Preventing child sexual abuse - pilot and programme development

MINISTRY OF SOCIAL DEVELOPMENT
TE MANATŪ WHAKAHIATO ORA

Programme background

Sexual abuse affects many children in Aotearoa New Zealand. It has devasting impacts yet is preventable. Ministry of Justice (2016) figures show that 84% of child sexual abuse convictions in any year are given to individuals not previously known to have committed sexual offences.[1]

Prevention approaches to child sexual abuse often focus on the rehabilitation of people who have already offended. This misses the opportunity to prevent child sexual abuse before it happens and prevent repeat, undetected offending.

There is a gap in services for people who want help for their concerning sexual ideation about children and young people.

The Ministry of Social Development (MSD) commissioned a team led by the University of Canterbury to develop an evidence-based preventive treatment for those who experience attraction to children or young people, without requiring them to have acted on this interest and harmed a child or young person first.

The resulting pilot and research programme, Concerning Sexual Ideation: Stand Strong, Walk Tall (CSI: SSWT), included two phases. Phase One focused on developing the intervention and Phase Two piloted and evaluated the intervention.

The research programme contributes to the ongoing development of MSD's Concerning Sexual Ideation Service.

[1] Ministry of Justice (2016). *Number of people convicted of sexual offences against a child or young person (aged under 16 years) in 2015, by offending history.* Unpublished dataset prepared for S. Christofferson.

Concerning Sexual Ideation: Stand Strong, Walk Tall pilot phase

The programme name Stand Strong, Walk Tall was chosen to represent the self-building aspects of the intervention. It speaks to walking towards a safe and fulfilling life, and striving towards a better future, which is a society free from child sexual abuse.

The CSI: SSWT research programme has two main aims:

1. to introduce within communities a preventative intervention for individuals who experience sexual attraction towards children and/or young people.
2. through the research, produce knowledge to better understand this group and their treatment needs to inform continuous service improvement.

Pilot

Engaging in a carefully planned pilot was crucial. A pilot would provide an evidence base regarding outcomes for participants and inform continuous improvements to the CSI: SSWT intervention. Positive findings would also support confidence in the effectiveness and value of the intervention. This component included:

- Implementing pilot delivery of the CSI: SSWT intervention in Aotearoa New Zealand.
- Via the pilot, initiating a research and evidence base to enable evaluation of CSI: SSWT's impact, with a view to continuous improvement.
- Evaluating the pilot in terms of measurable participant impacts.

Connecting participants with the programme

This component included the design and implementation of public-facing promotional strategy and materials to reach potential clients for the pilot. It also included an evaluation of the strategy and materials. It aimed to shape promotional strategies for CSI: SSWT in the future, and more broadly, contribute to knowledge about effective advertising so that awareness of and access to specialist therapeutic services can be improved.

Kaupapa Māori exploratory rangahau (research)

A collaboration between the CSI: SSWT research programme and a related doctoral rangahau (research) project was another component. The aim of the exploratory doctoral research was to gather Mātauranga Māori (Māori knowledge) to inform future engagement and service provision for Māori who experience sexual attraction to children and/or young people. Relevant findings were shared with the CSI: SSWT research team and MSD.

The Concerning Sexual Ideation: Stand Strong, Walk Tall pilot was successful in increasing our understanding of the intended client group and provided early data which supported the effectiveness of the intervention.

The key findings from the pilot, promotional strategy and kaupapa Māori exploratory rangahau components can be found on pages two and three of this document. Recommendations from the pilot phase of the research programme included that:

- The intervention be set up for ongoing availability across Aotearoa New Zealand, with enhanced guidelines for content, delivery, and clinician training based on all that was learnt in the course of the pilot.
- The CSI: SSWT approach should retain its emphasis on research alongside treatment, to enable ongoing robust evaluation and improvements. In particular, future research goals could include a waitlist control evaluation design, and independent evaluation.
- A deep understanding of the specificity and sensitivity involved in promoting services for those with attraction to children and/or young people is necessary in order to develop appropriate strategies and material. Ongoing research regarding promotional aspects is highly recommended alongside any broader intervention roll-out.
- With regard to service delivery for Māori, due consideration should be given to supporting – with adequate resourcing and genuine power sharing – a government funded Māori service which is Māori in design and structure, with Western knowledge bases and approaches within it. This would allow for freedom of service delivery for Māori and non-Māori.

The ultimate benefactors of further research and service investment in this area would be society. If effective prevention of child sexual abuse is achieved, this would translate directly to society's most vulnerable members not being harmed.

Disclaimer – views are those of the researchers and do not necessarily represent the views of MSD.

