

THE FOURTH WAVE CONTINUED – THE INCORPORATION OF SERVICES FOR YOUNG PEOPLE WITH SEXUALLY ABUSIVE BEHAVIOURS INTO CENTRES AGAINST SEXUAL ASSAULT

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This paper is a continuation of the one I presented in 2005 at the VOTA Conference Broadening Perspectives. Bringing the Community into Risk Management. I called that paper The Fourth Wave. Offender Treatment Programs. The Unintended Consequences of Service Development. I had to resist the temptation to call this one More Unintended Consequences but that would not have been true. The latest developments were intentional even though the original ones were not.

In the paper two years ago I spoke about how a sexual assault victim service had found itself running, not just one, but two programs for adolescents with sexually abusive behaviours. I talked at the end of the paper about the outcomes of running these two programs which included

- conflict with the Peak Body – CASA Forum
- ongoing arguments with other victim agencies about the primacy of victims rights
- thin end of the wedge debates
- concern that money was being taken from victims services for offender services –
- accusations of selling women out

These external issues were to a large degree political and philosophical. There were internal issues such as how workers managed case loads when working in victim and offender programs and how to manage two client groups with one waiting area. But predominantly the debates, and sometimes disputes, around the sexual assault field were about the need to maintain our focus on victims' rights.

However, the world is always changing and we are in a very different place in relation to adolescent treatment programs in 2007 than we were in 2005. I am going to talk about that different place under the points

- the convergence of two diverse service streams
- the importance of victim and adolescent offender services collaborating
- the maturing of service systems

Firstly I am going to look at how two different streams of thought, which do not appear to be compatible, have ended up converging. This is a process wonderfully described in relation to another field in a then revolutionary text published in 1969 by Thomas Kuhn **The Structure of Scientific Revolutions**. Kuhn talks about new theories being developed to deal with anomalies which result in the destruction of the old ways of thinking. The two divergent fields we are talking about today are the development of victim services for victim/survivors of sexual assault and the evolution of treatment

programs for adolescent sex offenders. The theoretical changes that have taken place leading to the destruction of old ways of thinking are

- the CASA's moving from being services run by women for women and
- adolescents with sexually abusive behaviours being seen as more than short adults.

The Development of CASA Services

The South Eastern Centre Against Sexual Assault (SECASA) was established in August 1977. The service came about because of the changes brought about in the 1970s by the Women's Movement and the momentary radicalization of Australian Society. For sexual assault the radical group was the Women Against Rape collective, which had the acronym WAR and gives you some idea of how far we have come in 30 years. The initial SECASA service was provided for women, children and young people who had been recently raped. I have always considered this the First Wave of service provision.

Very soon after the commencement of SECASA a number of groups of women commenced lobbying for the service to be broadened. These were women who had been victims of childhood sexual assault or whose children had been sexually assault in their earlier years. These women argued that just because their assaults happened in previous years they were no less deserving of counseling. So started the Second Wave of service provision.

In the mid 1990's men's groups started lobbying for the provision of services to male victims of childhood sexual assault and recent assault. The Third Wave of service development. This development was confronting for the developing sexual assault services whose gendered analysis had women and children as victims and males as offenders. Although not happy about the initial service for adult male victim/survivors the Centres Against Sexual Assault could see the anomalies that were developing for the services that saw children. A third of the children seen by the services dealing with both adults and children were male. Presumably those males who did not disclose in childhood were entitled to a service in later life in the same way as female survivors of childhood sexual assault were receiving a service.

By 1995 there were sixteen Centres Against Sexual Assault across the state including the Gatehouse Centre and the Sexual Assault Crisis Line. Standards of Practice were developed, official positions created and membership fees levied. CASA'S generally responded well to the broadening of their service base by employing people with skills in working with children and male counsellor/advocates. But even with the increased accessibility and the changes to staff composition CASAs were victim services. Centres Against Sexual Assault have seen themselves for the past 30 years as advocates for victims rights and social change in all areas related to sexual assault and latterly family and domestic violence.

The peak body for the 16 CASA's in Victoria has an information brochure that articulates this position clearly stating under the heading Philosophy all CASA's must

- work towards the empowerment of service users, through the adoption of a victim's right advocacy model where the focus of service provision must be to recent and past victim/survivors of sexual assault

and

- advocate for reforms to the legal system, policing procedures and judicial matters which impinge on the rights of victim/survivors of sexual assault

This was the stated philosophy for the field for the first 20 years existence of the Victorian CASA Forum.

What had developed was a cohesive service delivery system for victims of sexual assault and more recently family and domestic violence with an organized, powerful Peak Body. There had been struggles with the incorporation of male victims into their philosophy and a moving away from the idea of women only space. These debates had started to subside as a new dilemma commenced.. For those of us working with families and child victims of sexual assault by 2000 there were conflicts developing in relation to adolescents with sexually abusive behaviours, their parents and siblings.

