The New Zealand Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

Submission
to the
Parliamentary Social Services Committee
on the

Funding of Specialist Sexual Violence Social Services

Part I: Specialist Services for Survivors and their Support People

Part 2: Treating and Supporting Young Offenders

On behalf of the

New Zealand Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

9 October, 2013

About the New Zealand Psychological Society

The New Zealand Psychological Society is the largest professional association for psychologists in New Zealand. It has over 1000 members who apply psychology in a wide range of practical and academic contexts to health, education, young people's services, organisations and corrections. Our collective aim is to improve individual and community wellbeing by disseminating and advancing the rigorous practice of psychology.

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Part 1
Specialist Services for Survivors and their Support People

Introduction

Sexual violence is prevalent in Aotearoa/New Zealand with 1 in 4 women and 1 in 8 men experiencing sexual abuse in their lifetimes.[1] Sexual violence can have lasting effects on individuals, their families and the community. These effects can be physical, psychological, and social and can also lead to unhealthy coping behaviours such as the use of harmful substances. Specialist services for survivors are essential in mitigating these effects and they need to be integrated, follow best practice guidelines, appropriately funded and easily accessible.

Specialist support services as noted in **Part 1** are vital for supporting the survivors and their whanau and as discussed in **Part 2** essential in assisting those with harmful sexual behaviour to access the help they need.

Sexual Violence as a public health issue

Given its prevalence and impact sexual violence needs to be viewed as a public health issue. Public health issues are normally responded to with a platform of educational programmes, policy development and research and service delivery. Public health issues are seen as funding priorities because of the impact these issues have on individuals, families and communities. We believe that sexual violence warrants such an approach. The current ad hoc approach to prevention, education and in some instances the delivery of services needs to be replaced by a clear government plan.

Sexual violence is also an economic issue. The costs to the Aotearoa/New Zealand economy of sexual offending has been estimated by Treasury at $1.2 billion a year and is by far the most expensive crime per incident.[2] The personal, social and economic costs make this issue a high priority for action.

What are the strengths of the current services?

There are many highly skilled people providing sexual violence services and there are models of excellent networking and collaboration across agencies working to support both survivors and offenders. New programmes such as the restorative justice service "Project Restore" which bring survivors and offenders together to seek solutions is an example of a programme that should be celebrated and supported[3].

[1] New Zealand Crime and Safety Survey- 2006
[2] Report of the Taskforce for action on sexual violence 2007 -www.justice.govt.nz/policy/supporting-victims/taskforce-for-action-on-sexual-violence/the-taskforce-reporte-
[3] Jülich, S., Buttle, J., Cummins, C. & Freeborn, E. (2010). Project Restore: An Exploratory Study of Restorative Justice and Sexual Violence. Auckland: Auckland University of Technology. Downloaded

What needs to change?

Those who experience sexual violence need to be able to easily access services which can support and assist them and their families. This includes (but is not limited to) services provided by the police, the courts, psychologists, social workers and agencies such as Rape Crisis, HELP Support for Sexual Abuse Survivors and others. This support needs to be culturally appropriate, affordable and accessible. Delivery of services to survivors needs to follow the maxim applied to primary care delivery in Aotearoa/New Zealand- "sooner, better and more convenient". The services also need to cater for the varying needs of survivors, be integrated within local communities and flexible and adaptable to meet diverse community needs.

In order for this to happen we note the following

- The government needs to adequately and sustainably fund sexual abuse social services. These services should not have to rely upon public donations and voluntary labour which appears to be the case in many instances. We understand that some non-government sexual violence support agencies are no longer able to function because of reductions in funding.[4] This funding needs to target not only treatment but education and prevention.

- Workforce planning and development needs to occur to ensure that there are sufficient well-trained staff across the medical, allied health and social services sector to work with sexual violence survivors. Training of staff in DHBs and government funded paid internships in sexual violence support organisations would assist in building the workforce.

- As well as being a public health issue, sexual violence is a human rights issue. The response of the government and Aotearoa/New Zealand society in general needs to reflect the right of individuals and whanau to be appropriately supported and cared for when sexual violence occurs.

- We support government agencies in making changes which will ensure that clients who have experienced sexual abuse are treated in an ethical, culturally appropriate, and professional manner. Changes to the ACC legislation which would allow services to be funded jointly and/or provided by other agencies would allow for greater integration and colloraboration in service provision.

