

## 3: The History Of SABTS: The Fourth Wave

**NOTE:**

Please read this guide in conjunction with following guides:

- 2: The SABTS Service System – Who’s Who in the Zoo?
- 4. Therapeutic Treatment Issues – An Overview
- 5. TTOs: 15 to 18 Year Olds

**The Fourth Wave: The Development of Services for Young People with Sexually Abusive Behaviours in Victoria**

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**Carolyn Worth “The Fourth Wave”**

### Introduction

Carolyn Worth is the current manager of the South Eastern Centre Against Sexual Assault (SECASA) in East Bentleigh and other locations in the South East. Carolyn is also the Chair of CEASE and the CASA Forum.

Along with others such as Karen Hogan, manager of the Gatehouse Centre, Royal Children’s Hospital, Carolyn was one of the ‘movers and shakers’ who has not only been a key figure in victim and survivor service development in Victoria, but has also been pivotal in establishing Sexually Abusive Behaviour Treatment Services (SABTS) across Victoria. Carolyn, Karen and others began lobbying the Victorian Government in the early 2000s (pre-2005) in a bid to set up a comprehensive and systemic response to youth who sexually abused other children.

‘The Fourth Wave’ is a paper written by Carolyn in the mid-2000s in which she sets out the history of the establishment of SABTS in Victoria. The version presented here is somewhat modified from the original.

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### The Fourth Wave

Sex offender treatment for juveniles was a new field in Australia, and across the world in the 1980s. Generally, practices were intuitive and based on adult sex offender treatment models with, in some cases, modifications. As well, practitioners believed that; a) most adult sex offenders could not be 'cured', and b) given adolescents were just 'mini-adults' then juvenile sex offenders would eventually move on to become adult sex offenders as well. This accounted for the punitive, adult-based models of treatment applied to this population in the early '80s.

There was a small group of 'pioneers' in the field, however, who believed that the application of adult sex offender treatment models to adolescents and children was not just inappropriate, but ineffectual. Gail Ryan, Sandy Lane and others had realised, and acknowledged, that adult models did not account for adolescent development and the effects of family and environment on children's behaviour, and emerging research over the next decade (continuing to today) showed that young people who committed sex offences were different from adult sex offenders in a number of ways, outside the scope of this paper.

#### Late 1980s to 2000

The Victorian State Government started to have awareness of this issue in the late 1980's, mainly based on the continued reports of children and adolescents engaging in what was then called sex offending behaviour coming into child protection. Discussions were commenced about the best way to deal with these adolescents with sex offending issues. Money was made available in the 1991-1992 state budget to start a program. In 1993 the Male Adolescent Program for Positive Sexuality (MAPPS) was established. It was hailed by the then Minister for Youth and Community Services, Denis Napthine, as being '...at the leading edge of programs around the world in the effective treatment of adolescent sex offenders.' MAPPS dealt with young offenders who had received a criminal sentence or probation at least and been court ordered to attend.

In the same year, 1993, the Children's Protection Society (CPS), based in Heidelberg, was funded to provide a non-mandated service for children and young people 10-18 with problem sexual behaviours or sexually abusive behaviours. This was in addition to their therapeutic counselling program for victims of sexual assault. Around the same time the Australian Childhood Foundation started to provide treatment for children with problem sexual behaviour (PSB) aged 5-12 years. Also, in 1993, the Royal Children's Hospital, Gatehouse Centre began seeing children with sexually abusive behaviours (SABs) when it started a project with the Children's Court. RCH Gatehouse Centre continued to see these children after the project was completed.

The Centres Against Sexual Assault (CASAs) who worked with children, had seen under 10-year-olds with problem sexual behaviour for many years. They had also worked with some young people with sexually abusive behaviours up to 14 years of age. This was not a matter of choice but a necessity due to the lack of referral options for adolescents. In many cases a CASA would also see the siblings of the young person and the parents. This type of service provision was a hotly debated issue for the CASAs some twenty years ago.

