

Sexual Abuse in Australia and New Zealand

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GENERAL INFORMATION

The journal is concerned with understanding the psychological and social factors that impact on sexual offending and sexual abuse with special reference to the Oceania and Australasian regions, and the victims of sexual offending. Topics considered appropriate for the journal, but not necessarily limited to these, include risk assessment and profiling of offenders and offences, treatment and custody issues, pure and applied research into features associated with sexual offending and sexual abuse, and impact of offending and abuse on victims/survivors and associated treatment. The journal welcomes contributions from across the disciplines. The journal seeks to develop a primary focus on the application of research and practice in the sex-offending area, and hence our focus is on empirical investigation and the application of theory. The journal is interested in receiving papers about issues associated with sexual abuse and responses to abuse. The journal hopes to have a special emphasis with issues in Indigenous communities and within the Oceania region. Theoretical papers of relevance to understanding sexual offending, sexual abuse, assessment, treatment, or management of sexual abusers and victims of sexual abuse will be welcomed.

All submissions are reviewed by at least two peer reviewers, and all reviews are anonymous. Please note that the views expressed in this journal are not necessarily that of the Editors, members of the Editorial Board, or of ANZATSA.

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EDITORIAL

This edition of SAANZ is focused on research and commentaries from those working within a correctional context across Australia and New Zealand. In particular, the papers within this edition are focused on important contextual issues relating to sex offender treatment and release planning. It is important that we continue to examine such issues, particularly here within Australia and New Zealand as, despite all of our best efforts, approximately one out of every ten sexual offenders will still re-offend even after participating in treatment. This ratio will be larger when only considering those sex offenders assessed as high-risk. Arguably sex offender treatment can and must be improved upon.

I have argued elsewhere (Ware, 2011) that a closer and more thoughtful examination of our current treatment practices is necessary as there may be ways of enhancing the effectiveness of our treatment programs that do not require wholesale changes. This includes a greater focus on the importance of release planning. This is a fundamentally important issue for the many of us within corrections who are tasked with designing and implementing new sexual offender treatment programs or reviewing and revising existing ones. We hope that the papers within this edition will provide food for thought and that these papers will promote a desire to identify and then examine contextual issues within your correctional workplaces.

The first paper in this edition sets the scene by looking at the importance of training non-therapy corrections staff and whether we can assist these staff to view sex offenders more positively. Ware, Galouzis, Hart, and Allen report on the effectiveness of a training program for non-therapy staff and how this has improved participants' knowledge and attitudes towards sex offenders. In their view the support of non-therapy correctional staff is essential to effective treatment. This remains an area deserving of further research attention.

Sheehan and Ware describe an evaluation of a preparatory program designed to motivate and prepare sex offenders for treatment. Specifically they compare a motivational program with a non-therapeutic educational program for sex offenders. How to motivate and prepare sex offenders for treatment must remain a focus for all of us.

Hart and Dumasia have provided a commentary, in the form of a case study, of the complexities involved in treating a female sex offender whose offending was in the company of a male. As Lennings (2012) has noted, since this journal's inception in 2008, there have been no papers published relating to female sex offenders.

This paper represents the first and reflects a critical issue – what does one do when the offending occurred with a male co-offender? Hart and Dumasia describe an approach that will invariably spark useful debates.

As a way of heightening our awareness of the importance of release planning this edition has two papers dedicated to this issue. Van Rensburg provides a commentary regarding the implementation of the Circles of Support and Accountability (CoSA) model within New Zealand. There are many lessons learnt within this paper that will assist all of us in our planning of the release of sexual offenders. Braden, Willis, Göbbels, and Ward then describe the Support and Awareness Groups (SAAG) within Victorian Corrections and discuss how this fits within the Integrated Theory on Desistance from Sexual Offending. This paper should serve as a reminder for all of us that sex offenders require much more than treatment targeting their dynamic risk factors. For this treatment to ultimately be successful these individuals will require adequate pro-social support networks.

Finally, I want to take the opportunity to thank Editors Dr. Doug Boer and Dr. Katie Seidler for the opportunity to be involved in SAANZ. I have to admit to now having a new found appreciation of the work that is involved in putting a journal such as this together. I will invariably reflect on this when I read future editions and I wish them and SAANZ all the best.

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Lennings, C. J. (2012). Invited paper: A thematic analysis of contributions to SAANZ 2008-2011. *Sexual Abuse in Australia and New Zealand*, 4, 2-10.

Ware, J. (2011). The importance of contextual issues within sexual offender treatment. In D. P. Boer, R. Eher, L. A. Craig, M. H. Miner, and F. Pfäfflin (Eds.), *International perspectives on the assessment and treatment of sexual offenders. Theory, practice and research*, (pp. 299-312).

Editorial Commentary: Treating Sex Offenders Within a Corrections Context

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Those of us who work within a corrections context know well the challenges that this presents. Prison environments, particularly, are often seen as contexts for the maintenance and reinforcement of antisocial attitudes and behaviour, and as inimical to attempts to change. Prisons cut people off from their support network, enable greater access to criminal peers, and can create a growing sense of alienation from the law-abiding world. All these features make the challenge of rehabilitation within prisons even more demanding. This said, much of what we know about sex offender treatment has come from research undertaken within correctional contexts – both from within prisons and community corrections settings. This research provides us with a sense of optimism. We cautiously believe that sex offender treatment can be effective within a correctional setting. However, we also believe that complacency is not yet warranted. Although the content of sex offender treatment programmes now appears to quite consistent across most correctional contexts (see McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010) we suggest that a closer and more thoughtful and critical examination of our treatment practices is necessary. In particular, we should continually ask ourselves, is our practice as evidence-based as we say it is?

To set the scene for this journal edition, we provide a short commentary on what we believe to be important issues for sex offender treatment delivered within a correctional context. These issues are as salient in England and Wales as they are here in Australia and New Zealand. Our first concern regards how much treatment we provide to sex offenders. We have long reflected on whether or not we over-treat sex offenders. We both know of programmes where lengthy treatment is required even for those assessed as a lower risk of sexual recidivism. To us, this reflects a tendency to over-pathologise sex offenders particularly as reoffending statistics show that most sex offenders will not reoffend even without treatment. Second, we have recently been reflecting on the content of treatment programmes. Sex offender treatment traditionally places great emphasis on two activities in particular: 1) the “offence account” and the need for the offender to accept responsibility for his offending; and 2) the enhancement of victim empathy. In two recent articles,

we have questioned the evidence base for these activities (Mann & Barnett, in press; Ware & Mann, 2012; see also Waldram 2008). Thirdly, in relation to the targets of treatment, we ask whether sex offender treatment is overly focused on the internal correlates of reoffending – attitudes and sexual interests for example – and insufficiently concerned with the external correlates, such as lack of housing, employment, and a supportive social network. Indeed, many of the restrictive policies that are popular in the United States, such as residency restrictions, seem more likely to have the effect of increasing risk factors for sexual offending than of protecting the public.

Is it possible that the punitive societal attitudes to sexual offenders may have permeated into rehabilitative practice and blinkered our sight in relation to the kinds of treatment activities that are actually most likely to reduce reoffending? These questions are genuine – we do not know the answers but we believe as correctional professionals, we should not stop asking them. The outcome data for sex offender treatment is cautiously promising but certainly not conclusive. Even if some programmes work for some of the time, others may not work at all, or only for a while. Like most correctional professionals, we believe that sexual offenders can and do desist from offending, and we wish to find the best way possible to assist this process, doing no further harm along the way. We believe that there is room for improvement in this respect and we urge our readers to both demand and produce better research to this end.

References

- Mann, R.E., & Barnett, G. (in press). Victim empathy intervention with sexual offenders: Rehabilitation, punishment, or correctional Quackery? *Sexual Abuse: A Journal of Research and Treatment*.
- McGrath, R., Cumming, G., Burchard, B., Zeoli, S., & Ellerby, L. (2010). *Current practices and emerging trends in sexual abuser management: The safer society 2009 North American survey*. Brandon, VT: Safer Society Press.
- Ware, J., & Mann, R.E. (2012). How should “acceptance of responsibility” be addressed in sexual offending treatment programs? *Aggression & Violent Behavior, 17*, 279–288.

Preparing Sex Offenders for Treatment: A Preliminary Evaluation of a Preparatory Programme

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Abstract

One of the emerging findings in offender rehabilitation is that treatment completion and therapeutic gains can be maximised under conditions where the participant is “ready” for psychotherapeutic intervention. This study investigated the preliminary effectiveness of a Preparatory Programme designed to motivate or prepare sex offenders for treatment. The treatment targets of readiness, hope, self-efficacy, and motivation to change were measured before and after the programme. The Preparatory group showed significant positive changes on self-efficacy and hope. In contrast, sex offenders who completed a psycho-educational programme or who were on a wait-list did not receive such gains. There were no significant increases in measures of motivation however the majority of offenders subsequently commenced a full treatment programme

Introduction

There is now evidence that suggests that sex offender treatment is at least moderately effective in reducing re-offending (Hanson et al., 2002; Losel & Schmucker, 2005). Not all programmes are equally effective however, and a number of sex offenders will re-offend even after treatment – particularly those assessed as high risk (Woodrow & Bright, 2010). For this reason, there remains a focus on improving the effectiveness of treatment. The content of treatment and how it is delivered remains an area of research interest (see, for example, Ware & Mann, 2012).

There are other important contextual aspects of treatment that require additional research attention (Ware, 2011). Treatment will only be effective if sex offenders actually volunteer to participate, then complete the programme, and actually benefit from it (Marques, Wideranders, Day, Nelson, & van Ommeren, 2005). As an example of the significance of the issue of sex offenders refusing to participate in treatment, Mann and Webster (2002) reported that the rates of refusal offenders across institutions within England and Wales averages over 50%. That is, half of all identified sex offenders did not agree to participate in treatment. Mann and Webster completed a series of qualitative analyses of interviews conducted with these sex offenders who refused treatment and subsequently

developed a list of common reasons behind treatment refusals.

Even if these offenders were to agree to participate in treatment, it appears that many would subsequently drop out voluntarily or be discharged. Reported sex offender treatment non-completion rates vary between 18.9% (Marques, et al., 2005) and 80% (Proulx et al., 2004) in institutional settings. Community based programmes also reports similar levels of attrition (Lee, Proeve, Lancaster, and Jackson, 1996). If sex offenders were to volunteer for treatment and complete the entire programme there is still the risk that they can simply go through the motions and not “get it” (to use the term coined by Marques et al., 2005) and therefore not make any treatment gains. In a large scale evaluation of their treatment programme, Marques and her colleagues demonstrated that sex offenders who did not show the necessary changes during treatment (e.g., did not “get it”) were more likely to re-offend than those offenders who did demonstrate changes.

