



# **STOP Adult Services**

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## **Information Pack**

### **STOP Services**

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[www.stop.org.nz](http://www.stop.org.nz)

## **STOP Trust –Brief History**

### **About STOP**

STOP was originally formed as an Incorporated Society when a group of professionals concerned about the lack of services for men who had sexually abused, established the Adult Programme in 1988. STOP was subsequently established as a charitable trust in 1995.

The Adolescent programmes were established in Christchurch in 1993, Dunedin in 1996 and Invercargill in 2004. The Children's Programme was developed in Christchurch in 2004 and Dunedin in 2005.

### **Services**

The STOP Trust provides community-based assessment and treatment services for adolescents and adults who have engaged in harmful sexual behaviour and to children who have engaged in concerning sexual behaviour.

Clinical Programmes for adults are provided in Christchurch and Dunedin and for children and adolescents in Christchurch, Nelson, Dunedin and Invercargill. Special programmes are provided in Christchurch and Dunedin for both adolescents and adults with Intellectual or learning disabilities. All clinical programmes provide treatment in the context of group, individual and family/whanau therapy.

### **Governance and Staffing**

STOP is governed by a Trust Board, with a Chief Executive responsible for the operational aspects of the organisation and Clinical Manager and Team Leaders each responsible for the clinical services.

### **Adult Service**

The Adult Service employs clinical staff including Psychologists, Specialist Clinicians, and a Clinical Team Leader.

A Māori consultant works alongside clinical staff to provide culturally focused work with Māori clients and whanau and community education and networking to Māori agencies.

### **Funding**

The programmes are funded by contracts with Oranga Tamariki/MSD, Community Probation, Canterbury District Health Board, Ministry of Health and other miscellaneous sources. All services are provided free of charge to clients.

### **Education, Training and Research**

STOP provides education and training to community professionals in the area of harmful sexual behaviour/sexual offending intervention. STOP clinicians also provide consultation to professionals. The Māori Kaimahi clinicians also

provide community education and networking to Māori 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.

STOP has a research focus and has undertaken research in areas relevant to the field.

### **Target Group**

- Age 19 –80 years
- Adult stage of development
- Client taken some responsibility for having engaged in sexually abusive behaviour and expressed a commitment to engage in treatment.
- ALPS Programme for men with intellectual disabilities as well as mainstream groups

### **Referral Criteria**

- Adults who have engaged in harmful sexual behaviour/sexual offending
- Sexually abusive behaviour is defined in terms of the nature of the relationship and interaction between perpetrator and victims(s) persons. Sexual offending is defined as convicted of a sexual offence.
- Clients must be referred by a professional or agency
- All clients must identify a significant other who take the role of a support person as the clients progresses through treatment

### **Referral Sources**

- Community Probation Service
- Oranga Tamariki, MSD
- Ministry of Health National - National Intellectual Disability Care Agency (NIDCA)
- Department of Internal Affairs
- Police Diversion
- Mental Health Professionals
- Community agencies, Counsellors and Psychologists
- Churches

### **Assessment**

#### **Aim**

- Assess clients' readiness for change and level of motivation
- Assess clients psychological/social functioning and appropriateness for community treatment
- Assess partners, family members, significant other's ability to protect victims
- Assess client's safety issues.

## Method

- Referral information gathered, such as: police statements, evidential reports, psychological reports.
- Clinical assessment with client including psychological testing and assessment report
- Meetings with partners, family members and significant others

## Treatment Agreement

- Clients sign a contract to comply with the rules and requirements of the programme.
- Failure to comply with the programme requirements will result in a review of continuation and possible discharge from treatment.

## Programme Format

- **Mainstream Programme**
  - 12-15 months
  - Weekly Group Therapy (3 hours weekly for 50 weeks)
  - Open Therapy Group for male clients within a group culture of responsibility and peer group challenge and support.
  - Individual therapy
  - Partner/ Significant Other/Family work
  - Partner/ Significant Other/Family Education Group (12 weeks)
  - Female offenders are treated within the context of individual and family therapy
- **ALPs Group Programme** (*for men with Intellectual Disabilities*)
  - 24-36 months including assessment time
  - Weekly Group Therapy (2 hours)
  - Individual therapy
  - Partner/ Significant Other/Family work
  - Caregiver/residential provider education and consultation

## Treatment Progress

- Three monthly System Review meetings to assess progress, attended by the client together with his significant other /family support network and any other professionals involved with the client's treatment e.g. Probation Officer.
- Report to client and referral agent on progress on modules
- Three monthly reviews by the STOP clinical team
- Completion report to client and referral agent

## Programme Evaluations

The STOP programme was evaluated in 2003 in a study commissioned by the Department of Corrections: *An Outcome Evaluation of Three New Zealand Community Child Sex Offender Treatment Programmes*. This study was undertaken by Dr Ian D Lambie (PhD), Psychology Dept., University of Auckland and Malcolm W Stewart PhD, Applied Behavioural Science, University of Auckland.

[http://www.stop.org.nz/content/library/CPS\\_Evaluation1.pdf](http://www.stop.org.nz/content/library/CPS_Evaluation1.pdf)

The primary objective of the study was to assess the recidivism rate of people mandated by courts to attend community-based child sex offender treatment programmes.

## Results

- An overall recidivism rate of 8.1% was obtained across the three programmes. The recidivism rate for people who completed their treatment programme was 5.2%.
- The recidivism rate was relatively consistent across the three programmes
- These results indicated a substantial treatment effect, with the recidivism being approximately half the recidivism rate amongst the Probation comparison group.
- These results compared well with the findings from previous studies, yielding similar results to the Kia Marama outcome study, and results that were at the most favourable end of the range of international studies reviewed.
- Higher recidivism was found to be related to non-completion of the programme and more victims prior to treatment.
- Recidivism was found to not be related to offender age, ethnicity, number of previous convictions, victim gender preference, number of previous sex offences, or total number of previous offences.
- Recidivism was also not related to treatment characteristics such as length of treatment, the year treatment was started, and time since completion of treatment.
- Post-treatment non-sexual offending was also studied. The proportion of subjects who committed non-sexual violent offences in the post-treatment period was consistent for Treatment and Comparison groups.