

# STOP Adolescent Service Information Pack

## **STOP OVERVIEW**

STOP provides community-based assessment and intervention for children who have engaged in concerning sexual behaviour and adolescents and adults who have engaged in harmful sexual behaviour.

Services are provided across the South Island with regional offices in Nelson, Dunedin and Invercargill. All clients receive an individualised intervention package that can involve 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 a Clinical Manager responsible for the clinical services of the Adolescent Service and Team Leaders responsible for all clinical services.

All clinical teams are professionally trained in a range of disciplines including clinical psychology, social work, art therapy, 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.

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

STOP provides education and training to community professionals in the area of harmful sexual behaviour intervention. STOP clinicians also provide individual consultation to professionals. STOP clinicians regularly present at local and national forums.

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

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

## **ADOLESCENT SERVICE**

### **TARGET GROUP**

#### **Age**

- 13 to 18 years old males (from Year 9)
- Services for young women are also provided
- Adolescent stage of development
- Some acknowledgment of having engaged in harmful sexual behaviour

### **Referral Criteria**

- Adolescents who have engaged in harmful sexual behaviour is defined in terms of the nature of the relationship and interaction between persons.

The three factors, which define harmful behaviour are:

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

### **Referral Sources**

- Oranga Tamariki, Ministry for Vulnerable Children - Youth Justice Family Group Conference (FGC) following police charges
- Oranga Tamariki, Ministry for Vulnerable Children -Care or Protection FGC - Sibling Incest/Care or Protection issues
- Health Professionals
- Youth and Family Community Agencies

- School Counsellor and other community professionals.
- The service is funded by contracts with Oranga Tamariki, Ministry for Vulnerable Children, Community Probation, Canterbury District Health Board, Ministry of Health with grants from Community Trusts and other miscellaneous sources. All services are provided free of charge to clients.

## 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 harmful sexual behaviour and (b) orientation to intervention for stopping harmful sexual behaviour.

The Education Group covers the following areas:

- ▶ What is harmful sexual behaviour
- ▶ Myths and realities of harmful sexual behaviour
- ▶ Safety Issues
- ▶ Victim impact & victim empathy
- ▶ Experiences of graduates of the programme
- ▶ Parenting issues & experience of parents of graduates
- ▶ Sexuality/values and beliefs, safe use of social media
- ▶ Chain of harmful sexual behaviour
- ▶ Understanding of the brain and how trauma affects behaviour
- **A comprehensive Assessment Report** is compiled over the assessment period, it includes recommendations for:
  - ▶ Harmful sexual behaviour specific intervention
  - ▶ Mental Health treatment
  - ▶ Intensity of intervention
  - ▶ Level of supervision and placement

