

SUBMISSION TO
Options Paper: Pathways to Change
Responding to Problem Sexual Behaviour in Tasmania

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About Anglicare Tasmania

Anglicare Tasmania welcomes the opportunity to provide a submission to the SASS Options Paper, *Pathways to change: responding to problem sexual behaviour*.

Anglicare Tasmania is the largest community service organisation in Tasmania, with offices in Hobart, Glenorchy, Launceston, St Helens, Devonport and Burnie and a range of outreach programs in rural areas. Anglicare's services include emergency relief and crisis services, counselling and family support, accommodation support, employment services, mental health services, acquired injury, disability and aged care services and alcohol and other drug services. In addition, Anglicare's Social Action and Research Centre conducts research, policy and advocacy work with a focus on the needs and concerns of Tasmanians on low incomes.

Our Submission

Anglicare Tasmania is broadly supportive of the recommendations contained within the options paper. We are supportive of the intent to improve therapeutic interventions and outcomes for children who abuse, and who themselves are often the victims of trauma.

Anglicare Tasmania makes the following specific comments:

1. We are aware of growing concerns amongst a range of support service workers that Problem Sexual Behaviour (PSB) in children is a significant problem that stretches the capacity of generic workers to respond adequately.
2. The response of Anglicare Tasmania workers to instances of PSB or Sexually Abusive Behaviour (SAB) in children is to invite the involvement of sexual assault support services, either as primary workers or in a consulting capacity.
3. We recognise shortcomings in the support system whereby there are no funded support services available for children between the ages of 13 and 18 who are displaying PSB.
4. We note that the options paper recommends that accredited professionals work with children displaying PSB. We would be pleased to see reference made to the valuable supportive work that can be provided by professional support staff, for example social workers and psychologists employed within community sector organisations.
5. We share the concerns voiced within the options paper that there is no capacity to provide services to young people aged 12 and over. Tasmania also has no system of juvenile treatment programs for young people aged over 10 who are charged with, or convicted of, a criminal sexual offence.
6. We are supportive of an approach that involves legislative change. In particular, we are supportive of a therapeutic jurisprudence approach, supported by legislation which provides for the Children's and/or Youth Justice Divisions of the Magistrates Court to be granted power to order a young person up to 17 years of age, and their family, to undergo therapeutic counselling for sexually abusive behaviours.

7. We note, however, that such an approach, involving involuntary treatment, may not produce the best therapeutic outcomes and that such specialised treatment programs will require specific and ongoing government funding,
8. We also note that access to such therapeutic treatment order (TTO) systems may present challenges due to current locations of service centres and the distribution of populations across Tasmania.
9. We would encourage the Tasmanian Government and other agencies and services to consider the *CEASE Standards of Practice for Problem Sexual Behaviours and Sexually Abusive Behaviour Treatment Programs* as possible standards to be adopted within Tasmania.
10. We acknowledge that the service system within Tasmania often fails to identify or acknowledge the significance of PSB/SAB and frequently does not record reliable data in this regard. This can result in referrals, for example from Child Protection Services, that do not accurately describe the issues for children and young people around their PSB/SAB.
11. We are aware of families who have been referred to Anglicare Tasmania services where Child Protection Services have not been required to intervene due to limitations in the legislation. Accordingly, we would recommend further amendments to the *Children, Young Persons and their Families Act 1997* (the Act) to enable interventions where children or young people are displaying SAB but are not themselves necessarily at risk of neglect or abuse.
12. Similarly, we support the consideration of amendments to the Act to ensure that the effects of cumulative patterns of harm on a child's safety and development are taken into account.
13. We suggest that specific input be sought from Tasmanian Aboriginal communities to ensure that where PSB/SAB issues are being addressed, this is done with due regard to cultural appropriateness.
14. Anglicare Tasmania believes there is merit in considering use of the term 'sexually harmful behaviour' rather than 'sexually abusive behaviour'. In the context of a child displaying SAB, the term 'harm' may have less association with qualities associated with adult practices of abuse. The term focuses on children's sexual behaviours which may target others in harmful ways, but which may carry no legal consequences.
15. In regards to programs, and program funding, for children and young people displaying PSB/SAB, Anglicare Tasmania would support treatment programs that are shown to be effective or, at the very least, showing promising outcomes.
16. Anglicare Tasmania would expect that existing Tasmanian specialist sexual support services could be well placed to provide voluntary and non-voluntary PSB/SAB treatment programs. Given what we know of causal pathways to children displaying PSB/SAB (including family characteristics such as adverse socio-economic conditions, homelessness, mental ill health and substance use issues)

Anglicare Tasmania would advocate that sufficient funding—including brokerage funds—for other support services be provided in addition to specific program funding.

17. Anglicare Tasmania supports recommendations contained within the options paper as they relate to child protection services implementing a comprehensive strategy towards the provision of care to children and young people displaying PSB/SAB. We also recommend that, wherever possible, families be involved in decisions about treatment and out-of-home care options.
18. Anglicare Tasmania supports the broad recommendations relating to practitioner training, accreditation and supervision and would suggest that state based training opportunities be sought and developed.