Given how important these issues are, it is somewhat surprising that there has not been a larger emphasis on preparing sex offenders for treatment both in the clinical and empirical literature. There have been a number of pre-treatment programmes specifically used for sex offenders which have been evaluated however, as Marshall, Marshall, Serran, and O’Brien (2011) noted, these have been aimed at specific issues such, as overcoming denial (Shaw & Schlank, 1996) or increasing awareness of harm (Pithers, 1994) and not increasing motivation or preparing sex offenders for treatment per se. In the instances where increasing motivation has been an explicit target, the evaluations have not separated the effects of the pre-treatment intervention from the effects of the subsequent full treatment programme (e.g., Lee, et al., 1996).

Marshall, Marshall, Fernandez, Malcolm, and Moulden (2008) reported on the use of a specific preparatory programme for sexual offenders that was designed to reduce treatment refusal rates, reduce treatment drop outs, and to prepare offenders so that they would be more likely to achieve the goals of treatment. To achieve these goals they provided high levels of information to offenders about treatment and then focused on assisting offenders to practice the

actual treatment components that they feared or worried about – such as offence disclosures, autobiographies, and victim empathy work (see Mann & Webster, 2002). The preparatory programme also included exercises to assist offenders with their low self-esteem or self-efficacy, lack of hope for their future, and lack of adequate coping abilities (see O'Brien, Marshall, & Marshall, 2009, for a full description of programme and its rationale). The emphasis throughout the programme is on positive reinforcement, motivational interviewing (Miller & Rollnick, 2002), accepting the client as a whole person with strengths, and gently building a case for the benefits of change. The programme is typically 12 to 14 sessions, delivered in a rolling group format, and is facilitated by an experienced psychologist.

Marshall, et al., (2008) described two studies in which the benefits of the preparatory programme were demonstrated. They evaluated the preparatory programme in terms of its ability to achieve its targets (e.g., increasing motivation) and then separately compared sex offenders who had completed the preparatory programme with a matched sample who had not. Marshall and his colleagues reported that sex offenders who completed this programme were subsequently more motivated to complete treatment and had higher levels of hope and self-esteem.

In comparison to a group of sex offenders matched on variables such as age, offence history and risk, those who completed the preparatory programme ($n = 94$) were more likely to be moved to lower security classification goals and were assessed as requiring less intensive treatment, relative to offenders who had not undertaken the preparatory programme ($n = 94$). Marshall and his colleagues concluded, somewhat tentatively, that the decisions to place these offenders in lower security facilities and in lower intensity treatment programmes may have been due to the preparatory programme participants displaying more insight regarding their offences and a greater level of motivation to address their issues.

Most importantly, Marshall and his colleagues also compared the recidivism rates of sexual offenders who completed the preparatory programme against than sexual offenders who completed treatment but did not participate in the preparatory programme.

With a follow up period ranging from 0.27 years to 6.82 years ($M = 3.06$ years), they found that only 1% of offenders who had completed the preparatory programme and treatment re-offended compared to 5% of those who only completed treatment. There were no statistically significant differences in time at risk between the two groups. This suggests that the preparatory programme appears to have increased the overall effectiveness of sexual offender treatment. This is presumably due to the offenders being more motivated and engaged with treatment from the outset.

Corrective Services NSW has long recognised the need for some sort of pre-treatment programme to demystify sex offender treatment programmes and to motivate offenders to voluntarily seek to undertake treatment. Since 1996, a brief 8-session group-based educational programme, currently named "Education for Sex Offenders" (ESO), has been periodically offered to sex offenders. This programme was designed to be facilitated by non-treatment staff. An early version of the ESO programme was evaluated where a range of psychometric questionnaires completed pre- and post-ESO participation and a participant evaluation form was analysed for a group of 40 child sex offenders (Young, 1999). Results suggested that participants of the ESO had greater knowledge about sexual offending, more positive attitudes to treatment, a more honest disclosure about their offences, a decreased tendency to lie about their offences, and a reduction in their endorsement of justifications for the sexual abuse. There were no subsequent analyses of whether or not these offenders volunteered for and completed treatment, however, which is problematic in terms of understanding the full implications of these results.

Corrective Services NSW commenced the preparatory programme (labelled "PREP") in 2006. The PREP programme is available to all sentenced sex offenders irrespective of their assessed risk of sexual re-offending and irrespective of whether they are motivated to commence treatment or not. The content of the Corrective Services NSW PREP programme and the manner in which it is delivered is identical to that of the preparatory programme described by O'Brien, et al. (2009).

This study is the first attempt to evaluate the effectiveness of the PREP programme within Corrective Services NSW. Specifically, the aims of this study were to examine whether sex offenders completing the PREP programme would attain higher levels of hope, self-efficacy, and motivation to change, as was the case in the Marshall, et al. (2008) research. It was also hypothesised that these targets would not be met within (1) the ESO programme, which focused purely on non-therapeutic psycho-education or (2) a control group of sex offenders who were awaiting commencement of the preparatory or ESO groups.

Other potential benefits of the preparatory programme, such as higher levels of subsequent treatment referral, improved treatment retention, increased ability to obtain subsequent treatment targets, or lower recidivism rates, will be examined in a separate study.

Method

Participants

Participants were 117 sex offenders who completed either the PREP ($n = 64$) or ESO ($n = 53$) programme.

These offenders completed either PREP or ESO and no offenders completed both. An additional wait-list group of 40 sex offenders waiting to commence either ESO or PREP was used as a comparison.

Pre- and post-treatment measures were administered to 157 incarcerated men convicted of sexual offences. All participants were informed about and subsequently consented to this research being undertaken. Participants ages ranged from 22 years to 78 years ($M = 49$, $SD = 12$). Ages were distributed evenly between the groups. Only 19 identified as being Aboriginal or Torres Strait Islanders. Eighty-six of the participants had offended sexually against a child. The average risk level of all participants was 2.8 ($SD = 2.18$, range 0 to 8) on the Static-99 (Hanson & Thornton, 1999). The average static risk level for the PREP programme was 3.47 ($SD = 2.02$) in comparison with the ESO group where the average was 2.73 ($SD = 2.23$).

Programmes

Preparatory (PREP) programme. PREP is a 12-session motivational programme aimed at increasing an offender's motivation and/or readiness to participate in a sex offender treatment programme. It is delivered in a group therapy format to allow participants to prepare for treatment. There are no exclusion criteria and all sex offenders are encouraged to seek a referral to PREP. Participants are informed about, and can start to experience, the actual content and process of treatment through PREP. They have an opportunity to briefly complete a number of discussions and exercises relating to coping styles, self-esteem, relationship skills, victim empathy, and have an opportunity to start the process of understanding how and why they offended sexually. PREP is facilitated by psychologists with experience treating sexual offenders.

Education for Sexual Offenders (ESO) psycho-educational group. ESO is an 8-session psycho-educational programme that is designed to provide sexual offenders with basic information about the nature of sexual offending and what is involved in treatment programmes for sexual offenders. It is available to all sexual offenders. The content of ESO includes discussions regarding issues of consent, offence supportive beliefs and attitudes towards sexually abusive behaviours, how to understand or work through denial and minimisation, and information regarding sex offender treatment programmes.

Materials and Measures

Four measures assessed the clients' stage of change, self-efficacy and hope. These measures are part of a standardised battery of psychometric instruments administered to all sex offenders who complete a sex

offender treatment programme within Corrective Services NSW.

The University of Rhode Island Change Assessment (URICA). The URICA (McConaughy, Prochaska & Velicer, 1983) is a 32-item measure of change readiness based on the trans-theoretical model of change (DiClemente & Prochaska, 1998). The URICA measures four stages of change: precontemplation, contemplation, action, and maintenance. Participants are asked to what extent they currently agree or disagree with each statement about their participation in a treatment programme, which they then indicate using a 5-point scale. The scores for each of the four stages are summed and the stage with the highest score is taken to indicate the respondent's current position regarding his understanding of his current need for change. The URICA has been found to have acceptable reliability (McConaughy et al., 1989; Pelissier, 2007) and validity (Amodei & Lamb, 2004).

The Self-Efficacy Scale (SES). The SES (Scherer, Maddux, Mercandante, Prentice-Dunn, Jacobs & Rogers, 1982) is a measure of the respondent's sense of self-efficacy. The participant responds to 30 statements regarding their perception of their own competence using a 5-point scale. The higher the score, the greater the belief of self-efficacy. The measure has shown good internal consistency. As might be expected, the scores on the SES are significantly correlated with measures of self-esteem, interpersonal competency, as well as vocational and monetary goals (Scherer et al., 1982).

The Adult Dispositional Hope Scale (ADHS). The ADHS (Snyder, et al., 1991) is a measure of hope as a dispositional quality or trait. The participant is required to respond to 12 items regarding trait hope by rating on a 4-point scale the degree to which each statement describes them. The higher the score, the greater the level of dispositional hope. The ADHS has good internal reliability, and satisfactory test-retest reliability (Snyder et al., 1991). Scores on the ADHS have been shown to be significantly related to scores on measures of self-esteem (Lopez, Ciarlelli, Coffman, Stone & Wyatt, 2000), and inversely related to measures of hopelessness, and depression (Snyder et al., 1991), demonstrating concurrent construct validity. The ADHS has also shown a significant relationship with coping, well-being, and psychological health (Snyder, Cheavens & Michael, 1999).

The Adult State Hope Scale (ASHS). The ASHS (Snyder, et al., 1996) is a measure of the current state of the respondent's perception of hope in a given moment; as such, the ASHS seeks to measure state hope. Respondents are required to respond to 6-items by

indicating how true each item is for them using an 8-point scale. Higher scores indicate a greater level of current hope. The ASHS has shown high reliability, test-retest reliability and concurrent construct validity (Snyder et al., 1996).

Procedure

All PREP and ESO participants were invited to participate in this research one week prior to the commencement of the programme and then again immediately upon its completion.

A wait-list control group was also used. These were sex offenders who were awaiting commencement of the preparatory or ESO groups but who were unlikely to receive an offer within the course of this research. The wait-list control groups were tested twice on the same measures with the same nine week period between testing administration. Interestingly, given that these were all untreated sex offenders, only a very small number of any of the three groups refused to participate in this research. Those who refused did so primarily due to their low levels of literacy.