## TREATMENT

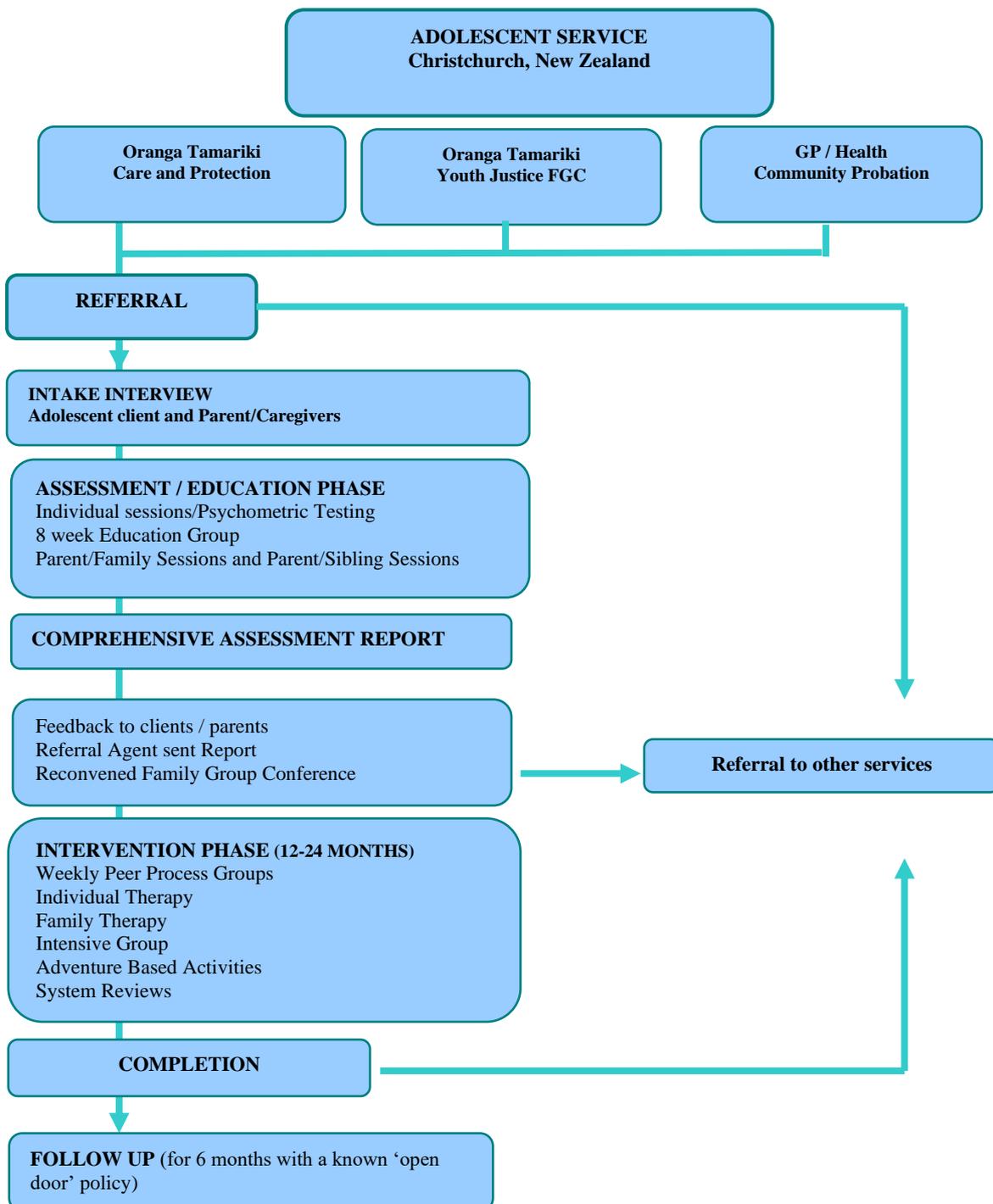
Adolescents - Following the Assessment/Education phase (10 weeks). The intervention phase of the programme will include:

- **Individual Therapy:** Regular sessions (1-2 weekly) between an individual 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.
- **Systems Reviews:** Review of the adolescent's progress at 4-6 monthly intervals during the treatment phase. Systems review to be undertaken with the adolescent, family, support people and

victims family if appropriate. The reviews provide an accountability forum to monitor the adolescent's progress.

- **Adventure Based Activities:** Adventure activities within a therapeutic context during the intervention phase focused on key tasks relevant to the adolescent's treatment ie trust building and problem solving
- **Changing Directions Programme for adolescents with Intellectual/developmental Disabilities:** Specific creative therapeutic tools are used to work alongside these adolescents

## Referral Process



## **ADOLESCENTS WHO HAVE ENGAGED IN HARMFUL SEXUAL BEHAVIOUR**

### **Guidelines for Intervention**

- Sexual abusing by adolescents' accounts for a significant proportion of all sexual abusing in society (overseas research suggests between 20-50%) (Stats NZ, 2005)] Between 2004 and 2014, 12 per cent of those apprehended for sexual offences in New Zealand were under the age of 17 years (Statistics New Zealand "Annual Recoded Offences for the latest Fiscal Years (ANZSOC)" (2014)).
  - 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 harmful sexual behaviour is a violation against persons.
  - The broad goals of intervention are:
    - ▶ The protection of victims
    - ▶ The prevention of further harmful sexual behaviour
    - ▶ The development of knowledge and skills to behave in non-harmful ways
  - No single agency can manage harmful sexual behaviour by adolescents.
  - Child protection, justice agencies, schools and treatment providers need to collaborate.
  - Intervention must recognise the young person in his/her total context, in particular the role of families.
  - Adolescents who engaged in harmful sexual behaviour may be of either gender, any race, culture, class, sexual orientation or intellectual ability.
  - Adolescents who engage in harmful sexual behaviour 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.
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