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By the late 1990s a service system had begun to develop around Victoria, but it was fragmented. There was variation in the ages of children being treated, treatment type and model, and referral processes into the services. Things improved after 2000 when state government-funded services were provided in Victoria for adolescents with SABs, by six agencies:

- MAPPS; Providing a service for Juvenile Justice clients aged 10-21 years found guilty and sentenced above or on probation without a mental health diagnosis.
- Gatehouse Centre, Royal Children's Hospital; Seeing 4-12-year olds living in the North/West Metropolitan Regions, referred by parents, DHS, Police, schools and community agencies.
- Children's Protection Society (CPS); Seeing 10-18-year-olds from the Eastern Metropolitan Region whose abusive behaviours had been reported to Police, and who did not have an intellectual disability.
- Berry Street, Shepparton; Running a regional service for 11-17 year-olds without an intellectual disability, referred by DHS, parents and community agencies.
- Australian Childhood Foundation (ACF); Providing a service in the Eastern Region for 5-12 year-olds with a non-victim profile, referred by DHS, parents and community agencies.
- South Eastern Centre Against Sexual Assault (SECASA); Having started in partnership with CPS in 2001, SECASA was running two services;
  - Sexual Offending, Behavioural Intervention (SOBI) - for 10-18 year-olds living in the Southern Metropolitan Region, with a non-victim profile and no intellectual disability, who had been reported to the Police.
  - Sexual Abuse, Intellectual Disability (SAID) – a state-wide service for 12-18 year-olds with IQs ranging from borderline through to formal intellectual disabilities.

The other main service options for children and young people were the Child and Adolescent Mental Health Services (CAMHS) and Take Two. Neither were generally available for what became 'our' sexually abusive clientele. CAMHS was not willing to work with this group unless there was a serious mental health issue present, and referrals to Take Two could only be via DHS, which was of no assistance to the police, parents and community based agencies. Also at that time, these services did not want to work with children and young people who back then were referred to as juvenile sex offenders. In the early 2000s this terminology changed to young people who had sexually offended.

### Early 2000s onwards

At the start of 2003, the Australian Institute of Criminology (AIC) facilitated a meeting in Melbourne for managers of Australian programs run for young people who had sexually offended. This meeting became known as the Offender Program Managers' Meeting. It looked at existing programs, gaps across the state and other service issues. In February that year the same group of managers met in Brisbane. When the Victorian agency managers returned they aimed to enhance service provision within their state's service system and began to meet on a regular basis. These agencies were MAPPS, SECASA, ACF, CPS and Berry Street.

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After that, there was another change to the terminology for young people who had sexually offended and they began to be called young people with Problem Sexual Behaviour (PSB) and Sexually Abusive Behaviour (SAB). Therapeutic staff from agencies working with these clients began to meet regularly, and the Peer Supervision Group Meeting commenced. For many workers this was a new field of work, and they wanted to discuss practice issues with colleagues. Meeting regularly to ensure practice excellence remains an important issue for workers in this field.

The first annual Adolescent Roundtable was then organised and run by the Australian and New Zealand Association for the Treatment of Sexual Abuse (ANZATSA). This gave managers and workers a forum in which to exchange ideas with colleagues in other States and Territories as well as New Zealand.

In late January, 2005 a forum was run by the Departments of Justice (DoJ) and Human Services (DHS) to look at possible legislative and structural changes for dealing with children and young people with sexually abusive behaviours. This forum focussed on: the prioritising of client services; the facilitation of processes to allow greater access to appropriate services; and the formation of a Board to look more closely at referrals.

Because all services were already operating at capacity, this seemed a somewhat limited approach to those managers who had attended the February 2003 Offender Program Managers' Meeting. There was concern that the creation of a board would be expensive and divert funding away from treatment. Several suggestions were put to DHS in relation to the outcomes of the January 2005 forum, including that;

- A centralised intake system should be established,
- Standardised treatment and assessment processes needed developing across the state,
- All metropolitan regions should have a service for children with PSB and young people with SAB,
- A professional body should be developed to oversee practice standards and policy issues; and,
- In cases where families were unsupportive, a way was required to engage non-mandated young people to attend treatment.