It was also noted that on scoring the URICA, a significant portion of the scores were difficult to interpret; in that individual respondents had obtained the same score for multiple stages of motivation at the same occasion of testing (thus, appearing to be simultaneously in a number of motivational stages, such as pre-contemplation and action). This scoring tendency reduced the number of interpretable URICA data sets by over one third, which in turn interfered with subsequent analysis. It may simply be that many respondents did not fully understand the URICA test items. It may be a response style bias. Another possibility is that it may be an artifact of ambivalence in the studied population. This might be particularly relevant to offenders denying their convictions, as they struggle to come to terms with conflicting emotions regarding their convictions, such as simultaneous feelings of persecution versus shame. For these reasons we have interpreted all results relating to this instrument with caution.

Results

There were no significant differences between sex offenders commencing PREP, ESO, or in the wait-list group in terms of initial scores on the SES, ADHS, or ASHS. Descriptive statistics are shown in Table 1.

The pre-treatment scores on the SES measure between the three treatment conditions were analysed using a one way analysis of variance (ANOVA) using $\alpha = .05$. The ANOVA test assumptions were found to be satisfactory and the result was not statistically significant for the SES, $F(2, 154) = 0.33, p > .05$, or for the ADHS, $F(2, 154) = 0.05, p > .05$, and finally for

the ASHS, $F(2, 154) = .55, p > 0.05$. This finding supports the assumption that there were no pre-existing differences between the test groups on these indices that may have contributed to differences identified at post-testing.

It was also hypothesised that there would be no differences in motivation stages of change (using the URICA) between sex offenders commencing PREP, ESO, or in the wait-list group. With α set at .05, a two-way chi-square revealed no significant relationship between the offenders within PREP, ESO, and wait-list and stage of change as measured on URICA at pre-treatment, $\chi^2(4, N = 91) = 7.74, p = .10$. The frequencies are shown in Table 2.

PREP Programme – Pre to Post Changes

It was hypothesised that there would be a significant increase in sex offender self-efficacy, trait hope, and state hope following participation in the PREP programme. Pre- and post-PREP programme means for the three measures are shown in Table 3.

A dependent t-test was conducted on the mean test scores for pre- and post-testing of measures of self efficacy, trait hope and state hope for the PREP programme. Alpha was set at .05 and assumptions of normality were met. The result indicated a statistically significant difference between the pre- and post-test scores on the self-efficacy measure $t(63) = -3.98, p < .001$, the Trait Hope measure $t(63) = -3.76, p < .001$, and the State Hope measure $t(63) = -5.46, p < .001$.

It was also hypothesised that there would be a significant increase in motivation after completion of the PREP group as measured by the URICA. This was not found. With α set at .05, a two-way chi-square revealed no significant relationship between the stages of change as measured on URICA and the timing of testing (pre- and post) for the PREP programme offenders. The frequencies are shown in Table 4.

ESO Programme – Pre to Post Changes

It was hypothesised that there would also be a significant increase in sex offender self-efficacy, trait hope and state hope following participation in the ESO programme. Pre- and post-ESO programme means for the three measures are shown in Table 5.

A dependent t-test was conducted on the mean test scores for pre and post testing of measures of self efficacy, trait hope and state hope for the ESO group. Alpha was set at .05 and assumptions of normality were met. The result indicated no statistically significant difference between the pre- and post-test scores on the self-efficacy measure $t(52) = -1.11, p > .05$, or the trait hope measure $t(52) = -1.69, p > .05$. The mean score of 35.53 ($SD = 7.18$) on the state hope measure at post-ESO was significantly higher than the mean at pre-ESO

Table 1

Mean Scores and Standard Deviations of SES, ADHS, and ASHS Pre-treatment

| Group | n | SES | | ADHS | | ASHS | |
|-----------|----|-------|-------|-------|------|-------|------|
| | | M | SD | M | SD | M | SD |
| ESO | 53 | 93.70 | 12.50 | 23.62 | 3.34 | 33.19 | 7.26 |
| Wait-list | 40 | 95.55 | 14.07 | 23.58 | 3.55 | 31.65 | 8.53 |
| Prep | 64 | 93.34 | 15.00 | 23.41 | 4.29 | 33.25 | 8.70 |

Table 2

Pre-test Distributions for the Preparatory Group on a Measure of Motivation to Change (URICA)

| URICA | ESO | Wait-list | Prep Group |
|-------------------|------------|-----------|------------|
| Pre-contemplation | 13 (39.4%) | 8 (42.15) | 23 (59%) |
| Contemplation | 13 (39.4%) | 3 (15.8%) | 8 (20.5%) |
| Action | 7 (21.2%) | 8 (42.1%) | 8 (20.5%) |
| Maintenance | - | - | - |

$\chi^2 (4, N = 91) = 7.74, p > .05.$

Table 3

Pre- and Post-Test Means for the PREP Programme

| Measure | Pre-test | Post-test | t Value | p Value |
|---------------|---------------|---------------|---------|---------|
| Self-efficacy | 93.34 (14.99) | 98.25 (12.99) | - 3.98 | <.001 |
| Trait Hope | 23.41 (4.3) | 24.91 (3.91) | - 3.76 | <.001 |
| State Hope | 33.25 (8.7) | 38.75 (5.44) | - 5.46 | <.001 |

Table 4

Pre- and Post-Treatment Distributions for the PREP Programme on a Measure of Motivation to Change (URICA)

| URICA | Pre-PREP | Post-PREP |
|-------------------|-----------|------------|
| Pre-contemplation | 23 (59%) | 22 (56.4%) |
| Contemplation | 8 (20.5%) | 8 (20.5%) |
| Action | 8 (20.5%) | 8 (20.5%) |
| Maintenance | - | 1 (2.6%) |

$\chi^2 (1, N = 78) = .16, p > .05.$

($M = 33.19$, $SD = 7.26$), $t(52) = -.44$, $p < .05$. These results suggest that there appeared to be a positive effect on sex offenders' current hope.

Wait-list Group – Pre to Post Changes

It was hypothesised that there would be no significant differences in self efficacy, trait hope and state hope for those sex offenders in the wait-list group who were tested twice over the 10 week period in which offenders were completing the PREP or ESO programmes. The means and standard deviations for the three measures assessed in week 1 and week 10 are shown in Table 6.

A dependent t-test was conducted on the mean test scores for week 1 and week 10 testing of measures of self efficacy, trait hope and state hope for the wait-list group. Alpha was set at .05 and assumptions of normality were met. The result indicated no statistically significant difference between the pre- and post-test scores on the Self-Efficacy measure $t(39) = 1.92$, $p > .05$, the Trait Hope measure $t(39) = -1.29$, $p > .05$, or the State Hope measure $t(39) = .76$, $p > .05$.

Differences between PREP, ESO, and Wait-list

It was expected that there would be significant differences between sex offenders who had completed PREP, ESO, or in the wait-list group in terms of scores on the Self-Efficacy Scale (SES), Adult Dispositional Hope Scale (ADHS), or Adult State Hope Scale (ASHS). Descriptive statistics are shown in Table 7.

Contrary to expectations, there were no differences in self efficacy scores between the PREP, ESO, and the wait-list group. Scores on the Self Efficacy measure between the three treatment conditions were analysed using a one way analysis of variance (ANOVA) using $\alpha = .05$. The ANOVA test assumptions were found to be satisfactory and the result was not statistically significant, $F(2, 154) = 1.97$, $p > .05$. Similarly, again in contrast to expectations, the post-test scores on the Trait Hope measure between the three treatment conditions were analysed using a one way analysis of variance (ANOVA) using $\alpha = .05$. The ANOVA test assumptions were found to be satisfactory and the result was not statistically significant, $F(2, 154) = 0.46$, $p > .05$.

The post-test scores on the State Hope measure between the three treatment conditions were analysed using a one way analysis of variance (ANOVA) using $\alpha = .05$. The ANOVA test assumptions were found to be satisfactory with the exception of homogeneity of variance, which found to be violated. Therefore, Welch and Brown-Forsythe Robust Tests of Equality of Means were used. The result was statistically significant, $F(2, 154) = 16.88$, $p < .001$, $\eta^2 = .18$ (Power = 1). Due to the number of tests conducted using one way ANOVA, the possibility of family wise (Type I) error was addressed

by adjusting the significance level via the Bonferroni Test. The adjusted alpha level is .008, and therefore, the results were still significant. The Levene test of homogeneity of variance assumption was significant ($p < .01$) and a post hoc comparisons test using the Games-Howell test was conducted. This revealed a significant difference between all three treatment conditions with highest State Hope score achieved by the PREP programme condition, followed by the ESO Programme. The wait-list condition post score was the lowest.

Whether or not there were differences between PREP, ESO, and wait-list participants in terms of the state of change (URICA) at post -test was also examined.

With α set at .05, a two-way chi-square revealed no significant relationship between group membership and stage of change as measured on URICA at the post-test stage, $\chi^2(1, N = 91) = 0.19$, $p = .66$. The frequencies are shown in Table 11.

Discussion

This study reports on a preliminary evaluation of the PREP programme within Corrective Services NSW. Specifically, it was hypothesised that sex offenders who completed the PREP programme would attain higher levels of hope, self-esteem, and motivation to change than those offenders who completed the ESO psycho-educational programme and a control group of sex offenders who were awaiting commencement of the preparatory or ESO groups. As expected, sex offenders who completed the PREP programme had higher levels of trait and state hope and self-efficacy post programme. In other words, they were more likely to approach their future with a sense of optimism and felt that they were in a position to manage their lives more effectively. Marshall and colleagues (2008) reported similar results and concluded that the increased sense of hope and self-efficacy came from the preparatory program participants gaining a belief in treatment. Sex offenders who completed the Corrective Services NSW ESO psycho-educational programme or who were on a wait-list did not achieve such gains, although ESO participants did attain significantly higher levels state hope. This is perhaps unsurprising if these offenders were anticipating being able to commence a sex offender treatment programme after the ESO program was completed. These results are consistent with previous research in which sex offenders who completed ESO were subsequently more positive towards treatment (Young, 1999).