- ACC needs to review the level of payment it makes to counsellors working with sensitive claims clients who almost always need to "top up" this fee to access the services they require. ACC also needs to recruit a greater number of Māori counsellors to ensure that the needs of Māori clients are met.

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http://www.academia.edu/274691/Project_Restore_An_Exploratory_Study_of_Restorative_Justice_and_Sexual_Violence.

[4] Green Party – Funding of Sexual Abuse Social Services Inquiry 2013 https://www.greens.org.nz/sites/default/files/printable_submission_guide_-_funding_of_sexual_abuse_social_services.pdf

- Early intervention is crucial for sexual abuse survivors. Crisis services are essential in preventing long term psychological problems as a result of sexual violence. Without these the burden often falls to other services including mental health services in DHBs.

- Services need to be based upon a joined up appoach so that government and non-government agencies are working together in their support of clients. Government agencies such as the Police, CYFS, the Ministry of Social Development and other Government agencies need to be adequately funded (and staffed) to ensure that clients needs are met. Specialist sexual abuse trauma services which can integrate services for both children and adults would assist in a coordinated approach. A greater level of information sharing (with appropriate safeguards) amongst agencies would also assist in a more collaborateive approach.

- There is currently no one Ministry or Minister taking responsibility for oversight of sexual violence funding and their is little consistency in contracts. A central funding point needs to be established and funding needs to include, education and research as well as service delivery. Central to the funding issue is sustainability.

- It is important to build on existing strengths and areas of expertise in order to make the best use of resources. We recognise that different communities may require different kinds of response and a 'one size fits all' approach is unlikely to be successful. Those living and working in local areas may be best informed about what is appropriate for their community.

- The extent of sexual abuse of children in Aotearoa/New Zealand is very concerning. This issue needs to be recognised and addressed in policies and strategies related to the wellbeing of children. Services which specialise in supporting and assisting children need to be increased as do services to support parents who are supporting children who have been sexually abused. Agencies responsible for providing services to children need to have clearly defined targets and outcomes which are reviewed at appropriate intervals.

- There is an urgent need for childhood sexual abuse prevention programmes that form part of parenting programmes and are part of the school curriculum. These programmes need to be delivered to all sectors of society. In particular there needs to be funded prevention strategies which acknowledge the high levels of male violence in general and male sexual violence in particular.

- A high priority is the development of kaupapa Māori services for Māori women, men and children which are culturally appropriate, affordable and geographically accessible. This applies also to services for Pacific people. Drawing on cultural strengths to develop an appropriate strategy for addressing sexual violence in these and other communities is a high priority.

- People with disabilities are also inadequately catered for even though they are at higher risk of sexual violence than the able-bodied population [5] and this needs to be addressed.

- Sexual violence services need to be addressed in conjunction with a broader approach which resources and equips the courts to deal more sensitively and efficiently with sexual violence cases.

Other issues of importance

Sexual violence is an issue which cannot be solved by funding alone. The Aotearoa/New Zealand Psychological Society sees an urgent need for the Government to look through a lens of the wellbeing of adults and children in its policy making in other areas including the Family Court, the provision of mental health services, the support of children and their parents provided by schools and the psychological services provided by the Ministry of Education. Inadequate, limited and poorly focussed policy and service development in these areas can mean that sexual violence and its consequences can go underdiagnosed and under treated. This is a tragedy given the long-term impacts on those who have suffered from sexual violence and on their whanau and the communty. Improvements in the way that the police and courts deal with sexual violence is also key to good outcomes for those directly affected.

Whilst not included in the brief of this paper poverty and deprivation cannot go unmentioned. Addressing inequalities in Aotearoa/New Zealand society needs to be a priority when addressing issues of violence and other criminal activity.

In conclusion

The New Zealand Psychological Society regards sexual violence as a major issue in Aotearoa/New Zealand Society. Many of our members work in this area and are aware that it is paramount that sexual violence services be adequately and sustainably funded and that sexual violence be regarded as the high priority public health issue that it is.

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[5] Ibid

PART 2
Treating and Supporting Young Offenders

The State of Specialist Services (Integration, Coverage and Best Practice) For Perpetrators and their Support People

In Aotearoa/NZ we have strong tradition of successfully treating young sex offenders in community-based programmes compared to overseas. There are a range of well developed initiatives that require on-going and secure funding support. Secure funding is required not only for the sustainability of existing services but also to ensure that new services that are flexible and responsive can meet unmet and future needs.

