STAND STRONG, WALK TALL
PREHABILITATION FOR A BETTER FUTURE

Effectiveness of
Stand Strong, Walk Tall:
A Therapy Pilot for Adults Attracted to Children

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Presentation to The Centre for Family Violence and Sexual Violence Prevention
November 2025

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Team and Partners

- Special thanks to NZ Ministry of Social Development
- SSWT partnered with community-based harmful sexual behavior treatment providers and private clinicians for the pilot
- Wider SSWT collaboration team included media/publicity evaluation and Kaupapa Māori workstreams during pilot phase

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SSWT Background in Brief

Aware of unmet need, and inspired by international efforts, the team launched a funding proposal to design a research-informed approach to secondary child sexual abuse prevention for NZ

NZ's discretionary reporting context provided the opportunity to develop a face-to-face, therapeutic prevention service

Proposal endorsed by cross-government *Sexual Violence Prevention Advisory Board* (2018)

Funded by NZ government (MSD) for:

- Phase 1 – Intervention Design (completed 2020)
- **Phase 2 – Pilot & Evaluation** (launched mid-2022)

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SSWT Design & Intent

- Research-informed
- Preventive *and* therapeutic
- Reducing barriers for potential tāngata whai ora in need
- Accessible by self-referral
- Strengths-based
- Joint clinical and research initiative

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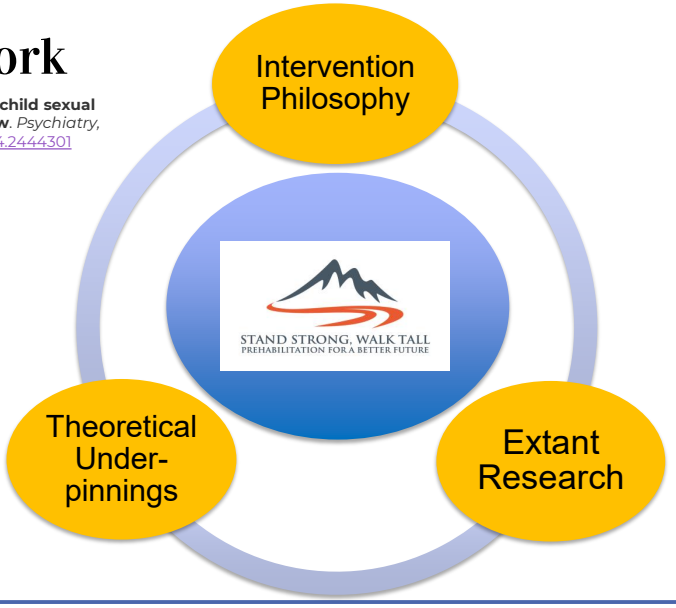
Intervention Framework

Beggs Christofferson, et al. (2025). **Therapeutic prevention of child sexual abuse: the *Stand Strong, Walk Tall* framework and overview**. *Psychiatry, Psychology and Law*, 1–23. https://doi.org/10.1080/13218719.2024.2444301



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Intervention Philosophy

Individuals **are not** responsible for the experience of sexual attraction towards children/young people;

They therefore ***do not*** deserve judgement or stigmatization in relation to the attraction;

They ***do*** deserve access to effective prevention services.

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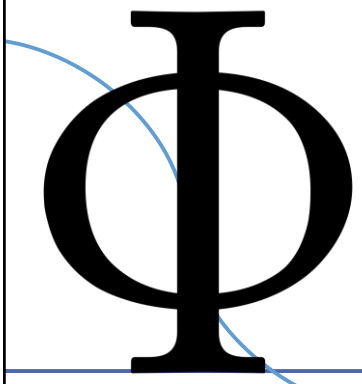
Intervention Philosophy



Individuals **are** responsible for their behavioural choices;

It is clear that any form of adult sexual behaviour involving children is **harmful** and rightfully not tolerated by society;

It is both ***logical and advantageous*** to society that evidence-based preventive treatment be available to such individuals, ***without*** awaiting them having acted on the attraction and harmed a child first.

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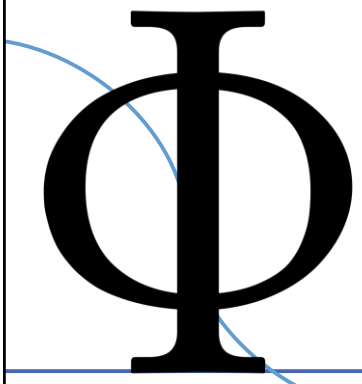
Intervention Philosophy



Major **barriers to help-seeking** exist for this group:

- stigma attached to the attraction
- fear of negative legal repercussions of disclosing their interests (even to health professionals);

Therefore, a further focus of the SSWT intervention design was to, wherever possible, remove barriers that may impede self-referral.

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Intervention Philosophy

The intervention therefore takes a ***supportive***, ***non-judgmental*** stance;

Aiming to collaboratively engender in clients the abilities and sense of efficacy required to take control of behavioural choices and life course;

Whilst ***explicitly condemning*** any form of harmful sexualization of children.