A further finding of note was that mean scores for self-efficacy and state hope were lower at post-testing than at pre-testing for offenders subject to the wait-list condition. Although the difference did not reach the

Table 5

Pre- and Post-ESO Means for the ESO Programme

| Measure | Pre-test | Post-test | t Value | p Value |
|---------------|--------------|---------------|---------|---------|
| Self-efficacy | 93.70 (12.5) | 95.04 (13.58) | -1.11 | <.05 |
| Trait Hope | 23.62 (3.33) | 24.75 (5.27) | -1.69 | <.05 |
| State Hope | 33.19 (7.26) | 35.53 (7.18) | -2.44 | <.05 |

Table 6

Pre- and Post-Test Means for the Wait-list Group

| Measure | Week 1 | Week 10 | t Value | p Value |
|---------------|---------------|--------------|---------|---------|
| Self-efficacy | 95.55 (14.07) | 93 (14.58) | 1.92 | > .05 |
| Trait Hope | 23.58 (3.55) | 24.10 (3.26) | -1.29 | > .05 |
| State Hope | 31.65 (8.53) | 30.48 (8.97) | 0.76 | >.05 |

Table 7

Mean Scores and Standard Deviations of SES, ADHS, and ASHS Post-Treatment

| Group | n | SES | | ADHS | | ASHS | |
|-----------|----|-------|---------|-------|--------|-------|--------|
| | | M | SD | M | SD | M | SD |
| ESO | 53 | 95.04 | (13.58) | 24.75 | (5.28) | 35.53 | (7.18) |
| Wait-list | 40 | 93.00 | (14.59) | 24.10 | (3.26) | 30.48 | (8.97) |
| Prep | 64 | 98.25 | (12.99) | 24.91 | (3.92) | 38.75 | (5.44) |

Table 8

Post-Test Distributions for the Preparatory Group on a Measure of Motivation to Change (URICA)

| URICA | ESO | Wait-list | Prep Group |
|-------------------|------------|------------|------------|
| Pre-contemplation | 20 (60.6%) | 10 (52.6%) | 22 (56.4%) |
| Contemplation | 6 (18.2%) | 6 (31.6%) | 8 (20.5%) |
| Action | 7 (21.2%) | 3 (15.8%) | 8 (20.5%) |
| Maintenance | - | - | 1 (1.1%) |

$\chi^2 (1, N = 91) = 0.19, p > .05.$

threshold for statistical significance, these means were the only ones observed in this study to regress between pre- and post-testing. Further investigation may be warranted to examine the effects of waiting in custody (without pre-treatment programmes) for programme participation, particularly as it is not unusual for sex

offenders in custody to remain on treatment waiting lists for extended periods of time.

It was also hypothesized that there would be a significant increase in motivation after completion of the PREP group. Contrary to our expectations this was not found. The main measurement used in this study to

quantify motivation (URICA) showed no significant change for sex offenders in the PREP, ESO, or wait-list group. There may be a number of ways to interpret this finding. It might simply be asserted that none of these programmes was successful in targeting motivational change in the sample population. This may have also been due to factors outside of the control of PREP and ESO facilitators – such as a lack of available places in sex offender treatment programs at the time. However, as stated within the results section, there were significant difficulties with the interpretation of the URICA and these results may not reflect the sex offender's genuine motivation to change.

This said, there also appear to be differences between the sex offenders who completed the Corrective Services NSW PREP programme and those who completed the programme as evaluated by Marshall and his colleagues (2008). Whereas over half of all the sex offenders in this study were assessed as pre-contemplative (i.e., not motivated to change) prior to the PREP programme commencing, none of the 26 offenders within the Marshall et al study were initially assessed as pre-contemplative. In contrast, it would appear that sex offenders within this study had higher levels of self-efficacy and state hope than those in the Marshall et al. study. This included the ESO and wait-list groups. Sex offenders within Corrective Services NSW had higher levels of self-efficacy before PREP or ESO than the sex offenders in the Marshall et al. study post-preparatory program.

These differences may be attributable to different contextual issues. The sex offenders in the Marshall et al. study were in an Assessment Unit within the first three months of their incarceration. In contrast, the sex offenders within Corrective Services NSW were at varying stages of their incarceration. This may have resulted in a lower level of motivation but increased sense of self-efficacy as they were now used to managing their lives as convicted sex offenders in prison.

Other potential benefits of the preparatory programme such as higher levels of subsequent treatment referral, improved treatment retention, increased ability to obtain subsequent treatment targets, or lower recidivism rates, will be examined in a separate study. Similarly, the views of therapists who have treated sex offenders subsequent to the preparatory programme will be surveyed in future research. O'Brien, Marshall, and Marshall (2011) noted that therapists in treatment programmes described sex offenders who had previously completed their preparatory programme as making "more rapid involvement in treatment, improved self-disclosure, advanced understanding of risk factors, increased responsibility and appropriate group behaviour" (p.25). Anecdotally, therapists within Corrective Services

NSW have noted similar advantages of the PREP programme, although we are yet to empirically examine these issues. Additionally, sex offenders who had previously completed the PREP programme were often reported to be less resistant (or more engaged) at commencement of treatment and also were more likely to progress through rolling groups more quickly (see Ware & Bright, 2008 for discussion regarding rolling groups). These issues clearly require further research attention.

This is a preliminary evaluation of the PREP programme and as such, there are a number of limitations that limit its generalisability. Sex offenders were not randomly assigned to the PREP, ESO, or wait-list groups, as this was not possible given the pre-allocated wait-lists (the offenders were informed in advance of their acceptance into a programme). Facilitator variables were not controlled for and there may have been differences in the skills of the facilitators of the PREP and ESO programmes, particularly as the ESO programme was developed by a non-psychologist. The client-therapist relationship and group climate have both been demonstrated to have an effect on treatment change (Beech & Fordham, 1997; Marshall, et al., 2003). Neither of these factors were measured in this study.

This study has demonstrated that the Corrective Services NSW PREP programme is effective in assisting sex offenders to attain higher levels of hope and self-efficacy. Sex offenders participating in a non-therapeutic psycho-education did not achieve these gains. Contrary to expectations, the motivation levels of sex offenders completing the PREP programme did not increase, although this finding might be best explained by difficulties with the measure used. This is only a preliminary evaluation of the PREP programme and other potential benefits of the preparatory programme, such as higher levels of subsequent treatment referral, improved treatment retention, increased ability to obtain subsequent treatment targets, or lower recidivism rates, will be examined in a separate study.

References

- Amodei, N., & Lamb, R. J. (2004). Convergent and concurrent validity of the contemplation ladder in the URICA scales. *Drug and Alcohol Dependence*, 73, 301-306.
- Beech, A., & Fordham, A. S. (1997). Therapeutic climate of sexual offender treatment programmes. *Sexual Abuse: A Journal of Research and Treatment*, 9, 219-223.
- DiClemente, C. C., & Prochaska, J. O. (1998). Toward a comprehensive, transtheoretical model of change: Stages of change and addictive behaviours. In W. R. Miller & N. Heather (Eds.), *Treating Addictive*

- Behaviours. Applied Clinical Psychology*. New York: Prentice Hall.
- Hanson, R. K., Gordon, A., Harris, A. J. R., Marques, J. K., Murphy, W. D., Quinsey, V. L., & Seto, M. C. (2002). First report of the collaborative outcome data project on the effectiveness of psychological treatment of sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, *14*, 169-195.
- Lee, J. K. P., Proeve, M. J., Lancaster, M., & Jackson, H. J. (1996). An evaluation and 1-year follow up study of a community-based treatment programme for sex offenders. *Australian Psychologist*, *31*, 147-152.
- Lopez, S. J., Ciarlelli, R., Coffman, L., Stone, M., & Wyatt, L. (2000). Diagnosing for strengths: On measuring hope building blocks. In C.R. Snyder (Ed.), *Handbook of hope: Theory, measures and applications*. New York: Academic Press.
- Lösel, F., & Schmucker, M. (2005). The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology*, *1*, 117-146.
- Mann, R.E., & Webster, S. (2002, October). *Understanding resistance and denial*. Paper presented at the 21st Annual Research and Treatment conference of the Association for the Treatment of Sexual Abusers, Montreal.
- Marques, J. K., Weideranders, M., Day, D. M., Nelson, C., & van Ommeren, A. (2005). Effects of a relapse prevention programme on sexual recidivism: Final results from California's Sex Offender Treatment and Evaluation Project (SOTEP). *Sexual Abuse: A Journal of Research and Treatment and Evaluation*, *17*, 79-107.
- Marshall, L. E., Marshall, W. L., Fernandez, Y. M., Malcolm, P. B., & Moulden, H. M. (2008). The Rockwood preparatory programme for sexual offenders: Description and preliminary appraisal. *Sexual Abuse: A Journal of Research and Treatment*, *20*, 25-42.
- Marshall, W. L., Marshall, L. E., Serran, G. A., & O'Brien, M. D. (2011). *The rehabilitation of sexual offenders: Strengths-based approach*. Washington, DC: American Psychological Association.
- Marshall, W. L., Serran, G. A., Fernandez, Y. M., Mulloy, R., Mann, R. E., & Thornton, D. (2003). Therapist characteristics in the treatment of sexual offenders: Tentative data on their relationship with indices of behaviour change. *Journal of Sexual Aggression*, *9*, 25-30.
- McConaughy, E. N., DiClemente, C. C., Prochaska, J. O., & Velicer, W. F. (1989). Stages of change in psychotherapy: A follow-up. *Psychotherapy: Theory, Research and Practice*, *26*, 494-503.
- McConaughy, E. N., Prochaska, J. O., & Velicer, W. F. (1983). Stages of change in psychotherapy: Measurement and sample profiles. *Psychotherapy: Theory, Research and Practice*, *20*, 368-375.
- Miller, W. R., & Rollnick, S. (2002). *Motivational interviewing: Preparing people for change* (2nd ed.). New York: Guilford Press.
- O'Brien, M.D., Marshall, L.E., & Marshall, W.L. (2009). The Rockwood Preparatory Programme for sexual offenders: Goals and the methods employed to achieve them. In D.S. Prescott (Ed.), *Building motivation to change among sexual offenders* (pp. 118-138). Brandon, VT: Safer Society.
- Pelissier, B. (2007). Treatment retention in a prison-based residential sex offender treatment programme. *Sex Abuse*, *19*, 333-346.
- Pithers, W.D. (1994). Process evaluation of a group therapy component designed to enhance sex offenders' empathy for sexual abuse survivors. *Behaviour Research and Therapy*, *32*, 565-570.
- Proulx, J., Brien, T., Ciampi, A., Allaire, J. F., McDonald, M., & Chouinard, A. (2004, October). *Treatment attrition in sexual offenders*. Paper presented at the 23rd annual research and treatment conference of the Association for the Treatment of Sexual Abusers, Albuquerque, US.
- Scherer, M., Maddux, J. E., Mercandante, B., Prentice-Dunn, S., Jacobs, B., & Rogers, R. (1982). The Self-Efficacy Scale: Construction and validation. *Psychological Reports*, *51*, 663-671.
- Schlink, A.M. & Shaw, T. (1996). Treating sexual offenders who deny their guilt: A pilot study. *Sexual abuse: A journal of research and treatment*, *8*, 17-23.
- Snyder, C. R., Cheavens, J., & Michael, S. T. (1999). Hoping. In C. R. Snyder (Ed.), *Coping: The psychology of what works*. New York: Oxford University Press.
- Snyder, C. R., Irving, L., & Anderson, J. R. (1991). Hope and health: Measuring the will and the ways. In C. R. Snyder & D. R. Forsyth (Eds.), *Handbook of social and clinical psychology: The health perspective*. Elmsford: Pergamon Press.
- Snyder, C. R., Simpson, S. C., Ybasco, F. C., Borders, T. F., Babyak, M. A., & Higgins, R. L. (1996). Development and validation of the State Hope Scale. *Journal of Personality and Social Psychology*, *70*, 321-335.
- Ware, J. (2011). The importance of contextual issues within sexual offender treatment. In D. P. Boer (Ed.). *International perspectives on the assessment and treatment of sexual offenders: Theory, practice, and Research* (pp 299-312). West Sussex, UK: John Wiley & Sons Ltd.
- Ware, J., & Bright, D. A. (2008). Evolution of a treatment programme: Recent changes to NSW Custody Based Intensive Treatment (CUBIT). *Psychiatry, Psychology, and Law*, *15*, 340-349.

