

stop

A Community Free
From Sexual Abuse

He Hapori Waatea | Taitookai

STOP Adolescent Programme

Information Pack

Don Mortensen
Chief Executive Officer
STOP
Ph 03 371 2791
don@stop.org.nz

Maureen Lorimer
Clinical Manager
Adolescent and Children's
Programmes
Christchurch
Ph: 03 371 2793
maureen@stop.org.nz

Bryan O'Neill
Regional Team Leader
Adolescent and Children's
Programmes
Invercargill
Ph: 03 977 2401
bryan@stop.org.nz
Dunedin
Ph: 03 477-8090
Nelson
Ph: 03 546-6194

STOP TRUST OVERVIEW

Services

STOP provides community-based assessment and treatment services to adolescents and adults who have sexually abused/sexually offended and to children who have engaged in sexually harmful behaviour. Clinical Programmes for children and adolescents are provided in Christchurch, programmes for adolescents in Dunedin, Invercargill and Nelson and programmes for adult men in Christchurch. Special programmes are provided in Christchurch for both adolescents and men with Intellectual or learning disabilities. All clinical programmes provide treatment in the context of group, individual and family/whanau therapy.

Governance and Staffing

The STOP Programme is governed by a Board, with a Chief Executive Officer responsible for the operational aspects of the organisation and Clinical Managers each responsible for the clinical services of the Adolescent and Children's and Programmes and Adult Programmes.

All clinical teams are professionally trained in a range of disciplines including clinical psychology, social work, counselling and family therapy and are members of relevant professional bodies. STOP staff attend regular in-service training and relevant workshops and seminars including international conferences. All clinicians receive internal clinical supervision and external professional supervision.

Referrals and Funding

Clients are primarily referred from Child, Youth and Family Service, Community Probation, Police, Mental health Services, GP's, School counsellors and community agencies and professionals.

The programmes are funded by contracts with Child, Youth and Family Service, Community Probation, Canterbury District Health Board, Ministry of Health and Ministry of Justice with grants from Community Trusts, Christchurch City Council and other miscellaneous sources. All services are provided free of charge to clients.

Education, Training and Research

The STOP Programme provides education and training to community professionals in the area of sexual abusing/sexual offending intervention. STOP clinicians also provide consultation to professionals. The Maori Kaimahi clinicians also provide community education and networking to Maori agencies. STOP clinicians regularly present at local, national and international professional forums.

STOP has strong links with Tertiary training institutions providing fieldwork placements and internships for social work and clinical psychology students.

The STOP Programme is developing a research focus and has undertaken research in areas relevant to the field including Family Therapy with Adolescent and their Families and a Survey for Adolescent females who have engaged in sexually abusive behaviour.

Our Vision

Working to STOP sexual abuse for a safer community.

E mahia kia whakamutu ai te tukino a takata, ara ki te mahi tahi ai me ratou kua tukinohia me ratou whanau, me te awahi, tautoko i a ratou

Our Values - Striving for Clinical Excellence

- We use our skills, knowledge and creativity to offer effective and innovative intervention
- We ensure safety for our clients and those at most risk from them
- We support and value each other with appreciation, caring and respect
- We value direct open communication and management that listens and is responsive
- We value diversity and the place of tangata whenua in our practice

ADOLESCENT PROGRAMME

TARGET GROUP

Age

- 12 to 18 years old males
- Services for young women are also provided
- Adolescent stage of development
- Some acknowledgment of having engaged in sexually abusive behaviour

Referral Criteria

- Adolescents who have engaged in sexually abusive behaviour.

Sexually abusive behaviour is defined in terms of the nature of the relationship and interaction between persons.

The three factors, which define abusive behaviour, are:-

- ▶ lack of informed consent
- ▶ lack of equality
- ▶ coercion or force.

Referral Sources

- Child Youth and Family -Youth Justice Family Group Conference (FGC) following police charges
- Child Youth and Family -Care or Protection FGC - Sibling Incest / Care or Protection issues
- Health Professionals
- Youth and Family Community Agencies
- School Counsellor and other community professionals.

ASSESSMENT AND EDUCATION

- **Separate semi-structured interviews** with the parent(s) and/ or caregiver(s) and with the adolescent are conducted.
- **Psychometric tests** and self-report questionnaires are administered.
- **Education Group:** The parent(s) and/or caregiver(s) and the adolescent will concurrently attend an 8-week education group designed to (a) increase awareness about the problem of sexually abusive behaviour and (b) orientation to treatment for stopping sexually abusive behaviour.