Development of treatment services for adolescents with sexually abusive behaviours

The second part of the service system development relates to the treatment of adolescents with sexually abusive behaviours. This is a much less organized service system than the CASAs with a shorter period of development.

Sex offender treatment for juveniles was a new field in the 1980's. Generally practices were based on what therapists knew which was the adult sex offender treatment model. However, practitioners quickly acknowledged that adult models did not account for adolescent development and the effects of family and environment on children's behaviour. Research over a number of years started to show that young people who committed sex offences were different from adult sex offenders in a number of ways.

Services slowly started responding to the new knowledge and approaches that were being developed. In Melbourne in 1993 the Male Adolescent Program for Positive Sexuality (MAPPS) was established and hailed by the then Minister for Youth and Community Services Denise Napthine as being "at the leading edge of programs around the world in the effective treatment of adolescent sex offenders." This service was provided to young offenders who had been to court and were either on a sentence or probation.

The same year the Children's Protection Society was funded to provide a non-mandated service for children and young people 10 – 18 with problematic sexual behaviours or sexually problematic behaviours as well as continuing to provide therapeutic counselling for victims of sexual abuse.

In 1986 Australian's Against Child Abuse, now the Australian Childhood Foundation, had been established and provided a counselling service for child victims of sexual assault. In the late 1990s this organization started to provide treatment for children from 5 – 12 years of age with problematic sexual behaviour.

The Royal Children's Hospital, Gatehouse Centre started to see young people with sexually abusive behaviours in 1993 when it started a project with the Children's Court.

The Centres Against Sexual Assault who saw children were working with under 10's with problematic sexual behaviour and often found themselves seeing young people with sexually abusive behaviours up to the age of 14 years. Often this was not a matter of choice but an inability to find a referral for an adolescent whose siblings were the victims and were receiving a service along with their parents at the CASA.

A service system had started to develop but it was fragmented around the State. For the Gatehouse Centre and SECASA the treatment service provided for young people with sexually abusive behaviours was aimed at improving our response to victims not at treating adolescents with sexually abusive behaviours.

How did these two service streams converge?

By the early years of this century in Victoria services were being provided for adolescents with sexually abusive behaviours by six agencies.

These agencies were

- MAPPS providing a service for juvenile justice clients 10-21 years of age without a mental health diagnosis found guilty and either sentenced or on probation.
- Gatehouse Centre, Royal Children's Hospital seeing 4 -12 year olds living in the North/West Metropolitan Regions referred from parents, DHS, Police, School and community agencies
- Children's Protection Society was working with 10-18 year olds living in the Eastern Metropolitan Region, without a cognitive impairment, referred by DHS who had been reported to the Police.
- Berry Street Shepparton were running a regional service for 11-17 year olds without an intellectual disability referred by DHS, parents and community agencies
- Australian Childhood Foundation was providing a service in the Eastern Metropolitan Region for 5- 12 year olds, with a non victim profile, referred by DHS, parents and other agencies
- SECASA was running two services. SOBI for 10-18 year olds, with a non victim profile, no intellectual disability, living in the Southern Metropolitan Region who had been reported to the police. SAID was providing a statewide service for 12-18 years olds both borderline and with an intellectual disability

This was a very complex, limited service system. Agencies had different ages for acceptance into their service, different requirements in relation to reporting and different ways of working with the children and young people. As confusing as it may have been for professionals it was clearly very difficult for parents voluntarily seeking treatment for their adolescent.

Other parts of the health and welfare system had very limited criteria for working with these groups and, in the main, preferred not to accept referrals. CAMHS generally was not willing to work with these young people unless there was a mental health issue which was often not the case. Take Two only took clients referred by DHS which did not help the Police, parents and community based agencies trying to access treatment for young people.

In 2003 some of the agencies from around Australia involved with treatment programs for young people organized the first Round Table. This took place in Melbourne and Dr Adam Graycar who was the Director of the Australian Institute of Criminology presented to the group about adolescent sex offending.

It was agreed to make the Round Table meeting a regular event. These were meetings of clinicians from all the States and Territories getting together to formulate best practice models for working with young people with sexually abusive behaviours.

In February 2005 the meeting took place in Brisbane. The program managers who attended from Victoria came back from this meeting wanting to work on the Victorian service system and to develop a national data set. It was thought that one of the major issues was the need for standardization. Clinicians thought that they knew what they were doing and talking about but were aware that there was no Australian data to back up their practice. The program managers commenced meeting on a regular basis in the Offender Program Managers Meeting which was separate from the Peer Supervision meetings that had commenced in 2003 with MAPPS and CPS. The Peer Supervision continued to meet providing new workers with a forum for discussing their work that was broader than their single agency.

The agencies who initially met were MAPPS, SECASA, ACF, CPS and Berry Street. Also in the previous month there had been a Forum run by the Department of Justice and the Department of Human Services about state services for children and young people with problematic sexual behaviours and sexually abusive behaviours. This meeting had focused on the prioritising of client services and the facilitation of processes to allow greater access to appropriate services for clients with sexual behaviour problems.

