

STAND STRONG, WALK TALL:

Prehabilitation for a Better Future

A Sexual Abuse Prevention Project

Phase One: Intervention Development

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Executive Summary

Eighty-four percent of child sexual abuse convictions received in Aotearoa New Zealand in a given year are to individuals not previously known to have committed sexual offences.

Yet, current approaches to preventing such crimes are dominated by efforts within the justice system to rehabilitate those who have already been convicted – effective at preventing reoffences but neglecting the prevention of initial offending (i.e., the 84%).

The *Stand Strong, Walk Tall* research collaboration strives to address this gap. Our work pursues dual aims:

- Introduce within New Zealand communities a preventive intervention for individuals who experience sexual interest in children; and
- Develop this intervention as a joint treatment and research initiative, in order to contribute to knowledge accumulation regarding the target population and their treatment needs, and thereby inform continuous service improvement.

The overarching objective is, of course, to reduce the incidence of children being harmed, as well as enhance the wellbeing of the group who receive services. These objectives are consistent with key priorities of the New Zealand government announced in the 2019 *Wellbeing Budget*.

This report represents *Phase One* of the *Stand Strong, Walk Tall* initiative – the design of the preventive intervention.

Phase One was endorsed by the cross-government Sexual Violence Prevention Advisory Board, and funded by the Ministry of Social Development.

Intervention Framework

The *Stand Strong, Walk Tall* intervention is built on the philosophy that individuals did not choose their sexual interest in children, and therefore deserve no judgement or stigmatisation. Yet, like all of us, they are responsible for their behavioural choices, and any sexual behaviour involving children is harmful and not condoned.

It is both logical and advantageous to offer help and support to these members of society, in the form of evidence-based preventive treatment, without requiring them to perpetrate harm first.

The stigma attached to paedophilic interest creates a number of strong barriers to accessing help amongst this group; therefore as far as possible, the intervention has been designed with a view to minimising these barriers.

The intervention design, targeted initially for adult clients (aged at least 18 years) is underpinned by a number of theoretical and evidence-based approaches:

- Cognitive-behavioural theory and therapy
- Risk-Needs-Responsivity rehabilitation framework
- Strengths-based approaches / Good Lives Model rehabilitation framework
- Hauora Māori Clinical Guide, comprising the Meihana model and hui process
- Self-regulation process model of child sexual abuse

- Trauma-informed care principles

These underpinnings, along with findings from emergent research regarding the treatment needs of individuals who experience sexual interest in children, support the selection of the following intervention targets for adult clients:

Intervention Targets

- Reinforce/strengthen commitment to an offence-free life
- Address maladaptive thoughts/schemas surrounding child sexual abuse
- Strengthen general self-regulation, emotion management, and coping with stress
- Build self-efficacy and a prosocial identity
- Strengthen general empathy skills
- Strengthen sexual self-regulation
- Reduce sexual interest in minors (if interests do not exclusively relate to children)
- Strengthen adult sexual interests (if interests do not exclusively relate to children)
- Enhance understanding of minor-attraction and promote self-acceptance
- Explore stigma and strategies to navigate stigma
- Strengthen skills for adult intimate relationships
- Good life planning

Consistent with the core principles of the Risk-Need-Responsivity framework and an individualised case formulation approach, clients will only address those targets assessed as relevant to their individual needs.

Ultimately, the above targets have been selected to address two overarching goals of the intervention: reducing the likelihood that clients will act on their sexual interest in children (thereby reducing victimisation rates); and increasing the health and wellbeing of clients.

Overview of the Service

Target Population – *Stand Strong, Walk Tall* is intended for individuals¹ aged 18 years or older² who experience sexual interest in children.³

Mode of Service – The intervention has been designed with a face-to-face therapeutic modality in mind (in person, and/or potentially via online meeting software such as Zoom); however, future extensions could involve the development of online modules and/or easily accessible psychoeducational content. The intervention can be delivered on an individual basis, however a group format could be utilised as demand/self-referral numbers allow. The involvement of supporters from the client's *whānau*/family is welcomed but not required, in line with the philosophy of reducing barriers to accessing the intervention wherever possible.

Intensity, Duration, and Frequency of Client Contact – *Stand Strong, Walk Tall* is explicitly intended to differ from the limited but more typical “one-size-fits-all” approach; therefore, the

¹ It is expected that most clients will be male. However, female and non-binary clients can also access the service. It will be important for clinicians to maintain a cautious awareness that the intervention design and materials were developed based on literature predominantly involving biologically born males.

² A modified or similar service suitable for youth clients is considered a vital future development, which the research team intends to support or pursue directly as capacity allows, ideally with input from professionals with specific expertise in adolescent interventions.

³ For the sake of clarity, the use of “children” here is intended to include individuals under the age of 16, congruent with the age of sexual consent under New Zealand law.

intensity, duration, and frequency of client contact will vary depending on individuals' assessed needs and unique contexts. Flexibility will be afforded wherever possible as a means of reducing barriers to accessing the intervention.

Referral: The intervention will be carried out on a completely self-referred basis. This is appropriate given that sexual interest in children is an internal experience, and outside of the justice system it is possible that only the client is aware of their need for treatment. Further, the self-referral pathway will ensure that matters of client confidentiality are kept clear, with no third-party referrer to report back to, and no agreements for clinical progress reporting or similar. Again, this process is intended to reduce barriers to clients seeking help.