Community Based Treatment

There are many practitioners working with sex offenders within and outside governmental agencies. However, SAFE, Wellstop and STOP are explicitly contracted by government to deliver services within the community to both adult and adolescent sex offenders.

An independent evaluation for 682 youth referred in 1996-2003 found that 2% of the youth who had completed treatment were found to have committed a subsequent offence at follow up. The sample included youth who had committed serious offences such as sexual violation. This rate was significantly lower when compared to the Treatment Dropout group (10%) and the No Treatment group (6%) and compares favourably with overseas offender treatment rates 11%.

Success is attributed to a range of reasons e.g.

- The provision of holistic services;
- The incorporation of culturally appropriate treatment components for Māori clients;
- An emphasis on systemic treatment approaches;
- Multimodal (individual, family and group) treatment interventions;
- Strong client–therapist relationships.[6]

The Good Way model is a notable innovation that seeks to help the offender construct an alternative self-narrative to help them desist from offending and then develop a realistic Good Life plan. The flexibility and responsiveness of this approach would warrant further research.[7]

[6] Lambie & Geary (2007) p6
[7] West (2007)

Residential Treatment

Te Poutama Arahi Rangitahi is a 12 bed specialist residential service in Christchurch that exists for high-risk, sexually abusive male adolescents aged 12–16 adolescent managed by Barnardos for Child, Youth and Family (CYF).

An independent review of this facility identified many systemic issues that are endemic in these types of provisions, including difficulties in containing aggressive behaviour and the high turnover of staff.[8] They queried the value of the 'one-size-fits-all' application of the STEPS programme. 17 of the 41 youths graduated from the programme, 11 were discharged early (five for lack of progress and eight leaving on turning 17 years. Of this group 3/41 went on to be convicted for a sexual offence over a 3 year period. Three-quarters of the young people at Te Poutama were convicted of a nonsexual criminal offence after the programme and almost half of those were sentenced to a term of imprisonment.

The high rate of subsequent non-sexual offending indicates that there are additional risks to placing young people in such residential setting. There are also additional relational and geographical barriers to successful reintegration within the community

For a minority of high risk adolescents who sexually offend, consideration may need to be given to specialist residential treatment programmes to meet the short term safety needs of the public. The danger of the proliferation of such services is they shift much needed resources away from community provisions.

Ultimately, residential placements may only delay the need to prepare for effective reintegration into their communities. If residential services are considered they should be used sparingly and with a seamless continuum of care from the residential to community setting.[9]

Cognitive Behavioural Therapy

Comprehensive cognitive behavioural interventions for people who have sexually offended leads to reduced recidivism especially when they adhere to risk reducing principles.[10] Traditionally in Aotearoa/ New Zealand CBT has been used to address cognitive distortions, cycles of offending, deviant patterns of sexual interest, sex education, victim empathy, trauma work and relapse prevention.

The SAFE-ID programme was successful with small number of adults with an intellectual disability within in a New Zealand secure facility. There was a positive improvement at one year follow up with

- Reducing attitudes that condone sex offences,
- Creating realistic plans

[8] Kingi & Robertson (2007)
[9] Lambie & Seymour (2006)
[10] Wilson (2009) p413

- Reducing negative attitudes toward intervention
- Reducing the extreme minimisation of offences.

Adapted Dialectic Behaviour Therapy (DBT) supported their coping skills and to developed a common language e.g. 'Wise Mind-Risky Mind'.[11]

Consideration should be given to non-standard and potentially more flexible approaches that can incorporate appropriate cultural modifications. Many clients have learning difficulties or suffered from poor school experiences. They are more likely to respond to experiential and expressive therapies, for example those that are drama-based compared to those that require a high level of language use or require long periods of sitting and listening.[12]

Family and Multi-Systemic Interventions

Most male sexual offenders come from families characterised by

- Instability;
- Witnessed or on the receiving end of violence;
- High rates of disorganisation;
- A lack of positive communication;
- High levels of negative communication. [13]

In a sample of 81 young people who had sexually harmed, half had histories of emotional abuse, over one third had been sexually abused, and almost one third had grown up in homes where neglect was common.[14]

A meta-analysis of 89 studies identified family factors as being strongly related to the perpetration of child sex offending (vs. non-sexual offending or non-offending). Not surprisingly they conclude that working with families would be a valuable intervention point for interrupting child sex offending as well as other negative behaviours.[15]