STAND STRONG, WALK TALL
PREHABILITATION FOR A BETTER FUTURE

Concerning Sexual Ideation: Stand Strong, Walk Tall Research Programme

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Pilot

Dr Sarah Christofferson[2], Dr Gwenda Willis[3], Dr Jacinta Cording[2] and Dr Waikaremoana Waitoki[4]

Approach

Participant recruitment

The CSI: SSWT pilot clinical phase launched on 8 June 2022, opening for self-referrals from that date for a 12-month period. Pilot participation was open to adults in the Aotearoa New Zealand community who self-identified as experiencing sexual attraction towards children/and or young people, and who provided their informed consent to participate.

Participants learned of the study through a promotional campaign that included a press release, media coverage and social media advertisements, alongside a dedicated website (www.sswt.org.nz).

A total of 30 valid self-referrals were received. Of these, nineteen individuals completed pre-treatment assessment, met inclusion criteria, and engaged in CSI: SSWT treatment.

While the intention was to reach people prior to sexual harm being committed, half of the pilot participants had at some point in their lives been apprehended by authorities for the offence of accessing child sexual abuse images. This group were not excluded, as they met the inclusion criteria and supporting them aligned with the programme's priority of preventing child sexual abuse.

Pre-intervention assessment

A comprehensive pre-intervention assessment involved interviews and the use of validated tools (client and clinician completed). This assessment helped identify treatment needs, and established a point to which post-intervention measurements could be compared.

Intervention

The intervention consisted of talking-based therapy that was delivered by seven registered mental health clinicians who had training in the CSI: SSWT approach.

Therapy was delivered in 6 to 20 sessions over a period of 8 weeks to 4 months (plus) depending on participant needs. Therapy involved goal setting, understanding ones' own behaviours, cognitions and feelings associated with the treatment targets identified at pre-treatment measurement.

Post-intervention assessment

Client and clinician post-treatment assessments across validated tools resulted in data to which pre-intervention measurements could be compared to assess intervention outcomes and impacts.

[2] Te Whare Wānanga o Waitaha | University of Canterbury
[3] Waipapa Taumata Rau | University of Auckland
[4] Te Whare Wānanga o Waikato | University of Waikato

Findings

The pilot evaluation produced evidence to support CSI: SSWT as a preventative intervention[5]

The pilot was successful in achieving its two primary objectives, with important learnings in relation to understanding the treatment needs of the intended client group and early data which supported the effectiveness of the intervention.

Participants, on average, made statistically significant improvements as a result of engaging with the CSI: SSWT pilot. This was seen in a number of measures related to the dual goals of improved wellbeing and prevention. Following engagement with the pilot, participants had significantly:

- better skills for self-regulation, emotion-regulation, and coping
- greater levels of self-acceptance and less fear of adult intimacy
- fewer risk factors and more protective factors with respect to future harmful sexual behaviour
- improved general wellbeing.

Findings enabled a better understanding of the treatment needs of the intended client group

The participants were diverse in terms of gender identity, and came from a number of different cultural backgrounds. For the majority of participants their attraction to children and/or young people was not exclusive (i.e., they also experienced sexual attraction towards adults).

[5] The findings of the pilot evaluation are subject to limitations, such as sample size and absence of a comparison group.

The most common treatment needs identified and addressed were:

- self-stigmatisation around ones' attraction to children and/or young people
- endorsement of attitudes supportive of sexual contact with children and/or young people
- lack of emotional regulation strategies and emotion-oriented coping styles
- loneliness and fear of adult intimacy.

There were a number of notable features that can impact the benefit of interventions generally that were common amongst participants. These included:

- histories of trauma/childhood adversity
- severe depression
- challenges with initial therapeutic rapport limited motivation for change.

Promising avenues for intervention improvement were found

Pilot findings were informative in providing guidance for continuous improvement of the CSI: SSWT intervention and other similar services, and the training of those who deliver them.

For example, findings suggested an increased focus in future on:

- exploring and addressing client motivation and other potential barriers to treatment
- working responsively with diverse groups in terms of gender identity, mental health concerns, and child sexual exploitation material use history.

Further findings can be found in the full report.

Concerning Sexual Ideation: Stand Strong, Walk Tall Research Programme

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Connecting participants with the programme: Promotional strategy

Dr Claire Henry[6]

Approach

The creative development of the CSI: SSWT promotional materials was the early focus of this work, including a logo, website, press release, media coverage, and social media advertisements. Information from different sources was then used to evaluate the promotional strategy and materials.

Evaluation strategies focused on an anonymous online survey (50 valid responses received), research interviews with CSI: SSWT pilot participants and clinicians (one participant, five clinicians), qualitative A/B testing[7] of social media advertisements, and cultural consultation.

Findings

The promotional materials were successful in attracting participants to self-refer and engage with the pilot.