Assessment: Prior to engaging in the intervention modules, each client will participate in a thorough assessment phase. The assessment purposes are twofold:

- Clinical purpose – to inform an individualised case formulation and clinical treatment plan for each client; and
- Research purpose – to build an anonymised database of service users, in order to enable knowledge accumulation regarding the target population as well as continuous improvement of services.

Assessment will consist of multiple components and information sources:

- Clinical interview
- Clinician-scored measures
- Objective assessment of sexual interests
- Client-scored measures
- Collateral information (e.g., conviction records, consultation with *whānau*/support people, and/or records from prior mental health services with the client's permission)

Information regarding the intervention side of *Stand Strong, Walk Tall* is presented in a *Clinician's Guide*, designed as a lift-out resource for clinicians. Training will also be developed for clinicians intending to deliver this intervention (further details below).

Clinician's Guide

The *Clinician's Guide* contains introductory material to align clinicians to the purpose and approach of the intervention, followed by sections describing the aims and therapeutic techniques across each of the intervention modules. These modules are based around the treatment targets identified above, with client-friendly labels.

The guide is not designed as a prescriptive manual, but instead as a tool for the clinician's toolbox.

Emphasis is placed throughout on the development of a positive, supportive therapeutic relationship from which treatment targets can be addressed.

Intervention Modules:

- *Core*: Assessment
- *Core*: Collaborative Intervention Goal-Setting
- Understanding and Living with My Attractions
- Understanding Harmful Sexual Behaviour
- Strengthening Skills

- Managing my Sexual Attraction and Finding Pleasure
- Strengthening Adult Sexual Interests (if non-exclusive)
- Processing Grief (if exclusive)
- Building Better Relationships with Adults
- *Core*: Good Life Planning
- *Core*: Post-intervention Assessment and *Poroporoaki*

Core modules are designed for all clients. The remainder can be selected from according to the individual client's specific needs, based on their assessment and formulation. Similarly, the content within each module can be selected from, and also complemented by additional tools in the clinician's toolbox.

A list of useful resources for clinicians and clients has been compiled at the end of the Guide, and some example clinical templates are appended.

Also appended to the *Clinician's Guide* are a *Client Enquiry Form*, and draft⁴ client consent forms for assessment and intervention, the content of which has been guided by New Zealand privacy legislation and other relevant codes.

Staff Training Protocols

We expect that clinicians who deliver the *Stand Strong, Walk Tall* intervention with clients will already be highly trained professionals (e.g., psychologists). The core purpose of the training package outlined in this section is to build a team of clinicians (even if separated geographically) who have a shared view of the rationale and value of the intervention, understanding of the key targets for the client population, and a strong knowledge of relevant laws and ethical principles.

Building this shared *kaupapa* from the beginning will support strong fidelity and consistency in the delivery of the intervention, despite the anticipated geographical spread and varied backgrounds and employing organisations of intervention clinicians.

The staff training package will be delivered and/or overseen by members of the research team, with the potential for the development of webinars to improve access. The training will encompass three days, with the following components:

Day One

- Prehabilitation rationale and intervention philosophy
- What we know about adults who experience minor-attraction
- Intervention frameworks: Risk-Needs-Responsivity, Good Lives Model, and the Hauora Māori Clinical Guide
- Overview of the *Stand Strong, Walk Tall* prehabilitation service and assessment protocols

Day Two

- Introduction to the *Clinician's Guide*

⁴ The draft client consent forms remain under legal review as at January 2020. Peer review of an earlier draft of the complete *Phase One* documentation was completed during late 2019.

- Review of selected modules including *Managing my Sexual Attraction and Finding Pleasure*, and *Strengthening Adult Sexual Interests*
- Feedback-informed treatment

Day Three

- Confidentiality and disclosure in the New Zealand legal context
- Data collection and database training

Future Steps

With the completion of the *Stand Strong, Walk Tall* intervention design (*Phase One*), the next priority for the research team will be to move towards piloting the intervention. Attention will therefore be turned to attaining funding for a carefully designed pilot study, to rigorously evaluate the feasibility and effectiveness of the intervention.

Pilot implementation planning will include the following components:

- Refining the intervention's disclosure policy, and undertaking a Privacy Impact Assessment through the Office of the Privacy Commissioner
- Developing the training modules and a resources pack for intervention clinicians
- Development of informational materials and a promotional plan to try to reach the target population of community-based individuals who experience sexual interest in children
- Accumulation of the assessment materials, and development of the research database with appropriate data security measures
- Attaining appropriate ethics approvals
- Pilot evaluations will be embedded in the planning, with improvements and enhancements to be made to the intervention on the basis of findings

The dual research and treatment nature of this initiative has been described. The primary research aim will be to evaluate whether the intervention achieves its two key outcomes – reducing the likelihood that clients will act on their sexual interest in children, and increasing the health and well-being of clients. In addition, the *Stand Strong, Walk Tall* research team intends to pursue varied projects utilising the anonymised client database, in the hope of filling key knowledge gaps and ultimately being part of building a safer world for children and young people.