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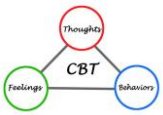
Theoretical Underpinnings



GOOD LIVES MODEL

Substance Abuse and Mental Health Services Administration
SAMHSA

APPENDIX A: HAUORA MĀORI CLINICAL GUIDE FOR PSYCHOLOGISTS: USING THE HUI PROCESS AND MEIHANA MODEL IN CLINICAL ASSESSMENT AND FORMULATION

- Cognitive behavioural theory and therapy
- Risk-Needs-Responsivity
- Strengths-based approaches / Good Lives Model
- Trauma-informed care & historical trauma principles
- Hauora Māori Clinical Guide
- Etiological and offence process models

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Therapy Foci

- 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
- Enhance understanding of attractions and promote self-acceptance
- Option for including behavioural strategies targeting salience of attractions
- Explore stigma and strategies to navigate stigma
- Strengthen skills for adult intimate relationships
- Good life planning

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Pilot Delivery & Evaluation

STAND STRONG, WALK TALL:
Prehabilitation for a Better Future
A Sexual Abuse Prevention Project
Phase Two: Pilot Delivery & Evaluation
Revised December 2024

https://doi.org/10.26021/16013

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Research design

Prospective longitudinal repeated measures

Aiming for *N* ≈ 20 across Aotearoa

Primary research objectives:

1) Learn more about the intended client population and their needs; and

2) Explore preliminary effectiveness of intervention

Dependent variables involved change from baseline to post-intervention on a range of measures pertaining to key intervention targets

Approval from Health and Disability Ethics Committee

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HOME

voyager 2022 MEDIA AWARDS

WEBSITE OF THE YEAR
APP OF THE YEAR

NEW ZEALAND

Stop abuse before it starts: Programme hopes to prevent adults attracted to children from offending

By Katie Harris

8 Jun, 2022 05:00 AM · 4 mins to read

Save · Share

The Guardian

09/11/2022, 18:31 New Zealand sets up helpline for adults sexually attracted to children | New Zealand | The Guardian

New Zealand

This article is more than **4 months old**

New Zealand sets up helpline for adults sexually attracted to children

Government-backed pilot project will provide confidential self-referral service that aims to prevent child sexual abuse

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EMAIL SSWT

HOME ABOUT FOR PARTICIPANTS RESOURCES CONTACT US

Stand Strong, Walk Tall.

Prehabilitation for a Better Future.

Stand Strong, Walk Tall (SSWT) is a pilot programme providing specialist therapeutic services for adults in Aotearoa New Zealand who experience sexual attraction to children/young people aged under 16.

Our aims are to enhance client wellbeing and contribute to the prevention of child sexual abuse.

SSWT.ORG.NZ

In-Confidence

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Intended client group

- Intended client group = adults (18+) with sexual attraction towards children/young people who are seeking help
- May or may not have acted on such attractions (not an exclusionary criterion)

In-Confidence

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Therapy engagement

- Most participants (*n* = 15) seen by primary pilot clinicians; remainder seen by one of four external clinicians
- *M* = 15.5 sessions (*SD* = 7.52, range 5 – 33)

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SSWT Pilot

Objective 1:
Enhance understanding of client population

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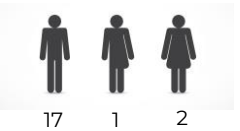
Pilot Client Demographic Profile

- Thirty self-referrals; 20 assessments; **19 therapy clients**
- 85%; *n* = 17 of 20 identified as cisgender men
- Ethnic identity:
  - 75%; *n* = 15 Pākehā/NZ European;
  - two identified as Māori and Pākehā (10%);
  - two as Asian (10%); and
  - one as other European (5%)
- Age at assessment 19 – 62 years

(*M* = 39 years, *SD* = 13.6)



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Treatment Needs

- Most participants' attraction to minors was non-exclusive - 90%
- Most had at least some history of CSEM use - 70%
- Relatively low levels of traditional risk factors for sexual offending

- **Most common assessed treatment needs**:
  - Low self-acceptance
  - Loneliness
  - Fear of adult intimacy
  - Limited emotion regulation strategies
  - Endorsement of attitudes supportive of adult/child sexual contact
  - Emotion-oriented coping style
  - Sexual self-regulation
  - Building more adaptive schemas
  - Lifestyle choices

Least common needs:

- General self-regulation
- Emotional awareness
- Avoidance/task-oriented coping styles
- Self-efficacy specific to minors
- Antisociality, aggression
- Impulsivity
- Community support/social network

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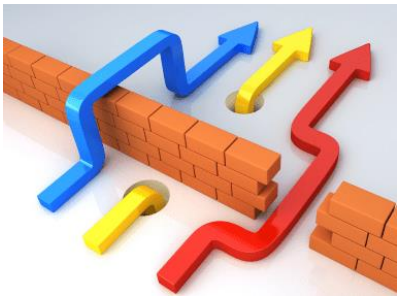
Common Responsivity Factors

- Severe depression
- Low initial therapeutic alliance
- Precontemplation Stage of Change
- Drug abuse
- Childhood adversity



