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Linda A Apelt  
Director-General  
Qld. Department o Communities  
GPO Box 806  
Brisbane Qld 4001

Dear Ms. Apelt,

Re: Draft Service Delivery Standards for Practitioners

Thank you for your letter dated 20 April 2010 requesting feedback on the *Draft Service Delivery Standards for Practitioners Providing Assessment and Treatment Services to Young Sexual Offenders*. Representatives from ANZATSA's Executive have read and discussed the document and our reflections are outlined below. However, before proceeding, the Executive would like to express its great appreciation for the Department's initiative in seeking to ensure that the assessment and treatment needs of children and young people who have committed sexual offences are met by adequately trained and qualified professionals.

### **Language**

While it is clear that the document has an exclusive focus on children and young people who have become the subject of Court Orders due to sexual offending, ANZATSA holds that, in keeping with international trends, the language used to describe them should not hamper progress towards rehabilitation goals. For this reason, concerns are held about the use of the term, "sexual offender".

There has been a clear trend in academic and clinical literature toward the view that the term "sexual offender" is innately punitive and has negative consequences for the individual and the community. Punitive labelling has long been recognised as an impediment to change. The labelling of a child or young person as a "sexual offender" also has a negative impact on community attitudes toward the child or young person who needs support in their rehabilitation process. The term "sexual offender" reinforces simplistic stereotypes about children and young people who have engaged in problem sexual behaviour, resulting in greater feelings of alienation from the very community that could assist in their rehabilitation.

Non-labelling language is preferred particularly in relation to children and young people who have committed sexual offences. ANZATSA would therefore urge the Department to reconsider the terminology selected for the *Service Delivery Standards*. “Children and young people who have committed sexual offences” is one of a number of alternatives worthy of consideration.

### Code of Conduct

ANZATSA welcomes the Department’s valuing of national and international standards that seek to guide practitioner intervention with those who have committed sexual offences. Likewise, the Executive wishes to express its appreciation that the draft *Service Delivery Standards* put ANZATSA’s standards into the foreground.

The Association’s structure and framework have been under review over the last twelve months. One outcome of this has been the decision to replace ANZATSA’s *Code of Conduct* with *Best Practice Guidelines*. As ANZATSA is not a regulatory body, the Association now requires all Clinical Members (and Associate Clinical Members) to be registered with an approved regulatory body (such as the new Psychology Board of Australia) or to be a member of an approved association that has a regulatory function (such as the Australian Association of Social Workers) and abide by their codes of conduct. ANZATSA’s *Best Practice Guidelines* are sexual abuse specific standards for practitioners working in the field.

The Guidelines are near completion and are to be published immediately thereafter. I will provide you or your delegate with a copy of the final draft once it has been approved by the Executive.

### Practitioner Requirements

ANZATSA congratulates the Department for asserting the necessity of substantial qualifications and experience to undertake work within children and young people who have committed sexual offences. Psychologists, social workers and psychiatrists with specialist skills in the assessment of, and interventions with this group are very well placed to serve their rehabilitation needs. However, the Association has found that some professionals who do not hold these specific qualifications but who do have substantial training and experience in the field are equally capable of performing these functions. Further, they may bring a specific skill set to the client population that is more appropriate to the communities in which they live – for example, nurse practitioners and counsellors that work in remote communities and/or with Aboriginal and Torres Strait Islander peoples.

In Australia, Clinical Members of ANZATSA must be able to provide evidence of full and current membership with at least one of the following “Approved” professional groups:

- Royal Australian and New Zealand College of Psychiatrists
- Australian Psychological Society
- State-regulated Psychologists Registration Boards (in future, the Psychology Board of Australia)
- Australian Association of Social Workers
- Psychotherapy and Counselling Federation of Australia
- Other relevant groups as approved by ANZATSA

Should the Department be open to widening the practitioner requirements within its *Service Delivery Standards*, consideration could be given to including practitioners who are members of a professional group approved by ANZATSA.

Once again, I would like to congratulate the Department on formulating a well considered document and thank you for the opportunity to provide feedback based on ANZATSA's experience. I would be willing to discuss the matters raised in this response with you or your delegate at any time. I am best contacted by phone on (02) 8084 8288 or by email: [president@anzatsa.org](mailto:president@anzatsa.org)

Sincerely,

A handwritten signature in black ink, appearing to read 'G. Webster', with a horizontal line extending from the end of the signature.

Gerard Webster  
President