- Ware, J., & Mann, R.E. (2012). How should “acceptance of responsibility” be addressed in sexual offending treatment programmes? *Aggression & Violent Behavior, 17*, 279-288.
- Woodrow, A. & Bright, D. A. (2011). Effectiveness of a treatment programme for sexual offenders: A risk band analysis. *Journal of Offender Therapy and Comparative Criminology, 55*, 43-55.
- Young, A. (1999). *Evaluation of SOPE (Sex Offender Psycho-Educational) programme in NSW prisons* (Unpublished Master’s thesis). Charles Sturt University, Bathurst, New South Wales.

Treating a female convicted of sexual offending against a child while in company of a male co-offender

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Introduction

The assessment and treatment of females convicted of sexual offences can present difficulties for practitioners in the field. In comparison to working with males convicted of sexual offences, there is relatively little published literature available to guide the practitioner aiming to provide risk of sexual recidivism assessments and intervention specifically targeting evidence-based risk factors. This article aims to provide the practitioner with a case study to highlight some of the assessment issues, treatment targets and risk management strategies in the provision of therapy for women whose sexual offending occurred in the company of a male offender.

Theoretical and Research Basis

There is very little research on female sexual offending to guide assessment and treatment in contrast to the large body of theoretical and empirical advances related to male sex offenders (Nathan & Ward, 2001; Cortoni, 2010b). For practitioners working with female sexual offenders, the absence of a comprehensive theory of female sexual offending poses a dilemma. Whilst there is emerging literature to guide the practitioner, the lack of empirically-derived risk assessment and treatment targets remains a challenge for the completion of risk assessments and provision of effective treatment.

Initial research on female sexual offending focussed primarily on developing typologies based on descriptive classifications of their offences and demographic characteristics (Faller, 1987; Freeman & Sandler, 2008; McCarty, 1986; Nathan & Ward, 2001; Vandiver & Walker, 2002). Typologies based on male sex offenders did not fit and it became apparent that females presented with different motivations, pathways and reasons for offending (Mathews, 1993; Mathews, Matthews, & Speltz, 1989; Robertiello & Terry, 2007; Vandiver, 2006; Vandiver & Walker, 2002). These initial studies were almost exclusively based on female sexual offending against children, were typically descriptive (derived from case studies) and limited by small sample sizes or by specific samples of female sexual offenders (generally clinical or prison settings) (Grayston & De Luca, 1999; Johansson-Love & Fremoux, 2006; Tewkesbury, 2004; Vandiver & Walker, 2002).

Despite these limitations, one common finding was that the majority of females appeared to offend in the company of a co-offender, predominantly a male de facto partner or husband as opposed to acting alone or 'solo' (Faller, 1987; Mathews, et al., 1989; Nathan & Ward, 2002; Vandiver, 2006). This unique feature of female sexual offending presents some added complexities in assessing the nature and extent of a female sex offender's involvement in the sexual offence (Bunting, 2007). Ongoing attempts to describe and classify the characteristics and ways in which females sexually co-offend have been a focus of research over the past 25 years or so. A review of the typology categories indicated that differentiating between 'male coerced' and 'male-accompanied' co-offending dynamics, in addition to determining the presence or absence of sexual deviant arousal, are the key issues to underpinning an appropriate treatment plan and are necessary components of an assessment (Cortoni, 2010a).

The assessment of risk of female sexual offenders and clinical case formulations are somewhat tentative given the available research. There are no female-specific assessment tools similar to those commonly used for and derived from male samples of sex offenders to assist in this task (Cortoni, Hanson & Coache, 2010). The low baselines of female sexual offending and low sexual recidivism rates (between 1 to 3%) mean that determinants of female-specific risk markers are difficult, if not impossible, to identify (Nathan & Ward, 2001; Cortoni, 2010a). Given this, a more general, but comprehensive, assessment of both criminogenic and wellbeing needs is recommended (Blanchette, 2000; Matravers, 2008; Nathan & Ward, 2002; Poels, 2007; Sorbello, Eccleston, Ward & Jones, 2002; Vandiver, 2006).

In recent years, emerging research has provided a better understanding of female sexual offending and there have been further advances in the field, including the development of a Descriptive Model of Female Sexual Offending focusing on the pathways to offending (see Gannon, Rose, & Ward, 2008); adapted risk frameworks exploring potential risk, protective and

treatment factors (Elliot, Eldridge, Ashfield & Beech, 2010); clearer recommendations regarding assessment such as using general recidivism tools (i.e. the Level of Service Inventory – Revised) (see Cortoni, et al., 2010); and more specific treatment targets such as targeting sexual deviance for female offenders where no co-offenders are involved and suggestibility for females who co-offend with a male (see Ford, 2010; Wijkman, et al., 2010). This research now provides an approach based on a greater evidence base and enables clinicians to rely less on assessment and treatment adapted from male models of sexual offending without the appropriate female-specific empirical foundations. It also builds on the clinically useful though mostly descriptive small scale typology research. Approaches such as Gannon and colleagues' (2008) Descriptive Model have multiple advantages, including better deciphering cases where elements of the typologies don't appear to fit for an individual offender but also providing opportunities for the content, process and contextual issues of assessment and treatment to better move towards gender-responsive program principles (Ashfield, Brotherston, Eldridge, & Elliott, 2010).

There is increasing acknowledgment that assessments for female sexual offenders need to differ from those accepted protocols for male sexual offenders, despite often appearing to have very similar areas of risk. Cortoni, et al. (2010) found that using male risk markers can overestimate a female's risk of sexual recidivism but may also miss aspects unique to female sexual offending. Until female-specific risk markers are identified, it is recommended that assessments be broad, comprehensive, and ideally include mental health, substance abuse, cognitive ability, personality, interpersonal and communication style, coping style and emotional regulation, sexual development history and victimisation issues (Blanchette, 2000; Matthews, 1993; Nathan & Ward, 2001; Rousseau & Cortoni, 2010). Offence-specific areas include the co-offending dynamics, the nature and extent of the woman's involvement in the offending, dependency and coercion, the selection of the victim and the targeting process, both 'normal' and deviant sexual arousal and fantasies, desire for gratification, intimacy or instrumental goals (e.g., revenge, humiliation), and attitudes supporting sexual abuse and general cognitive distortions (Cortoni, 2010a; Eldridge & Saradjian, 2000; Nathan & Ward, 2001). In addition, it is noted that female co-offenders are often more likely to have arrests for non-sexual offences, which similar to male sexual offenders, indicates broader anti-social tendencies that also need to be canvassed such as anti-social attitudes and negative peer influences (Cortoni, 2010a, 2010b; Matravers, 2008; Nathan & Ward, 2002, Vandiver, 2006).

There is some evidence that programmes developed for male sex offenders may have some applicability for female sexual offenders. Cortoni (2010b) reviewed treatment targets for female sexual offenders and suggested that, similar to male sexual offenders, there are five broad areas to target within treatment: (1) cognitive processes, (2) emotional processes, (3) intimacy and relationship issues, (4) sexual dynamics, and (5) social functioning (pp. 168). Risk factors also have some similarities with male sexual offenders, for example, the presence of cognitive distortions (i.e., attitudes supportive of sexual offending) or sex as coping (Cortoni, 2010b). However, given that female's motivations, pathways to offending and the manifestation of these factors differ, so too should the ways in which these factors are targeted in treatment and many clinicians and researchers strongly discourage simply applying male treatment models to female sexual offenders (Blanchette & Taylor, 2010; Cortoni, 2010b; Ford, 2010; Nathan & Ward, 2001). Whilst it is acknowledged that treatment targets are not fully understood as yet, there is agreement that treatment should encompass all areas of the woman's life and should not solely focus on the sexual offending (Ford, 2010; Poels, 2007; Sorbello, et al., 2002). Additionally, there is a focus on strength-based approaches that build capacity and are receptive to female-specific needs (e.g., roles as primary caregiver) (Ashfield, et al., 2010; Sorbello, et al., 2002; Matthews, 1998; Nee & Farman, 2005).

The following case describes a female whose sexual offending occurred in the company of a male co-offender. Assessment and treatment approaches utilising typology research on co-offenders will be discussed, as well as implications for risk management.