This has seemed a limited approach to the Offender Managers Meeting participants as all the services were operating at capacity. A number of suggestions were put to DHS in relation to the outcomes of the Forum from the Offender Managers Meeting which included the need for

- a centralized intake system

- standardized treatment and assessment processes across the state
- expansion of the service system to all metropolitan regions
- the development of a body to oversee practice standards and policy issues

In February 2006 it was decided that the Offender Managers Program should become a Peak Body and the membership was to include, as well as the original agencies, the Office of the Child Safety Commissioner, Gatehouse Centre, Gippsland CASA and Barwon CASA. CEASE came into existence and the Minister for Children and Community Services informed in May 2006 about this decision.

Also in 2006 the CASA Forum put in a position paper to the Department of Human Services arguing that non mandated treatment services for children with problematic sexual behaviours and adolescents with sexually abusive behaviours should be located in victim services and specifically in victim services with a statewide focus. This is light years away from the starting point of services run by women for recent rape victims.

In line with the requirements in the new legislation the Children, Youth and Families Act 2005 a Therapeutic Treatment Order Reference Group was formed and representation sought from CEASE. The field had moved to having regular meetings and a Peak Body recognized by the Government.

Since May 2006 the Therapeutic Treatment Orders Board has been established and an additional \$769 000 was made available bringing to a total of \$1 761 212 the money available for treatment services for children and young people under 15. This has a target of 224 children across the state. Amongst the agencies funded to undertake this work are 9 CASAs. The other agencies are the original members of CEASE ACF, CPS, MAPPS and Berry Street.

Why Locate Victim/Offender Services Together?

Services for children and adolescents with problematic sexual behaviours and sexually problematic behaviours in Victoria are almost all located in victim services with the majority being provided in CASAs. In acknowledgement of this the 2007 Annual General Meeting of the Victorian Centres Against Sexual Assault Forum ratified the following point under Aims and Objectives

- ensure treatment services are provided to children and young people with problematic sexual behaviours and sexually abusive behaviours

The two diverse fields of services for victims of sexual assault and treatment for adolescents with sexually abusive behaviours have become interlinked. The Peak Body meets monthly and has representation from both fields. Funding, albeit limited, has been spread across the regions. Most importantly the two Peak Bodies talk to each other and are in agreement that it is important that these two different areas are in accord and working together for the benefit of victims and the treatment of adolescents. Why is this important?

- I think it is important that offender treatment has a victim focus and that this is kept to the forefront of our minds. I attended an Australian and New Zealand Association for the Treatment of Sexual Abuse meeting and was concerned when one of the New South Wales practitioners who works in a juvenile justice facility, wanted us to drop the word victim because it labeled the young men he worked with as offenders. I can understand what might bring you to that point but in order to assist young men to build their self esteem and start feeling better about themselves, so they deal with their offending behaviour, it should not be necessary to minimize the suffering of their victims. This type of dialogue will only happen if the services for victims and offenders are located together in, at least some, of the funded agencies.
- Co-location keeps the dialogue about the reunification of families open. When the victim workers and offender workers are in the same agency protocols can be easily worked out to keep the communication channels open and work out the best solution for a family.
- It helps to emphasise the importance of treating adolescents as most victim agencies are very clear how many women and men are assaulted by the age of 18. Also it points out the number of victims per offender and the age of the offenders. 2003/2004 in Victoria in 14 percent of reported rapes the offender was under 17 years of age.

Conclusion

We have all come a long way in 30 years but the quickest part of the journey has been in the past 2 years. In 2005 SECASA was regarded as unwise by the CASA Forum and the sexual assault field to have started treatment services for adolescents with sexually abusive behaviours. Now ten out of the sixteen CASAs have funding to provide services for this group. Unlike the first two programs at SECASA this program development was considered, lobbied for and deliberate.

So is it all plain sailing. No.

- The waiting room issue has re emerged at SECASA as each program becomes busier.
- The 15 year old cut off is difficult for service provision especially for SECASA who saw up to 18 year olds in the past. Agencies may have very small targets from two Government Departments if DOJ release funding for 15-18 year olds out into the community
- One member of the CASA Forum disapproves of this development. They cannot change the decision as the Forum functions on majority decisions. However, it does mean that the discussions have to stay active.
- Several agencies have targets that are small making it difficult to run sophisticated programs or groups.
- the field is still developing and changes in theory need monitoring so practice does not fall behind.

- There are unresolved issues between victim and offender workers about whether one area is harder to work in than the other. Attached to this are discussions about paid professional development and study leave.

Returning to Thomas Kuhn where we started, and with apologies for utilizing him in a totally unrelated endeavour, he states that “crises are a necessary precondition for the emergence of novel theories”. How we deal with the difficulties that arise in relation to the new service provision of today will dictate the next change in service provision.

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