight male survivors of childhood sexual assault
- Groups for partners of women who have been recently assaulted
- An adolescent sex offender treatment program for ages 10-17
- Community education and professional consultation
- An after hours service in three of SECASA's six locations
- A visiting male service in other CASA's

This service has an area separate from the main service, although the male counsellors appear to prefer to counsel in the main house. It also has a specific service poster, brochure and other material with a male focus.

Today in Victoria seven CASA's now have male workers undertaking a variety of tasks from working with young men, community development work and counselling.

Why Mainstream?

In Victoria over the past six or seven years services for male victims have increased. Across the field 26 percent of new registrations were male victim/survivors. The Victorian Police Crime Statistics for 2000/2001 reported 3 961 female victims and 849 male victims under the category of sexual offences. Of those 866 females and 105 males reported being victims of rape. Male adult victims made up 11 percent of the total with child male victims constituting 25 percent of the total.

SECASA's position is a pragmatic one. Whilst acknowledging that there may be a number of men who might feel more comfortable in an agency run by men, it was always thought that SECASA could provide an appropriate, sensitive and supportive service to male victims. This fits in with the CASA Forum general policy that sexual assault services for all minority groups should be provided in a specialist service. This policy grows out of four major issues.

- SECASA has difficulty attracting sufficient numbers of experienced staff able to work across the wide range of issues that occur in the sexual assault field. It always seemed unlikely that the body of expertise built up in SECASA in the past 25 years could be duplicated easily running the risk that smaller gender specific agencies might offer less effective services.
- Secondly there is never sufficient funding to go around in the area of health and welfare service provision. Agencies have periodically been defunded when the Government in power at the time has had a change of policy. Large mainstream agencies are safer in terms of maintaining funding and hence service provision rather than a dozen smaller agencies catering for specific minority groups such as the deaf, intellectually disabled, physically disabled, CALD groups, indigenous groups and men.
- Thirdly I would argue that there are more similarities between victims regardless of gender, sexuality, race or class than there are dissimilarities and that the provision of a culturally aware, supportive service with an understanding of gender issues should be suitable for the majority of victims. Also, the majority of males we have surveyed want a female counsellor which would mean that a male sexual assault service would either need female counsellors or would need close links with another Centre Against Sexual Assault for referral purposes.
- Lastly given the known statistics it appears that over the past 6 years CASA's have been successful in making their services acceptable to male victims and have provided a relevant, sensitive service around the state.

Working With Male Victims

Men as a minority group is always an odd concept. Nevertheless in terms of being victims of sexual assault they are a minority group. But, they are different to all the other minority groups we work with. They are different because as well as being a minority group of victims this group also produces the majority of offenders. Therein lies an issue when working with male victims.

This leads to the following issues being present in the agency and the field. These do not have simple answers but need to be considered.

- How do we deal with male victims who are also perpetrators of sexual assault or family violence especially if they do not disclose until they have been with the agency for several months?
- How do we deal with the reports of female offenders? What does it mean for our theoretical framework?
- How do male workers avoid collusion with male clients?
- At one location, where the male workers predominantly work, the waiting area can be filled with a number of men. There has never been a complaint about this but occasionally it has looked daunting for a female rape victim.
- After Hours Crisis Care and Intake/Duty Work. Most female victims wish to see a female counsellor hence the male workers do not participate in the after hours roster or the Intake Worker roster as very few males access crisis care. This leads to two classes of workers in the Centre.
- Most male clients want after hours appointments which is a serious financial issue given the award under which CASAs are funded. There is a loading for working after 6.00 p.m.
- There is ongoing tension in the field over the amount of discourse on male victim services.
- How does the male service cover a region consisting of 24 percent of the State's population some three hours drive from side to side. Female workers are based in 6 locations.

Conclusion

Although the above difficulties are present in the agency I would argue that SECASA has successfully integrated a service for male victims, especially those wanting a male worker, into the main service. I think that there are a number of male victims who do not access the service at present, such as older men and victims of recent sexual assault. But given it took many years for women and children to feel comfortable reporting sexual assault, and huge numbers probably do not report or access services even today, male sexual assault victim/survivors have time on their side.