

# Harmful Sexual Behavior Sector

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A Community Free  
From Sexual Abuse

*He Hapori Waatea | Taitookai*

stop

# Who makes up the sector

- \* The sector is comprised of 3 independent but aligned community treatment providers.  
Which are:
- \* SAFE: Based in Auckland and provides service to the upper North Island.
- \* WellSTOP: Provides services to the lower North Island and is based in Wellington.
- \* STOP covers the South Island and is based in Christchurch

# What is harmful sexual behavior?

Sexual abuse is any sort of non-consensual sexual contact or activity. Sexual abuse can happen to men, women or children of any age as well as animals. It is the forcing of unwanted sexual activity by one person on another, by the use of threats, coercion, violence, manipulation, grooming, secrecy or by exploitation of the victim's vulnerabilities.

# What services are provided?

- \* SAFE, WellStop and STOP are all contracted by the MoH to provide assessment and treatment for people with a diagnosed intellectual disability who require an intervention to reduce their risk of sexually re-offending.
- \* All three providers have specialised treatment programmes for people with an intellectual disability.

# Who are our services available too?

- \* Intervention is available for people with an intellectual disability who have committed a sexual offence(s).
- \* Our contract with the MoH is primarily for people who are subject to the ID(CC&R) Act for the commission of a sexual offence.
- \* However there is scope for civil or NASC clients who have committed serious sexual offences to access our services through the exceptions pathway.
- \* Priority needs to be given to care recipients.

# Civil clients

- \* The exceptions pathway allows clients who have committed serious sexual offences and who may be at risk of further offending but have not been subject to formal sanction to access treatment.
- \* Important to remember that the intervention offered by the HSB sector is intensive and designed for clients who have committed serious offences and where there is significant risk of re-offending.
- \* Our services are not designed for people who may displaying sexualised behaviour

# Care recipients and civil clients

- \* Often the care recipients and civil clients who access treatment have very similar offending histories, level of risk and treatment needs.
- \* Case examples:

# Mr A

- \* 40 year old Male
- \* Mild intellectual disability.
- \* Mr A had spent most of his adult life living at home supported by his parents.
- \* Had been employed for most of his life, predominantly collecting trolleys at the local supermarket. Had lost his job prior to his offending due to being verbally abusive to customers and damaging cars by ramming trolleys into them.
- \* Longstanding awareness by the family that Mr A had strong interest in children and some degree of concern about this, particularly by siblings and extended family members. These concerns prompted his parents to place him a contract board situation.
- \* Unfortunately this is where further sexual offending occurred.

# Mr A

- \* Referral reason was the sexual abuse of a 4 year old boy.
- \* During assessment he disclosed also abusing the victim's older sibling.
- \* Made further disclosures relating to accessing objectionable material via the internet, sexually abusing extended family members, exhibitionist behaviour and engaging in sexual behavior with an animal.
- \* Mr A was assessed as being at high risk for further sexual offending and displaying a deviant sexual preference for boys.
- \* Assessed as being suitable for treatment.

# Mr K

- \* 48 year old Male
- \* Moderate intellectual disability
- \* At the time of his offending was living in supported accommodation, had lived with the same residential provider all of his adult life, until this point.
- \* Was employed at local supermarket collecting trolleys.
- \* His offending consisted of approaching (predominantly) pre-pubescent girls, who were strangers to him and touching/grabbing their genitals.

# Mr K

- \* Reports similar offending on numerous prior occasions with limited consequences.
- \* Was spoken to by police on previous occasions but no formal action taken.
- \* During assessment reported in engaging non consensual sexual intercourse with female residents within the residential service where he lived up until the time of his most recent offending.
- \* Acknowledged forcing the victims to have sex with him against their will and selecting victims that had limited verbal abilities.
- \* Assessed as being at high risk of further sexual offences. Has engaged in further offending behaviour subsequent to his assessment.

# Treatment

- \* Psychological treatment for people who have committed sexual offences is primarily CBT and group based. This approach is evidence based to significantly reduce re-offending.
- \* Evidence regarding treatment for people with an intellectual disability is more limited but it seems that a similar approach that is simplified over an extended time frame is effective in reducing re-offending.
- \* Overall it seems that the longer people with an intellectual disability are in treatment the more effective it is.
- \* At STOP we work with people in treatment for up to three years.

# Treatment

- \* Treatment consists of clients attending both group treatment and individual therapy sessions.
- \* Content is simplified and repeated.
- \* Key concepts are presented in visual form
- \* For those in supervised or supported accommodation we provide support and education at an organisational and at a direct care staff level.

# Key areas addressed in treatment

- \* **Acknowledgement of offending:** This supports the client to take responsibility for their sexual offending.
- \* **Life history:** This is a presentation by the client to the rest of the group to tell the story of their life. Clients are encouraged to talk as much about the different aspects of their life possible, particularly their strengths. Not focused on their offending.
- \* **What are thoughts and fantasies.** Designed to help clients develop an understanding of these concepts and the role they can play in sexual offending. Work with client to identify some of the thought that are most linked to their offending (cognitive distortion) and unhelpful sexual fantasies.

# Key areas addressed in treatment

- \* **Understanding emotions:** Designed to enable client to more accurately identify their emotional state and to learn how the emotions can impact on their choices and behaviour. Key aim is for client to understand what emotions may be problematic for them and linked to their offending behaviour.
- \* **Simplified offence cycle:** Aim is to help the client identify and understand the key steps or factors that culminated in the offending.
- \* **Relapse prevention:** After completing the offence cycle we work with the client and support staff to identify how they can make different choices in the future if they are at risk of offending. Simplified form of relapse prevention.

# Key areas addressed in treatment

- \* **Victim empathy:** Work with client to help them develop an understanding of the negative impact of sexual offending on victims. Also includes people indirectly affected by the clients behaviour such as their family.
- \* **Relationship and sexuality education:** Often clients have deficits in their knowledge regarding sexuality and what constitutes intimacy. Where appropriate we work with clients to develop a relationship plan so they can have increased opportunities to get their sexual and intimacy needs met in an appropriate manner.

# Outcomes

- \* STOP has been providing specialist treatment for people with an intellectual disability for 10 years and have worked with a large number of clients.
- \* Very high rates of completion
- \* Generally very positive outcomes in terms of quality of life by clients who successfully complete treatment.
- \* No known re-offending by completers, however is anecdotal.