

STOP

South Island New Zealand



Type of intervention



Individual Work



Group Work



Theatrical



Family Work

Target group, levels of prevention and sub-groups:

(Potential)
Offenders

Secondary prevention

Children (6-11 Years), Young People (12-17 Years), Young Adults (18-20 Years) | Male & Female | Individual Work, Group Work, Theatrical, Family Work | English

(Potential)
Offenders

Tertiary prevention

Children (6-11 Years), Young People (12-17 Years), Young Adults (18-20 Years) | Male & Female | Individual Work, Group Work, Theatrical, Family Work | English

Target population

STOP provides a number of services providing assessment and intervention for people who have engaged in harmful sexual behaviours. Such behaviour is understood differently and different language is used, depending on the individual's age, from concerning sexualized behaviour in children (5-12 years of age), harmful sexual behaviour by adolescents (13-17 years of age) and sexual offending by adult clients. We provide services for both male and female clients and we also cater for both "mainstream" clients (for example, those who cope/cope ok or well at school) and provide specialist programmes for those with intellectual disabilities and various learning difficulties.

Delivery organisation

STOP provides community-based services across the South Island. It is centered in Christchurch, but also has teams based in Nelson, Dunedin and Invercargill. STOP is part of the Harmful Sexual Behaviour Sector and links to sister community-based treatment agencies Wellstop (in Wellington New Zealand, servicing the lower North Island) and the SAFE Network (based in Auckland and servicing the upper North Island). STOP also links to Te Poutama Arahi Rangatahi, the national residential treatment centre which provides treatment for adolescents who have engaged in harmful sexual behaviour and who have been assessed, for a time, as not suitable for community based treatment. Te Poutama Arahi Rangatahi is also based in Christchurch and, when a client is from the local community, STOP will co-work cases alongside their staff.

Mode and context of delivery

The focus of treatment is on strengths based relapse prevention. This takes many forms, as the course of the intervention is tailored to the individual needs of the client and their system, including, for example, their family. While there are key components of treatment related to relapse prevention (highlighted by the literature and reflected within relevant risk assessment tools) which are common treatment tasks for clients, there are varied parallel and complementary treatment tasks such as attending to trauma or attachment type issues for particular clients. Additional to research and practice developed for our field, the work is informed by CBT, Narrative Therapy, Psychodrama, Te Whare Tapa Wha (a traditional Maori model of wellbeing), Art Therapy, Transactional Analysis and the use of the Good Way Model that was developed by Lesley Ayland and Bill West at Wellstop. Each of these approaches reflects the particular training and expertise of our multidisciplinary teams.

Therapy takes place across individual, group and family modes of treatment and there are additional educational groups and adventure based activities for some clients. Due to population size, group therapy is not always viable in the smaller centres or for all clients, as best fit is determined regarding age, cognitive ability and match with other current clients.

Level/Nature of staff expertise required

Staff members are professionally qualified; some have a PHD (Clinical Psychology) and a Masters Degree in Psychology, Social Work or Education. Some have a Bachelors Degree or a Diploma in Social Work, Counselling or Psychotherapy. All staff are a member of their respective professional associations.

Intensity/extent of engagement with target group(s)

The length of assessment and intervention varies across the children's, adolescent's and adult's programmes. Typically, children's assessment is across eight weeks and intervention across two to six months and adolescent assessments are across 10 weeks with the intervention across approximately 18 to 24 months. The adult assessments are across four weeks, conducted across several meetings, with the mainstream intervention programme taking 52 weeks and the specialist programme for clients who have intellectual disability or learning difficulty taking 24 months.

Description of intervention

As indicated above, the programmes are tailored to client need and ability, with the key treatment aim being that of relapse prevention, which is achieved via a strength based approach, utilising varied therapeutic and educational approaches. There are different typical patterns across the different programmes, with parents involved in sessions with child clients, adolescents developing work in individual meetings to then process further in a group setting and then to present in family meetings and adult client work being processed more within the group therapy context.

Evaluation

The STOP Adolescent Programme has been evaluated by the Ministry of Social Development (New Zealand) in 2007 with a study undertaken by the University of Auckland. They studied 682 youths who were referred to the three major community programmes - Wellstop Inc, STOP and Safe Network - prior to 2003. Only two percent of youths who completed one of these programmes came to notice for sexual recidivism by Social Services or were convicted of a further sexual offence. The results are detailed in the Getting It Right Report:

<http://www.stop.org.nz/content/library/gettingitright.pdf>

The Adult Programme was evaluated by the University of Auckland under contract to the Department of Correction in 2003; Community Solutions for the Community's Problem: An Outcome Evaluation of Three New Zealand Community Child Sex Offender Treatment Programmes. Sexual recidivism for persons who completed treatment was 5.2%, with a mean follow-up period of four years. The recidivism rate was relatively consistent across the three programmes (STOP, Wellstop and SAFE). These results indicated a substantial treatment effect, with the recidivism being approximately half the recidivism rate amongst the Probation comparison group. The Department of Corrections is undertaking a new evaluation of the adult programmes in 2014.

References

Ayland, L. and West, B. (2006) *The Good Way Model: A strengths-based approach for working with young people, especially those with intellectual difficulties*. In *Journal of Sexual Aggression*, 12:22, 189-201.

Geary, Jan, Lambie, Ian and Seymour, Fred (2010). *Consumer perspectives of NZ community treatment programmes for sexually abusive youth*. *Journal of Sexual Aggression* 25 May 2010.

Lambie, I. (2007) & Stewart, M.W. (2003). *Community Solutions for the Community's Problem: An Outcome Evaluation of Three New Zealand Community Child Sex Offender Treatment Programmes*. University of Auckland.

Lambie, I. (2007). *Getting it right: An evaluation of New Zealand community treatment programmes for adolescents who sexually offend Ka pu te ruha, ka hao te rangatahi*. Prepared for Centre for Social Research and Evaluation. <http://www.stop.org.nz/content/library/gettingitright.pdf>

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