At the 2003 Offender Program Managers' Meeting, it had also been decided that a Peak Body would be formed. In May 2006 the Minister for Children and Community Services was informed about this Peak Body – called CEASE. Also around this time, the then Office of the Child Safety Commissioner, Gippsland CASA, RCH Gatehouse Centre and Barwon CASA were asked to join the Offender Program Managers' Meeting, along with the commencing members SECASA, MAPPS, CPS and ACF.

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In 2006 the CASA Forum (the CASAs Peak Body), submitted a position paper to the DHS arguing that non-mandated treatment services for children with PSB and young people with SAB should be located within victim services and specifically within victim services with state-wide coverage. The new Victorian legislation, the Children, Youth and Families Act 2005 (CY&FA, 2005) provided legislative direction to deal with the issue of young people without criminal justice sentences being required (and 'helped') to attend treatment (See s.244 onwards). Therapeutic Treatment Orders (TTOs) and the TTO Board were enshrined in legislation.

In line with the requirements in the new Legislation a Therapeutic Treatment Board (TTB: 'The Board') was established, and funding rolled out across the state for under 15-year-olds (up to 14 and 364 days in age). An additional 40 treatment places were funded by the DoJ the following year for 15-17-year-olds in response to a recognised and concerning treatment gap. What had developed was a stretched, state-wide system for 10-14-year-olds, with a few places for older adolescents and a limited pool of skilled workers who were trained and capable to provide appropriate treatment.

### The first SABTS funding

The first Sexually Abusive Behaviour Treatment Service (SABTS) funding was rolled out in 2007. DHS had funded training, provided by the RCH Gatehouse Centre, SECASA and DHS, to ensure that the service system had appropriately skilled workers. This was one-off funding. Before this, in 2006, the DHS had funded a Workforce Development Program for the sexual assault field (i.e.: victim-focused service provision). This provided innovative, free training for 26 days a year.

As the SABTS field matured SABTS workers requested more training for themselves, within the Workforce Development Program. This was not the Workforce Development Program's mandate, but in 2009, SECASA, the lead agency for the training, negotiated that four days of the 26 days be set aside for CEASE to provide SABTS workers with regular ongoing input. The CEASE workshops were delivered 4 times a year from then until 2013, after which date they have been funded separately.

In 2013, discussions began with DHS about the need for specific funding to train the SABTS workers, so they were not reliant on the Workforce Development Program. It was seen as important that high-quality, ongoing training was available. In 2013, SECASA put forward a proposal to provide this training in conjunction with ANZATSA as an add-on to the Workforce Development Program (which had an established format and processes), thus reducing establishment costs for new training. Funding was provided, but it was not enough to establish a separate strand of Workforce Development. Because many workers provided treatment and counselling for victim/survivors of sexual assault and for PSB and SAB clients, it was seen as important to keep the two strands of training together, so that workers could attend both streams and plan their year efficiently.

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The SABTS training, conducted as a joint CEASE/ANZATSA project has continued to run and is another pivotal and well-regarded component of our 'long journey'. In the space of 11 years, a state-wide service system has developed for children with PSB, young people with SAB and ongoing training for workers. Of pivotal importance to its success; these services have predominantly been located in victim-centred organisations facilitating the development of family-oriented treatment for these children and young people and guarding against the more punitive approach seen in some other areas.

### End-note by Dr Russ Pratt

And so, the Fourth Wave continues to thrive. Seen as best-practice both across Australia, and in other parts of the world, particularly North America, young people and their families are provided with free, high quality treatment within services that, in the 1990s and before, could and would never have been envisaged as spaces where adolescent sexual abusers – children, and adolescents – would be able to access treatment.

Demand remains high. In 2016 treatment targets were doubled across Victoria by the Minister for Health of what was seen as a 'law and order' government – which is testament to the standing, success, and attention to economic reality of the SABTS program.

Thanks to Carolyn Worth, Karen Hogan, and other key 'pioneers' within the sexual abuse treatment field, SABTS treatment within CASAs and related agencies is a reality, and an effective one at that. Where next?

Taken and modified from a paper written by Carolyn Worth on 18.7.14. Modified by Russ Pratt.

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