Therapeutic work with the families of sexually abusive youth is viewed as part of the treatment process in Aotearoa/NZ. This has challenges. Parental attendance is not a requirement to a youth being accepted for treatment and family based interventions are sometimes viewed as an optional extra.[16]

Intensive and multisystemic treatments are more effective than traditional treatments with young offenders. We recommend that assessments and treatment focuses on the systems in which the young person lives, the functioning of those systems, their beliefs, and values. Community-based programmes for adolescent sexual offenders have been seen as a

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[11] Sakdalan & Collier (2012)
[12] Lambie & Seymour (2006) p183
[13] Lambie & Seymour (2006) p177
[14] Dillon cited in Dillon (2010) p27
[15] Whitaker (2008)
[16] Dillon (2010) p34

successful alternative to residential options in the US. Wraparound Milwaukee used teams of psychologists working alongside other highly skilled professionals with small caseloads to provide a tailored package of support to meet the needs and risks identified by the collaborative team. In this way the offender is kept within the home setting with a high level of support and monitoring. They reported that sexual offender recidivism at one year following discharge was 2% and 25 % for non-sexual offending.

We would cautiously endorse the funding of intensive wrap-around services. However, they will need to avoid some the pitfalls of wrap-around services for non-sexual offender e.g.

- Importing an overseas model that is not culturally and locally embedded;
- Lack of suitably qualified staff;
- Poor coordination with existing statutory services;
- Lack of transport;
- Ability to work with a transient population.[17]

Trained staff and funding for intensive family support and family therapy is limited and will need further funding.[18]

Restorative

Restrictive and punitive approaches have been found to increase the barriers to successful community reintegration of sex offenders e.g. preventing meaningful work, increasing shame and therefore potentially increasing the risk to the community.[19]

Restorative justice views crimes not as a violation of a legal norm which necessitates punishment, but as harm to people and relationships. It assumes that the offender has already accepted responsibility for the offence and seeks to redress or restore that harm.

There is some evidence that processes which encourage more restorative approaches such as Family Conferencing are more beneficial for the victims and increasing the chance that sex offenders will seek treatment and support.[20]

Circles of Support and Accountability (COSA)

Circles of Support and Accountability have been used with those who have typically failed in treatment for sexual offending. It should be noted that the volunteers in these programmes often come with a high level of expertise i.e. ex-teachers, ex-social workers and ex-nurses. They meet the community's needs by holding the offender accountable whilst counteracting

[17] Centre for Child and Family Policy Research (2005)
[18] Mottin (2013)
[19] Burchfield (2008)
[20] Daly (2006)

social isolation, addressing distorted cognitions, minimising risk and developing a self-directing lifestyle.

A matched control study of COSA in Canada reported a reduction in sexual recidivism for a small sample of 44 offenders.[21] Positive outcomes have also been documented in the UK. They do caution against this approach being viewed as a panacea. The increased popularity with the public protection agencies had resulted in a number of unrealistic referrals.[22]

Time and Quality of Reintegration Plans

In an examination of 30 recidivist and 30 nonrecidivist reintegration plans for sex offenders released from an Auckland prison found that those that had better plans were less likely to reoffend. Staff will need to have the time and resources to liaise effective with staff to plan accommodation, social support and employment as it will be vital to success.[23]

Situational Factors

Those that commit sexual offences do so for varied reasons. Increasing attempts have been made to determine the different 'types' of sexual offender so interventions can be more targeted.[24] For example, in one piece of research in Aotearoa/NZ of a small sample of 25, 13-17 year olds, identified a "Antisocial Group", an "Inadequate Group" and a "Normal-Range Group" which would require markedly different intervention approaches.[25]

Alongside these individual dispositions are other situational factors that will influence sex offending. For example, the types of people who are nearby:

(1) 'Guardians' - people with the responsibility, commitment, and capacity to protect the potential victim
(2) 'Handlers' - people who can exert a positive influence over the potential offender
(3) 'Place Managers' – people responsible for supervising physical locations such as schools, parks, public buildings and shops.