The promotional material and strategy were regarded as effective, including for the success of filling the available places in the pilot. The findings highlighted the challenges of successfully promoting a service such as CSI: SSWT to the diverse group of individuals who experience attraction to children and/or young people. This is in addition to the barriers faced by this group including shame, embarrassment, anxiety about confidentiality and fearing the consequences of disclosure. There are also barriers related to culture, language, and diversity, and cost. The findings noted the need for those promoting these types of services to carefully navigate multiple audiences, emotions, and sensitivities in the public-facing materials. Clear messaging around research and prevention were highlighted as vital.

Evaluation findings help inform the principles for effectively connecting people who experience sexual attraction towards children and/or young people with specialist therapeutic services.

The survey and interview data shared common themes around what made the advertising material for intended client group successful. Themes included:

- non-judgemental, professional and trustworthy tone
- clarity and consistency of the messaging
- balancing brevity with sufficient information
- favourableness of imagery that conveys a sense of calm and peace.

The findings from the interviews with the clinicians who took part in the pilot highlighted the importance of the promotional material reflecting the ethos of a service. This CSI: SSWT promotional campaign helped establish values of being non-judgmental, trustworthy, and professional, which set a foundation for clinicians to continue building on.

The possibility of broadening and further testing the promotional strategy in the event of a potential future broader roll-out was noted. In particular, reaching individuals via conduits such as family and friends could be further explored, given the role such pathways were found to play in the current pilot.

Kaupapa Māori exploratory rangahau

Dr Naya Williams (Ngāti Kahungunu ki Wairoa)[8]

Approach

From 2020–2023 Naya Williams conducted doctoral research, titled *Kō Te Whanake ō te Māramatanga: A Kaupapa Māori Approach to Exploring Pathways to Therapeutic Engagement for Māori who Experience Sexual Attraction to Children*. The collaboration with the CSI: SSWT research programme arose from an alignment of aspirations and relevance. The aim of the collaboration was to share a summary of relevant findings that focused on informing future service delivery for Māori who experience sexual attraction to children and/or young people. With the data from the doctoral rangahau being taonga, it was gathered subject to an agreement upholding Māori data sovereignty.

The methodological approach for the rangahau involved a mixture of purposeful and snowball sampling to conduct semi-structured interviews with 16 collaborators, including six kaumātua and 10 individuals with experience in a sexual violence prevention-related role. Data relevant to mainstream service delivery was extracted, and qualitative analysis was carried out following a six-step process outlined by Braun and Clarke (2006, 2021).[9, 10]

Findings

Findings highlighted a key theme of uncertainty as to the general feasibility of a mainstream service as an avenue for delivery with Māori.

Collaborators revealed concerns that mainstream services in their usual form may be unable to meet the needs of Māori who choose to seek help from them and provide genuine healing. Whilst collaborators acknowledged some Māori may choose to access mainstream services, they felt unsure that they could work to address difficulties relevant to sexual attraction to children and/or young people. Key concerns about mainstream services included:

- **Inherent Western design and structure of mainstream services** – collaborators noted that government funders typically fund services that use western models and practices.
- **Track record of mainstream domination and disservice** – understanding the whakapapa of mainstream services and government engagements with Māori was considered important. Mainstream services were described by collaborators to be those funded, controlled and implemented by government bodies. Collaborators asserted that past and continued harm that is caused to Māori by government forms a reputation that is not conducive to trust.
- **Dominance of Western practice irrespective of efforts towards bicultural services** – collaborators noted that Western practice can often dominate service delivery, irrespective of efforts to develop and deliver a bicultural service.
- **The failure of mainstream services to address underlying problems** – many collaborators indicated that mainstream services, due to being inherently Western in design and structure, often do not have the capacity to address underlying problems.
- **Internalised racism as a complication and responsibility** – collaborators spoke to the responsibility for mainstream services to better understand the drivers that may motivate individuals to dismiss their Māoritanga as important.

Collaborators indicated that Māori approaches work, and therefore, ways to genuinely include Māori processes are crucial. Collaborators described that an opportunity to genuinely include Māori approaches would require action that counters institutional racism, namely the power and resourcing imbalances that exist. Collaborators felt that a government funded Māori service which is Māori in design and structure, with Western knowledge bases and approaches within it, will allow the freedom for effective service delivery for Māori and non-Māori.

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6 Flinders University

7 A/B testing is a method for comparing multiple versions of the advertisement, where the different variations are shown to users at random and a statistical analysis performed to determine which one performs best.

8 Waipapa Taumata Rau | University of Auckland

9 Braun, V., & Clarke, V. (2006). *Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2)*, 77–101.

10 Braun, V., & Clarke, V. (2021). *One size fits all? What counts as quality practice in (reflexive) thematic analysis?. Qualitative Research in Psychology, 18(3)*, 328–352.