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**Not just 'old men in raincoats':
Effectiveness of specialised community treatment
programmes for sexually abusive children and youth
in New Zealand**

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ABSTRACT

This study addresses the hitherto limited research on sexually abusive children and youths in New Zealand (NZ). It encompasses children (12 years or younger) and youths (13 to 19 years) referred to the three largest specialised community sexual offender treatment programmes in Auckland, Wellington, and Christchurch over a 9½ year period. Additionally, three special populations are considered: female sexually abusive youth, youth with 'special needs' and children (12 years and under).

To increase our understanding of the individual, offending and family characteristics of these children and youths in specialised community treatment programmes in New Zealand **Study One** audited client's clinical files ($N = 702$). Consistent with international research, New Zealand children and youth who engaged in sexually abusive behaviours not only presented with sexually abusive behaviour(s) but also had other psychological and behavioural issues. These included a history of childhood sexual and physical abuse (38%, $n = 263$ and 39%, $n = 272$ respectively), behavioural (63%, $n = 442$) and mental health problems (65%, $n = 457$), drug and alcohol misuse (22%, $n = 156$) and a history of suicide ideation or deliberate self-harm (27%, $n = 187$). They often had poor social skills (46%, $n = 326$) and had struggled to establish appropriate peer relationships (44%, $n = 306$). Many of the children and youth came from multi-problem and chaotic family backgrounds (e.g., 55%, $n = 387$ of parents were divorced or separated, 38%, $n = 267$ were exposed to domestic violence and 32%, $n = 222$ had family member(s) with a substance abuse problem) and had experienced numerous out-of-home placements (57%, $n = 389$). Factors associated with resiliency were also investigated. It was found that children and youth primarily victimised male and female children (12 years or younger) (70%, $n = 1407$), who were acquaintances (57%, $n = 1295$) or relatives (32%, $n = 730$). Very few victimised strangers (7%, $n = 86$ of victims were strangers). They engaged in both 'hands on' (e.g., penetrative acts) and 'hands off' offences (e.g., voyeurism).

Study Two was a naturalistic treatment outcome study to explore treatment outcomes and involved 682 sexually abusive children and youth who attended three specialised community treatment programmes in New Zealand. The main outcome of interest was sexual recidivism (prevalence rate of re-offending during the follow-up period) with secondary outcome variables of general and violent recidivism. The follow-up period ranged from 1 year to 10 years (mean 4.5 years, $SD = 2.2$). Three groups were compared: the 'Comparison' group (referral or assessment only, $n = 300$), 'Treatment Dropout' group (those who prematurely terminated their involvement in treatment, $n = 165$) and the 'Treatment Completer' group (those successfully completing treatment, $n = 217$).

To allow for triangulation of offences that were dealt with through the youth and adult justice system's recidivism data were collected from multiple sources (Child, Youth and Family¹, Youth Court, and Police criminal charges and convictions data). Post-treatment sexual, general (nonsexual and non-violent) and

¹ The national child welfare agency in New Zealand

violent recidivism are reported from each data source as well as overall sexual, general and violent recidivism. Sexual, general and violent re-offending that occurred while the children and youths were attending treatment are also presented. Changes in behavioural problems and the psychological functioning of sexually abusive children and youth between assessment and the end of treatment (as assessed by the Child Behavior Checklist, Youth Self Report and Millon Adolescent Clinical Inventory) contribute additional outcome measures.

This naturalistic outcome study found that the treatment programmes were effective in reducing sexual recidivism amongst sexually abusive children and youth who completed treatment compared with those who did not complete treatment. Less than 3% (2.8%, $n = 8$) of Treatment Completers sexually re-offended compared with 6% ($n = 17$) of the Comparison group and 10% ($n = 16$) of the Treatment Dropout group. Treatment Dropouts were found to be at highest risk of sexual, general and violent recidivism. Recidivism for the three special populations (children, females and 'special needs' youth) are also presented. The results from the psychological measures indicate a general pattern of reduction in behavioural and psychological problems between assessment and end of treatment.

Logistic regression analysis was used in **Study Three** ($N = 682$) to explore factors associated with the risk of sexual and nonsexual (violent and general offending) re-offending post-treatment and dropping out of treatment. The factor predictive of sexual recidivism risk was having three or more victims and was associated with a decreased risk of sexual recidivism. Older age at first known sexual offence was associated with increased chance of nonsexual recidivism. Dropping out of treatment and having a history of nonsexual offending were associated with a decreased risk of nonsexual recidivism. Older age at referral and having no external mandate to attend treatment were associated with increased risk of youth dropping out of treatment. A history of mental health problems was associated with a decreased risk of treatment dropout.

Conclusions

This is the first study of the characteristics and treatment outcomes of sexually abusive children and youth in New Zealand. Its strengths include the large sample size, length of the follow-up period, use of a comparison group and data triangulation to determine recidivism. This study, therefore, compares favourably with international studies. This research enhances understanding of the individual, family and offending characteristics of sexually abusive youth in New Zealand as well as children, females and special needs youth. The Cognitive Behavioural Theory (CBT) based approach of the community programmes in New Zealand was found to be effective in reducing recidivism amongst children and youths who completed treatment.

Specific recommendations relevant to treatment programmes and statutory agencies around programme development, referral processes and identification of sexually abusive children and youth are made. Directions for future research are also discussed. These include research exploring outcomes, other than recidivism, for those attending the Maori programmes, possible exploration of typologies within New Zealand sexually abusive children and youth, and subsequent follow-up research.

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