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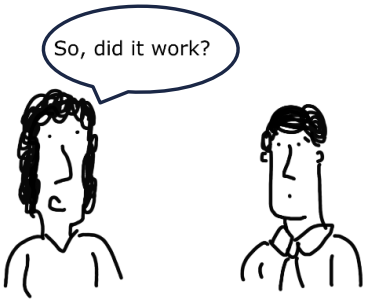

SSWT Pilot

Objective 2:
Explore preliminary effectiveness of SSWT

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Analytical Approach

Within-subjects change on:

- Self-report measures aligned with key intervention foci including general wellbeing
- Risk and protective factors relevant to sexual offending

- Aggregated comparisons (significance tests)
- Individual-level analyses
  - Brinley plots
  - Clinically Significant and Reliable Change (CSC)

(Note: Our research design and consent procedures have equipped us for future longer-term follow-ups including criminal records)

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Overall Results

Statistically significant improvements on key outcome measures:

- Reductions in risk factors (large effect)
- Increases in protective factors (large effect)
- Improved general wellbeing/quality of life (medium-large effect)

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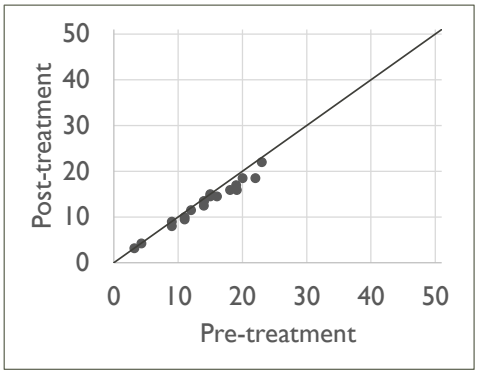
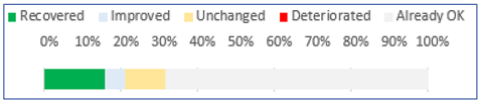
Risk Factors



Significant average **decrease**

d = -1.12
95% CI =[-1.69, -0.53]



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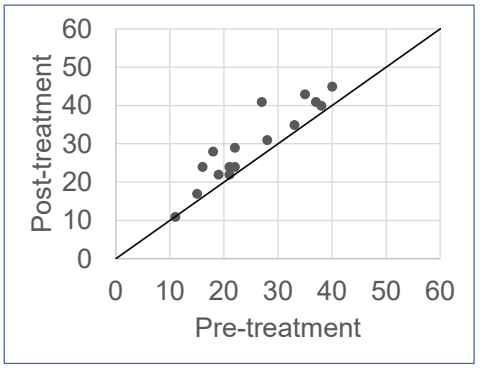
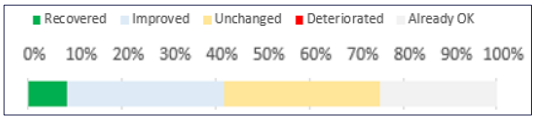
Protective Factors



Significant average **increase**

d = 1.22
95% CI =[0.55, 1.86]



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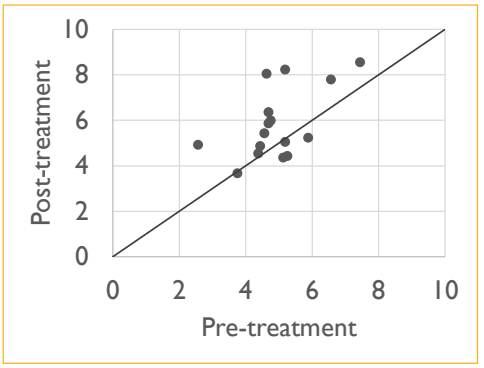
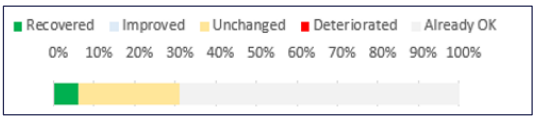
Wellbeing



Significant average **increase**

d = 0.70
95% CI =[0.14, 1.24]



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Overall Results

Statistically significant improvements on key outcome measures:

- Reductions in risk factors (large effect size)
- Increases in protective factors (large effect)
- Improved general wellbeing/quality of life (medium-large effect)
- Improved self-regulation (large effect)
- Reductions in unhelpful emotion-focused coping (large effect)
- Reductions in self-stigmatisation (medium-large effect)
- Reductions in fear of adult intimacy (medium effect)
- Improved emotion regulation strategies (medium effect)
- Increased therapeutic alliance (medium-large effect)
- Low attrition

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Overall Results contd.

- At the individual level, change was heterogeneous; almost always in intended direction; not always to statistically reliable levels, nor to 'functional' levels at post-treatment
  - dosage considerations; perhaps more sessions needed? (11/19 had <16 sessions)
- Many clients "already okay" in several areas
  - Supports individualised approach to treatment
- Change not well evidenced in some areas, bearing in mind that responsivity challenges were common:
  - Interpersonal functioning
  - Beliefs supportive of adult/sexual contact (although low levels)
  - Such information can inform improvements

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LIMITATIONS

- Small scale
- Self-selected
- Power limitations
- Not independent
- Lack of control

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Thank you!
Any questions?

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