Case Introduction

"Belinda" is a Caucasian female who committed sexual offences against a female child when she was 28 years old. According to official records, Belinda and a male co-offender (her de-facto spouse) enticed a 13 year old female child, who was a friend of the co-offender's own children and part-time work colleague of Belinda, to their premises for the explicit purpose of engaging in sexual acts. They encouraged the female child to participate in a game of 'truth and dare' in which they all took off their clothes and Belinda and her co-offender would take turns posing suggestively near the victim's genitalia. This was photographed by the other adult. These included photographs of Belinda lying naked on top of the naked child. According to Police Records the victim felt 'pressured' to engage in these acts, although she did not feel explicitly threatened. This occurred on two separate occasions. The offences were discovered when Belinda took the photographic film to be developed and the proprietor, having viewed

the subject material, contacted the police. Both Belinda and her co-offender attempted to deny responsibility for the sexual offending and acted in ways to hinder the police investigation. For example, they asked a known 16-year-old female child to lie to the Police, stating it was her in the photos and that she was 17-years-old. This child also stated to the police that she felt “pressured” by Belinda and her co-offender. In terms of criminal history, Belinda had one previous conviction for Larceny by Clerk which resulted from her stealing a cutlery set from a previous employer.

Belinda had been in a six year de-facto relationship with her 44-year-old male co-offender at the time the offences were committed. Of note, the male co-offender has seven children who ranged from 12 to 22 years of age, six of whom were to his former wife and the youngest to a woman he had an affair with. He had a history of exhibitionistic behaviour (exposing his penis in public) between the ages of 15 and 19 years of age, for which he served a custodial sentence in juvenile detention. He served a four and a half year sentence for his part in this current offence and refused any treatment within prison. Reports indicated that he showed little remorse, minimised his part in the offences, and shifted some blame to Belinda, stating that she had ‘suggested playing truth and dare... (and) he could have said no and just walked away’.

Belinda was released from prison after serving six months served of a two year sentence. She received limited treatment within prison and what treatment was received was either specific to her mental health issues (adjustment) or generic rehabilitative programmes (i.e., six-session Coping Skills programme). Of note, Belinda’s progress within the Coping Skills programme was described as ‘limited’. Belinda commenced sex offender specific treatment with a female therapist on a 1-1 basis within the community as a condition of her parole.

Presenting Complaints

Belinda was a petite, timid and neatly dressed young woman. She initially appeared watchful and uncertain however she was compliant and forthcoming. Belinda’s responses were concise and her thinking was concrete and non-critical. Of particular note was her apparent lack of emotional expressiveness.

Belinda accepted her conviction but found it difficult to view her actions as a sexual offence. She believed it was ‘just a game of truth and dare’ and denied any sexual motivation or sexual touching. Belinda did not directly blame the victim but commented that ‘she should have just said no’. Despite this, Belinda presented with a fixed sense of responsibility, stating she was ‘50% responsible’ for the offence. She seemed reluctant to discuss the dynamics of her offending behaviour, but was confident that her co-offender

would also accept 50% of responsibility for the offences. Belinda did not think it would happen again now that she knew it was wrong. To emphasise this, she suggested that they would avoid playing truth or dare again.

Whilst Belinda readily complied with directions and recommendations, her intention to continue her relationship with the co-offender appeared to be her primary motivation to engage in the assessment and treatment process.

History

Belinda reported an unremarkable history. She was the only child born to her parents’ marriage, though she has an older half-sister aged 30 years, whom she grew up with and an older half-brother (age unknown) whom she has never met nor spoken to, from her mother’s previous marriage. Her father was a forklift driver but has received a disability pension for the past ten years after suffering a heart attack. Her mother receives a disability pension due to her asthma. Belinda denied experiencing or being exposed to any form of abuse or violence, mental health or substance abuse issues.

Belinda left school half-way through Year 10 and worked at a local discount store until she was caught shoplifting a cutlery set from the store. She was fired and completed a 12 month good behaviour bond and community service at a nursing home (her parents only became aware of this at her trial for the sexual offence). Belinda said she took the cutlery set at the instigation of another employee but she acknowledged it was ‘[her] own fault’. She said, ‘I was stupid enough to go along with it’ but added that she didn’t think she would have taken it if it wasn’t suggested – ‘I wouldn’t have thought of it’. Belinda received unemployment benefits for twelve months until she gained a full-time job with a local franchise bakery where she progressed through traineeships in sales and management. Belinda had worked there for five years and had negotiated plans with the current owner to purchase the business. At the time of the offence, Belinda regularly worked 60-70 hours a week.

Belinda met her first boyfriend (her current partner and co-offender) when she was 18 years old. He was 32 years of age (14 years older). They were together for eight years prior to their incarceration for the current offence. Belinda spoke very highly of her partner, regarding him as caring and considerate. She spent most of her spare time with him, only occasionally spending time with friends. Belinda particularly emphasised their shared responsibility and decision-making, and primarily focused on the positive aspects of their relationship to the exclusion of any possible difficulties or differences. Outside of her relationship, Belinda appeared quite sheltered and socially isolated. She

reported having no other relationships or sexual partners.

Belinda reported they both had a 'high sex drive and high libidos', but she denied any sexual thoughts or fantasies of either appropriate or deviant content. Belinda described engaging in behaviour, at her partner's suggestion, such as advertising in newspapers and later searching the internet to seek out 'swingers' - couples with whom they could swap partners or have group sex with. Belinda said she was willing to try 'something a bit different' but she reported no particular interest in 'swinging' and denied being sexually aroused by the idea. They met three couples on separate occasions however she admitted that she felt uncomfortable each time. Belinda described feeling 'a bit scared' and 'pressured', but continued to go along with it because she was 'worried he would leave [her]' or have an affair. She commented that it was better to know about it than have him 'cheating on her behind her back'.

Assessment

Belinda was assessed using a semi-structured interview that was developed by a clinical team primarily for the purpose of assessing male sexual offenders. It included questions relating to each area relevant to the understanding of sexual offending (see Hanson & Morton-Bourgon, 2004; Thornton, 2002), as well as a number of questions relating to the individual's psychosocial, psychiatric and health history. The semi-structured interview format enabled the assessor to further explore female-specific areas throughout the interview as needed. Psychometric assessment of cognitive functioning and personality was also undertaken. Belinda's scores on the WASI (Wechsler, 1999) indicated that she fell within the average range. Analysis of Belinda's results on the MMPI-2 (Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989) indicated that she reported being extremely sensitive to criticism and repressed her angry feelings, was likely to see the world in naively accepting and positive terms, may appear immature or socially inadequate, and is overly accepting of authority and lacking in self-confidence.

Belinda's risk of sexual recidivism was approached with some caution. Despite her low LSI-R score (a measure of general recidivism) and the presumption of low risk given low sexual recidivism rates (Cortoni, et al., 2010), Belinda's desire to continue her relationship with the co-offender was considered a concerning dynamic risk factor and significant treatment need. This, coupled with her intimacy and relationship issues, suggested possibly elevated risk due to the need for access to sex-offender specific intervention and ongoing risk management around the nature of their continuing relationship.

Case Conceptualisation

The use of a typological approach as a starting point can be informative for case formulation purposes. The typologies that were drawn upon for this case study included the *polyincestuous offender*, described as co-offending with a male against either familial or non-familial children as a result of either coercion or her own vulnerability (Faller, 1987); *male-coerced*, described as passive and powerless in interpersonal relationships, have a history of sexual victimisation, and are typically dependent upon and fearful of their male partner (Matthews, Mathews, & Speltz, 1989); and *willing ally / imposter*, described as pathologically dependent, with low self-esteem and who have dominant male partners with paraphilias and antisocial traits (Nathan & Ward, 2001). Whilst none of these typologies alone accounted for all the elements within this case study, there were enough common elements to provide a framework for assessment and treatment approaches. Utilising a combination of the various 'male-coerced' or 'male accompanied' typologies, treatment targets would be expected to include stabilising mental health needs and substance abuse issues; addressing passivity and over-dependency; increasing self-esteem, self-efficacy, intimacy skills, empathy skills, familial and social supports; and processing traumatisation history and powerlessness (Elridge & Saradjian, 2000; Ford, 2010; Matthews, 1993; Matthews et al. 1991; Nathan & Ward, 2001).

In this case, there appeared to be an absence of mental health, substance abuse, or trauma and abuse history that typically characterises women who sexually offend with a male co-offender according to the typologies described above. The two key elements fundamental to our case formulation are discussed below.

Passivity / dependency / coercion. Belinda's presentation during contact with this service was passive however court documentation, including reports and victim statements indicated that she was 'a hard person to say no to'. This, combined with the apparent lack of coercion during the offence, necessitated further exploration of the co-offending dynamics. Although it appeared that Belinda had participated in the offence of her own accord, her initial assessment also highlighted psychological traits of dependency, naivety and being overly accepting of authority. Belinda had minimal life experience and reported no previous sexual partners or experience. Her co-offender was significantly older with varied life experiences. He introduced her to her first sexual experience and gradually exposed her to more diverse sexual interests and behaviours (e.g., pornography, 'swinging', accessing potential partners and couples over the internet, and taking photographs of sexual poses).

Sexual motivation / deviant sexual arousal. Belinda reported little sexual awareness and struggled to identify issues of sexuality, including arousal, interests and gratification. She indicated that she felt pressured to engage in sexual behaviours with others in her relationship with the co-offender and had felt intimidated by other men that the co-offender had introduced to her. Belinda's participation in meeting with other couples seemed at least in part driven by fears about her co-offender's potential to 'cheat' on her given that she was aware he had an affair in his previous marriage. It is also possible that the victim of the offence, being a 13-year-old girl, was more emotionally congruent with Belinda and less intimidating than the men that Belinda was introduced to as potential swinging partners. Based on this, we felt that Belinda was most likely motivated to meet intimacy needs with her co-offender as opposed to demonstrating deviant sexual arousal and preferences.

Course of Treatment and Assessment of Progress

Belinda participated in 22 individual treatment sessions over a period of 12 months, initially on a fortnightly basis, then progressing to three-weekly and monthly. A cognitive-behavioural treatment approach was used in combination with motivational interviewing techniques (Miller & Rollnick, 2002). Each of these treatment tasks were approached with female-specific examples and issues based upon the identified treatment targets. The initial assessment identified that the primary focus of work with Belinda needed to develop her recognition of emotions and critical reasoning skills. This in turn would increase her ability to explore and reflect upon how these issues related to her offending behaviour. This was a key factor in many areas, including motivation, self-awareness, relationships and communication, issues around consent and responsibility and victim empathy. This section will specifically explore these issues in the context of co-offending dynamics.

Motivation to change (offending/relationship).