The Education Group covers the following areas:

- ▶ What is Sexually Abusive Behaviour
 - ▶ Myths and realities of Sexually Abusive Behaviour
 - ▶ Safety Issues
 - ▶ Thinking errors
 - ▶ Victim impact & victim empathy
 - ▶ Experiences of graduates of the programme
 - ▶ Parenting issues & experience of parents of graduates
 - ▶ Sexuality/values and beliefs
 - ▶ Chain of Sexually Abusive Behaviour
 - ▶ Problem solving and evaluation
- **A comprehensive Assessment Report** is compiled over the assessment period, it includes recommendations for:
 - ▶ Sexually abusing-specific treatment
 - ▶ Mental Health treatment
 - ▶ Intensity of treatment
 - ▶ Level of supervision and placement

TREATMENT

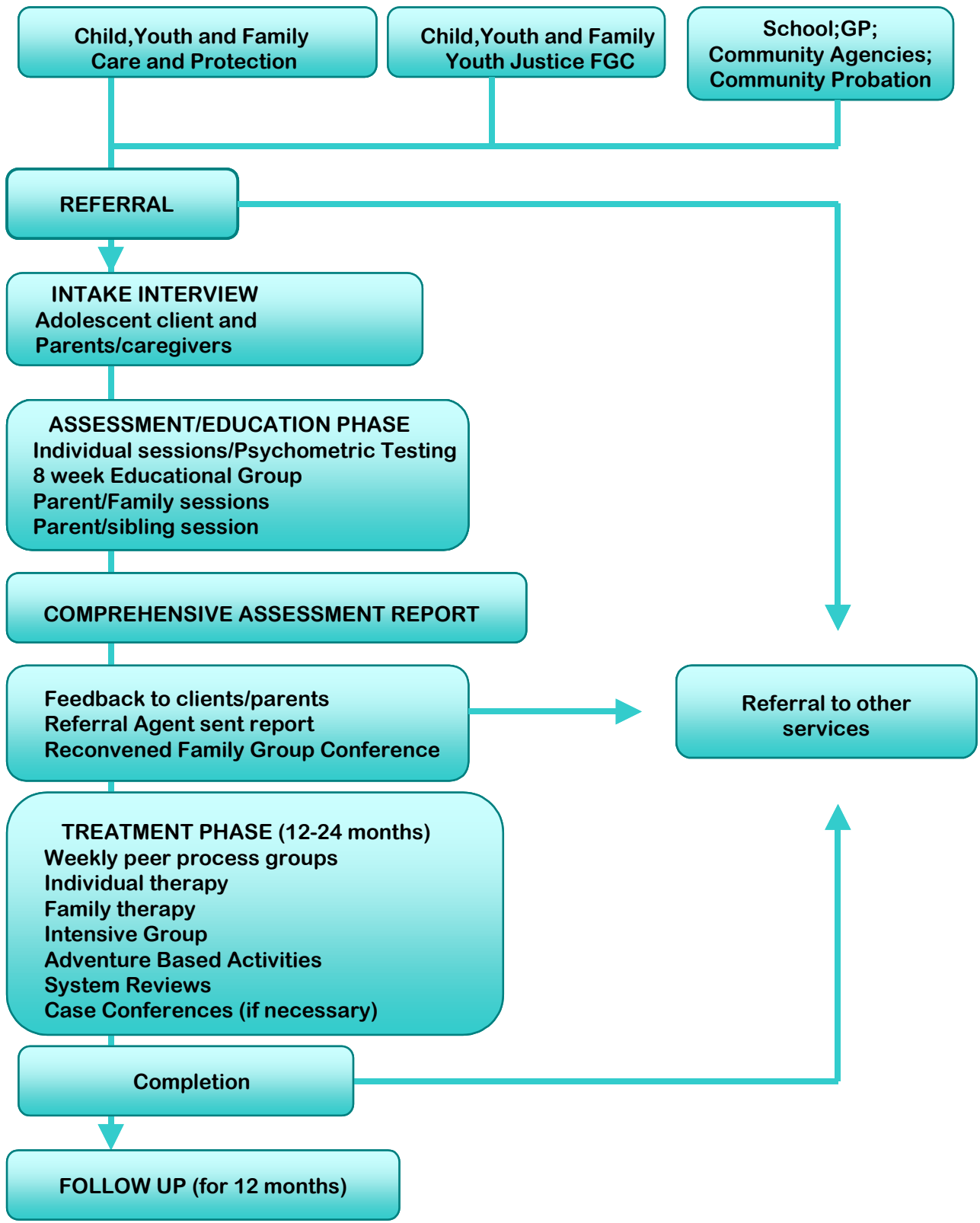
Adolescents in the mainstream programme usually require 18 months in treatment following the Assessment / Education phase (3 months). The treatment phase of the programme will include:

- **Individual Therapy:** Regular sessions (1-2 weekly) between a primary clinician and the adolescent.
- **Adolescent Peer Group Therapy:** Structured weekly group of 2 hours with up to 8 adolescents that are appropriately matched in developmental and age levels and facilitated by co-gender therapy team. Facilitates group culture of responsibility and appropriate peer group challenge and support.

- **Family Therapy:** Involves the adolescent and his or her family members as appropriate. May involve family therapy with multiple family systems (including caregiver system) when family is not intact. Maori Kaimahi clinician co-works with primary clinician with Maori whanau.
- **Intensive Groups:** Four intensive one-day groups during the treatment phase comprising members of the peer therapy groups. Intensive groups focus on victim empathy and other appropriate treatment issues.
- **Systems Reviews:** Review of the adolescent's progress at 4-6 monthly intervals during the treatment phase. Systems reviews to be undertaken with the adolescent, family, support people and victims family if appropriate. The reviews are facilitated by a trained community professional who is not involved in the adolescent's treatment and provide an accountability forum to monitor the adolescent's progress.
- **Adventure Based Activities:** Adventure activities within a therapeutic context involving a minimum of two half-days during the treatment phase focused on adventure therapy relevant to the adolescent's treatment.
- **Changing Directions Programme for adolescents with Intellectual/developmental Disabilities:** Adolescents usually require 18 to 24 treatment in a group programme designed specifically for this population. Use of more concrete and action based interventions.

PROGRAMME TECHNIQUES

- **Cognitive- Behavioural Therapy**
 - ▶ Reducing denial and distorted thinking patterns and beliefs
 - ▶ Identifying internal and external precursors to abusing
 - ▶ Reduce deviant sexual arousal and behaviour
 - ▶ Social skills training
 - ▶ Empathy training
- **Affective**
 - ▶ Increase client's ability to understand his own and other persons' feelings and perspectives
 - ▶ mood management strategies.
- **Educational**
 - ▶ Educational input on critical areas related to sexually abusive behaviour
- **Group Therapy**
 - ▶ Group process and group therapy techniques including action methods



ADOLESCENTS WHO SEXUALLY ABUSE

Guidelines for Intervention

- Sexual abusing by adolescents accounts for a significant proportion of all sexual abusing in society [(overseas research suggests between 20-50% - Police statistics in New Zealand indicate youth under 17 commit, on average, 15% of all reported sexual offences in New Zealand (Stats NZ, 2005)]
- It is harmful to victims.
- It involves the misuse of power and breaching of the victim's informed consent by the abuser for his/her psychological and sexual gratification.
- The aetiology of sexual abusing by adolescents is multi-factorial involving: socio-cultural / environmental / familial / interpersonal / developmental elements.
- These are unique in each case.
- Without intervention such behaviour is more likely to escalate than diminish.
- There will always be a risk of recurrence – treatment is NOT a cure.
- Intervention needs to be based on an accountability approach, recognising that sexual abuse is a violation against persons.
- Adolescents who have sexually abused are adolescents who sexually abuse, not sexual abusers who happen to be adolescents.
- The broad goals of intervention are:
 - ▶ The protection of victims.
 - ▶ The prevention of further abusing behaviour.
 - ▶ The development of knowledge and skills to behave in non-abusive ways.
- No single agency can manage sexual abusing by adolescents.
- Child protection, justice agencies and treatment providers need to collaborate (MST model).
- Intervention must recognise the young person in his/her total context, in particular the role of families.
- Adolescents who sexually abuse may be of either gender, any race, culture, class, sexual orientation or intellectual ability.
- Adolescents who sexually abuse are unlikely to engage in treatment unless there are significant negative consequences for them not doing so.
- Intervention should be at the least invasive level commensurate with the protection of actual or potential victims.