We will require highly skilled professionals who can work with this complexity, assess and intervene with these ecological and situational risk factors.[26]

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[21] Wilson (2009)
[22] Bates (2011)
[23] Willis (2009)
[24] Dillon (2010)
[25] Oxnam (2006)
[26] Smallbone 2013

Specialist Services for Māori and Other Diverse Ethnic Communities (Accessible, Culturally Appropriate and Sustainable)

Previous evaluations of community based services have identified the lack of sufficiently trained Māori clinicians to facilitate the liaison with mana whenua, iwi, hapū and deliver the types of programmes that are going to be effective. Similar comments have been made about meeting the needs of Pasifika Youth and other ethnic groups. There is still an identified as a gap in available provision.[27]

Increasingly there are examples of how Kaupapa Māori solutions are being brought to individual and collective healing for example in the area of domestic violence. They provide possible examples of the structures, principles and challenges of implementing such programmes e.g. the need to offer local provision, transport costs and retaining committed skilled workers so such outcomes can be generalised. Key principles included

(i) Te reo Māori me ōna tikanga e.g. use of Te Reo, Taonga tuku iho: cultural aspirations
(ii) Kaupapa Māori solutions e.g. Kia ōrite i ngā raruraru o te kainga: Mediation of socioeconomic and home difficulties; Kaupapa - collective vision
(iii) Individual and collective healing e.g. Priority given to participants' safety; Objective of restoring balance; Recognition of Mana Wāhine, Mana Tāne, Mana Tamariki.[28]

Tiaki Tinana again provides a Kaupapa Māori framework to engage a community to respond to sexual violence. We would agree with their statement that such programmes require Māori clinical specialists who are able to work with victim/survivors, perpetrators and their whānau to deliver a sexual violence prevention programme using an integrated kaupapa Māori approach. These clinicians need to be relatively fluent in Te Reo Māori and able to facilitate Māori cultural practices and protocols.

We share the aspiration to minimise harm within the community using a nuanced and whānau oriented approach e.g.

- Addressing collective whakamā to facilitate disclosure and enable healing;
- Acknowledging that the majority of sexual violence is perpetrated by males and offering all children education on child care and appropriate sexual behaviour;
- Addressing the economic vulnerabilities that require caregivers to work long hours and inability to pay for after school care so potential make risky babysitting arrangements
- Engaging Ringawera on a marae to monitor and keep everyone safe.

These community orientated approaches are especially pertinent as research cited, found that 76% of disclosures of unwanted sexual contact were revealed to a family members and

[27] Lambie & Geary (2007)
[28] Cram (2002), p- xviii

friends, 15% to therapists and mental health professionals, 4% doctors, and 3% to teachers or priests.

Conclusion

The New Zealand Psychological Society/*Te Rōpū Mātai Hinengaro o Aotearoa* urges the Committee to bring stability in this sector by boosting existing statutory services and avoiding the hand-to-mouth temporary funding of established NGOs that have been delegated responsibilities to sexual offenders and their communities.

Areas that need to be fully funded

- family therapy and community interventions
- intensive in-home services
- travel
- time made for comprehensive reintegration plans

Ultimately we want to prevent sexual offenses from occurring in the in first place. From a public health perspective early intervention would make practical and economic sense. However, most youth who have committed a sexual offence in adolescence do not go on to become serious offenders. This is different to youth who have offended seriously in non-sexual ways.

We need nuanced programmes and skilled practitioners who can work with these complexities so we do not end up over-treating young people and potentially creating more difficulties. We recommend the community based interventions identified within the situational and Kaupapa Māori frameworks.

Consideration will need to be given to the funding shortfall of skilled professionals to work with sexual offenders, in particular, those who can work within Māori communities and other ethnic groups. Psychologists are one of the professional groups with the expertise to work with individuals, groups, families, their communities and to provide the necessary research/evaluation.

Evidence from the Christchurch and Dunedin longitudinal studies provides evidence that children growing up in the most disadvantaged households are likely to be facing multiple problems in later life e. g. conduct/oppositional disorder, police contact reoffending, cannabis use, alcohol abuse, substance abuse, mood disorder, suicidal thoughts. Given the strong link between families under stress and the incidence of sexual offending consideration should be given at a population level to addressing the poverty in these communities to prevent the risk of further offending.

Recommendations

1. Working with families/whānau to prevent sexual offending

2. Specialist residential treatment programmes considered as the last resort to meet the short term safety needs of the public
3. Stable funding for statutory and preventive services that offer a range of approaches to meet the needs of a varied group that live in different conditions
4. Māori clinical specialists who are able to deliver a sexual violence prevention programme using an integrated kaupapa Māori approach
5. Fully funded family therapy and community based interventions
6. Funding intensive in-home services
7. Providing travel costs
8. Enabling local provision especially in rural settings
9. Time made for comprehensive reintegration plans
10. Locally embedded programmes that hold the offender to account but enable them to engage positively within their communities e.g. meaningful work and accommodation

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