Belinda's primary focus and intention was to continue her ongoing relationship with the co-offender. She was aware that her behaviour was wrong but seemed unsure about what she needed to do in order to change. Using Prochaska and DiClemente's (1982) Stages of Change model, Belinda appeared to be in the contemplation stage, defined as when a person recognises that their behaviour is problematic and begins contemplating whether they need to make significant changes to their behaviour. She believed that treatment might benefit her relationship with her co-offender but lacked insight into what behaviours needed to change, and early on in treatment, was unable to identify what problems were present in their relationship. Motivational techniques

such as Socratic questioning (Miller and Rollnick, 2002), assisted Belinda to explore her interpersonal style, as well as the dynamics of her relationship and sexual offending behaviour in more depth. Through this collaborative process, Belinda identified her own goals to work towards in the counseling and consequently became more engaged in the therapeutic process.

In addition, given Belinda's passive and dependent personality style, it was important to focus on self-efficacy. Throughout the sessions, self-esteem exercises and a rewarding approach, improved Belinda's belief that change was possible and that she could implement these strategies. Again, motivational techniques were used, including providing information on areas covered in treatment, how these might benefit her, exploring areas to develop, and providing feedback and frequent praise in order to provide her with confidence to employ some of those strategies in everyday life (Prochaska & DiClemente, 1982, Miller & Rollnick, 2002).

Gradually over the sessions Belinda became more aware of the shifts in her own world view and in turn her motivation to undertake the work and to implement new skills improved.

Issues surrounding consent and acceptance of responsibility.

Issues around consent became an early focus of the work as Belinda had initially struggled to understand why she was charged with a sexual offence, believing that it was consensual. Work on this issue involved exploring the meaning of consent, the conditions necessary for consent to be given and how Belinda viewed her own, her co-offender's and the victim's behaviour in the lead-up, during and after the sexual offences took place. The identification of distorted beliefs (e.g., 'it was just a game', 'it didn't hurt anyone', 'she could have said no') related to consent and the attribution of responsibility to the victim. As a result of this work, Belinda's acceptance of her personal culpability for the offending behaviour increased, including her acknowledgement of the effect that the position of power she and her co-offender would have had upon the victim. Further exploration of consent, power dynamics, pressure and coercion also led Belinda to explore the dynamics of her relationship with the co-offender, including her own and his relational and interpersonal styles.

Disclosure. The key targets of disclosure in sex offender treatment are to improve skill at self-disclosure and to verbalise an account of the events and behaviours that comprised the offence, including all sexual behaviours, and the thought processes that justified and excused the offence (Langton & Marshall, 2001; Mann & Shingler, 2006). Belinda's initial disclosure was consistent with that provided in the

police facts however she struggled to identify any other aspects of her behaviour that may be associated with her offending behaviour. This component of treatment was greatly enhanced with access to the victim statements. For example, the victim had reported that in the weeks leading up to the offence Belinda had made suggestive comments to the victim such as '(telling her) to go squeeze (the co-offender's) things [penis] ... she wanted me to make (the co-offender) come'. The victim also indicated that she felt pressurised by Belinda rather than her co-offender and that 'she (kept) saying it until (the victim said) yes'. This additional information provided a further perspective to explore issues of responsibility, the nature of her relationship with the co-offender and the co-offending dynamics. It also significantly increased her level of victim empathy.

Recognition of thoughts and emotions. Recognition of thoughts and emotions was an area that Belinda struggled with over a number of sessions. This issue served as a significant barrier in developing her level of insight into a number of the treatment target areas.

Belinda appeared to have a limited emotional range tending to only recognise emotions when she had strong feelings of happiness, sadness and anger. Her capacity to reflect upon the thoughts associated with her experience of emotions also seemed limited. Exploration of the underlying origins of such difficulties revealed that her family did not seem to discuss problems or express their emotions in her presence.

In order to increase Belinda's level of critical reasoning and ability to reflect upon her thoughts and emotions she was given a number of exercises such as journaling thoughts (particularly around her ongoing relationship with the co-offender, e.g., phone calls or receiving letters), emotional recognition diaries (including identifying body sensations and corresponding emotions and thoughts to specific triggers) and ABC (Activating Event, Beliefs, Consequences; Walen, DiGiuseppe & Dryden, 1992) assignments. Once these were completed she was given emotional coping assignments in order to increase her level of insight into the benefits for her in acknowledging thoughts and emotions. Within this body of work Belinda identified that in the past she had a tendency to employ avoidant coping strategies, such as ignoring problems 'hoping they'd go away'. She worked on developing more constructive coping strategies such as exploring and identifying the problem, recognising and talking about her needs, and trying to understand the needs of others in order to resolve problems effectively.

Relationship skills. Belinda's offending behaviour occurred in the context of her relationship with her

partner. Throughout her imprisonment and following her release she managed to sustain this relationship. Although Belinda was not allowed to visit her partner in prison, she contacted him via telephone and letters and her mother visited him regularly in prison.

On many occasions during the sessions she stressed that she intended to continue her relationship in the future and expressed how important it was for her and her partner to receive relationship counseling and support following his release from prison and prior to their respective parole orders expiring. Although an ongoing relationship was viewed as a concerning risk factor, refusal to acknowledge Belinda's intention to continue the relationship would likely have damaged the therapeutic alliance and her sense of self-efficacy. Instead it was decided to work in the area of relationships and intimacy, including issues such as what aspects are important to achieve intimacy, why intimacy is important for her in her life and what factors have and could in the future serve as a barrier to achieving intimacy. Belinda was able to reflect upon how in the past she had not shared her thoughts and feelings within her relationships in general, particularly with her partner. This appeared to have been partly due to her inability to identify her own emotions as well as not wishing to 'burden' others with her problems. Belinda recognised how becoming more aware of the need to discuss her thoughts and emotions had impacted upon the way in which she related to others, including recognising other people's perspectives and their corresponding emotions.

Belinda's progress in this area enabled her to better reflect on her interpersonal needs and relational style and she demonstrated an increased ability to recognise some of the more maladaptive communication styles and attachment needs within her relationship with the co-offender, including his tactics such as pressurising her, withdrawal, and emotional threats when his needs were not being met.

Offence pathways. This component of the work aimed to identify the distal and proximate factors that contributed to the offending behaviour. This consisted of drawing a timeline between situations, thoughts, feelings and behaviours of each stage leading up to the offence. Belinda's insight into her motivations and understanding of the offence shifted throughout the course of treatment. She was able to identify how the problems in her relationship led to decisions to 'swing' and subsequently offend. She also acknowledged that she 'did not feel intimidated by the victim because she was younger', in contrast to the couples that they had previously met, and her fear that the co-offender may have an affair or leave her for another woman if she did not engage in sex with other couples.

Self-management (risk management). Based on our case conceptualisation, a significant focus throughout the sessions was on developing interpersonal and relationship skills to enable Belinda to better negotiate her relationship with her co-offender and to build upon social and familial supports. Her self-management plan focused on her vulnerabilities including her passivity within the context of authoritative relationships (e.g., with the co-offender on the basis of his age and life experience), her communication skills and interpersonal style, and her ability to meet intimacy needs.

Joint counseling. Although typically this relationship would be discouraged, we instead offered joint couples counseling provided by this service given Belinda's decision to remain in the relationship. This approach emphasised the therapeutic relationship and non-judgmental elements of therapy. The primary aim of this counseling was to assist Belinda better negotiate the relationship, set appropriate boundaries and enhance her communication skills with the support of her therapist (who also provided her sex offender-specific intervention). It must be noted that this was negotiated as part of Belinda's self-management plan and it was not the intention of the counseling to provide sex-offender treatment to the co-offender.

Belinda and her co-offender attended for a period of three months prior to the expiration of her parole. This enabled Belinda to develop and practice communication skills, as identified in her self-management plan, and provided an opportunity to observe her progress in these areas. Belinda's improved ability to communicate and behave assertively meant that her co-offender needed to adjust his communication style also and they, as a couple, needed to re-negotiate the dynamics of their relationship. At the conclusion of their joint sessions their ability to communicate and discuss their thoughts and feelings had increased. This in turn seemed to build their relationship skills.

Complicating Factors

There is an expectation for offenders to address their offending behaviour whilst in custody. For male sex offenders, there are treatment programmes of varying intensity available in order to reduce their level of risk and work towards parole or early release; however there is no comparable sex offender treatment for females in custody in New South Wales. Currently, assessment and treatment services are provided on a case-by-case basis, following referral to and consultation with Sex Offender Programmes. Typically, individual treatment for female sex offenders has been provided by Forensic Psychology Services, Corrective Services New South Wales. This community-based service provides a range of assessment, risk management and pre-sentence reports, and treatment services for sex offenders under

supervision by New South Wales Probation and Parole Services. Whilst Forensic Psychology Services is state-wide, it is located in Sydney and required Belinda to travel up to two hours each way for each session during her parole period.

Belinda's ongoing relationship with her co-offender presented an added complexity in working with this case, which had significant implications for risk management, release planning, and child protection issues. Importantly, careful consideration of the co-offender's risk, treatment needs and progress better assisted to understand the relationship and the co-offending dynamics. In this case, the co-offender was assessed as suitable to participate in the moderate-high risk sex offender treatment programme but he refused treatment. This factor was considered in a number of contexts; Belinda's self-management plan and what this might mean for their ongoing relationship and shared goals, risk management strategies focused on increasing Belinda's ability to better negotiate her relationship on more equal terms, to lessen her dependence on her co-offender and to increase her social networks, supervision and order adherence from the perspective of Corrective Services NSW, and potential child protection issues given that both offenders' access to children under 16 was prohibited without supervision by the conditions of the Child Protection Register.

Managed Care Considerations

Both Belinda and her co-offender were managed by the NSW Probation and Parole Service following their release from custody. Belinda was released to parole at the earliest opportunity and completed sex-offender specific treatment in the community. Her co-offender was twice denied parole but was eventually released to conditional community supervision to provide a period of management in the community prior to the expiration of his sentence. He remained an untreated sex offender. Both offenders are registered sex offenders on the Child Protection Register managed by the NSW Police. This required them to periodically report to the police and notify of any changes in details (e.g., address, employment, car registration details). It also prohibits any child-related employment. In this state, register information is kept strictly confidential and is not available to the public.

Belinda resided with her parents when she was granted parole. The victim (also a resident of the same small country-side town) applied for an Apprehended Violence Order upon her release, which was granted for a period of two years. Although Belinda experienced initial adjustment issues upon her return, she found employment and gradually increased her social networks. In contrast, her co-offender had significant difficulties finding accommodation and resided at an

inner-city motel upon release. He had little support and was unemployed.

In New South Wales, co-offenders are typically unable to have any contact as part of their parole conditions. As noted previously, though it may have been an option to discourage her from any future relationship with the co-offender, we took the decision to assist Belinda to negotiate the relationship and thereby manage this significant risk factor by offering joint relationship counseling provided by this service. This was negotiated with Belinda's therapist, her parole officer, the co-offender's parole officer in jail, and the State Parole Authority. Contact at any other time, including before and after the session, was strictly not permissible and would have resulted in a revocation of parole and possible return to custody.

Follow-up

Both Belinda's and her co-offender's parole period expired in 2008. They remain on the Child Protection Register as monitored by the NSW Police. As of August 2012 neither Belinda nor her co-offender have sexually re-offended in the four and a half years they have been 'at risk' in the community according to official records (i.e. NSW Police and CSNSW records). Belinda's term on the CPR expires in 2018 for the current offence. Her co-offender's term expires in 2019.

Treatment Implications of the Case

This case highlights the complexities of treatment and risk management strategies of a female sexual offender in a correctional setting where there was an ongoing relationship with an untreated male co-offender. In addition, it demonstrates the need for correctional systems to consider their management, rehabilitation and reintegration needs for female sex offenders, including the contextual issues that can sometimes pose barriers to accessing appropriate services.

Recommendations to clinicians and students

When working with female sex offenders accompanied by a co-offender, there are a number of important fundamental issues to consider. Firstly, it is important not to assume that the presence of a co-offender implies coercion (Cortoni, 2010; Ford, 2010; Gannon, et al., 2008; Nathan & Ward, 2002). The issue of responsibility can at times be difficult to disentangle but also raises the question of sexual deviance. In our view, these issues are critical to ensuring that case plans are formulated to each offender's specific needs and treatment targets. Using typologies as a starting point, as suggested by Nathan and Ward (2001), assisted in the assessment and development of a treatment plan in this case. The recent development of the Descriptive Model of Female Sexual Offending provides an

alternative approach where specific pathways to female offending can be explored in more depth (Gannon, et al., 2008).

It is likely that most practitioners, even those specialising in sex offender work, have relatively little experience in working with females convicted of a sexual offence. A practitioner's knowledge, expertise and confidence in this area will be influenced by their exposure and opportunity to work with this offender group. Practitioners should not be discouraged from working with this offender group. The literature on female sex offenders is gaining momentum and although further research is needed, it does provide a framework for the practitioner working with females convicted of a sexual offence.

References

- Ashfield, S., Brotherston, S., Eldridge, H. & Elliott, I. (2010). Working with females sexual offenders: Therapeutic process issues. In Gannon, T.A. & Cortoni, F. (Eds). *Female sexual offenders: Theory, assessment, and treatment* (pp. 161-180). UK: John Wiley & Sons, Ltd.
- Blanchette, K. & Taylor, K.N. (2010). A review of treatment initiatives for female sexual offenders. In Gannon, T.A. & Cortoni, F. (Eds). *Female sexual offenders: Theory, assessment, and treatment* (pp. 119-141). UK: John Wiley & Sons, Ltd.
- Bunting, L. (2007). Dealing with a problem that doesn't exist? Professional responses to female perpetrated child sexual abuse. *Child Abuse Review*, 16, 252-267.
- Butcher, J.N., Dahlstrom, W.G., Graham, J.R., Tellegen, A. & Kaemmer, B. (1989). *MMPI-2: Manual for administration and scoring*. Minneapolis: University of Minnesota Press.
- Cortoni, F. (2010a). The assessment of female sexual offenders. In Gannon, T.A. & Cortoni, F. (Eds). *Female sexual offenders: Theory, assessment, and treatment* (pp. 87-100). UK: John Wiley & Sons, Ltd.
- Cortoni, F. (2010b) Female sexual offenders: A special subgroup. In Harrison, K. (Ed.). *Managing high-risk sex offenders in the community: Risk management, treatment and social responsibility* (pp. 159-173). Portland, Or: Willan.
- Cortoni, F., Hanson, R.K., & Coache, M. (2010). The recidivism rates of female sexual offenders are low: A meta-analysis. *Sexual Abuse: A Journal of Research and Treatment of Sexual Abusers*, 22, 4, 387-401.
- Denov, M. S. (2003). The myth of innocence: Sexual scripts and the recognition of child sexual abuse by female perpetrators. *The Journal of Sex Research*, 40, 303 – 314.
- Elliott, I.A., Eldridge, H.J., Ashfield, S. & Beech, A.R. (2010). Exploring risk: Potential static, dynamic, protective and treatment factors in the clinical

- histories of female sex offenders. *Journal of Family Violence*, 25, pp. 595-602.
- Faller, K.C. (1995). A clinical sample of women who have sexually abused children. *Journal of Child Sexual Abuse*, 4, 13-30.
- Ford, H. (2010). The treatment needs of female offenders. In Gannon, T.A. & Cortoni, F. (Eds). *Female Sexual Offenders: Theory, Assessment, and Treatment*. 101-117. John Wiley & Sons, Ltd: UK.
- Ford, H. & Cortoni, F. (2008). Sexual deviance in females: Assessment and treatment. In D.R. Laws & W. O'Donoghue (Eds.), *Sexual Deviance* (2nd ed., pp. 508-526). New York: Guilford Press.
- Gannon, T.A., Rose, M.R., & Ward, T. (2008). A descriptive model of the offense process for female sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 20, 352-374.
- Grayston, A. D., & De Luca, R. V. (1999). Female perpetrators of child sexual abuse: A review of the clinical and empirical literature. *Aggression and Violent Behaviour*, 4, 93 – 106.
- Hanson, R.K., & Morton-Bourgon, K. (2004). Predictors of sexual recidivism: An updated meta-analysis. (User Report 2004-02). Ottawa: Public Safety and Emergency Preparedness Canada.
- Harris, D.A. (2010). Theories of female sexual offending. In Gannon, T.A. & Cortoni, F. (Eds). *Female Sexual Offenders: Theory, Assessment, and Treatment*. 31-51. John Wiley & Sons, Ltd: UK.
- Hunter, J.A. & Mathews, R. (1997). Sexual deviance in females. In R.D. Laws and W. O'Donoghue (Eds.). *Sexual deviance: Theory, assessment and treatment* (pp. 465-480). New York: The Guilford Press.
- Johansson-Love, J. & Fremouw, W. (2006). A critique of the female sexual perpetrator research. *Aggression and Violent Behaviour*, 11, 12-26.
- Langton, C. & Marshall, W.L. (2000). Cognition in rapists: Theoretical patterns by typological breakdown. *Aggression and Violent Behaviour: A Review*, 6, 499-518.
- Mann, R. E. & Shingler, J. (2006). Schema-driven cognition in sexual offenders: Theory, assessment and treatment. In Marshall, W. L., Fernandez, Y. M., Marshall, L. E., Serrin, G. A. (Eds.). *Sexual Offender Treatment: Controversial Issues* (p. 173-185). New York, US: John Wiley & Sons.
- Mathews, J.K. (1993). Working with female sexual abusers. In M. Elliott (Ed.), *Female Sexual Abuse of Children: The Ultimate Taboo*, Harlow, Essex: Longman.
- Mathews, J.K. (1998). An 11-year perspective of working with female sexual offenders. In Marshall, W.L., Fernandez, Y.M., Hudson, S.M., & Ward, T. (Eds). *Sourcebook of Treatment Programs for Sexual Offenders* (p. 259-272). New York: Plenum Press.
- Mathews, J.K., Mathews, R., & Speltz, K. (1989). *Female sexual offenders: An exploratory study*. Orwell, VT: Safer Society Press.
- Mathews, J.K., Mathews, R., & Speltz, K. (1991). *Female sexual offenders: A typology*. In M.Q. Patton (Ed.), *Family sexual abuse: Frontline research and evaluation* (pp. 199-219). Newbury Park, CA: Sage.
- Miller, W.R., & Rollnick, S. (Eds.) (2002). *Motivational interviewing: Preparing people to change addictive behavior* (2nd ed.). New York: The Guilford Press.
- Nathan, P. & Ward, T. (2001). Females who sexually abuse children: Assessment and treatment issues. *Psychiatry, Psychology and Law*, 8, 44 – 55.
- Nathan, P. & Ward, T. (2002). Female child sex offenders: Clinical and demographic features. *The Journal of Sexual Aggression*, 8, 5-21.
- Poels, V. (2007). Risk assessment of recidivism of violent and sexual female offenders. *Psychiatry, Psychology & Law*, 14, 2, 227-250.
- Prochaska, J.O. & DiClemente, C.C. (1982). Transactional therapy: Toward a more integrative model of change. *Psychotherapy: Theory, Research & Practice*, 19, 276-288.
- Rousseau, M. & Cortoni, F. (2010). The mental health needs of female sexual offenders. In Gannon, T.A. & Cortoni, F. (Eds). *Female Sexual Offenders: Theory, Assessment, and Treatment*. 73-86. John Wiley & Sons, Ltd: UK.
- Sandler, J.C. & Freeman, N.J. (2007). Typology of female sex offenders: A test of Vandiver and Kercher. *Sexual Abuse: A Journal of Research and Treatment* 19, 73-89.
- Saradjian, J. (1996). *Women who sexually abuse children: From research to clinical practice*. New York: John Wiley & Sons.
- Thornton, D. (2002). Constructing and testing a framework for dynamic risk assessment. *Sexual Abuse: A Journal of Research and Treatment*, 14, 137-151.
- Wijkman, M., Bijleveld, C., & Hendriks, J. (2010). Women don't do such things! Characteristics of female sex offenders and offender types. *Sexual Abuse: A Journal of Research and Treatment*, 22, 2, pp. 135-156.
- Wechsler, D. (1999). *The Wechsler abbreviated scale of intelligence*. The Psychological Corporation. Sydney: Harcourt Brace & Company.
- Tewkesbury, R. (2004). Experiences and attitudes of registered female sex offenders. *Federal Probation*, 68, 30-33.
- Vandiver, D. M. & Walker, J. T. (2002). Female sex offenders: An overview and analysis of 40 cases. *Criminal Justice Review*, 27, 284 – 300.
- Vandiver, D.M. & Kercher, G. (2004). Offender and victim characteristics of registered

Case study of a female sexual offender

female sex offenders in Texas: A proposed typology of female sex offenders. *Sexual Abuse: A Journal of Research and Treatment*, 16, 121-137.

Vandiver, D.M. (2006). Female sex offenders: A comparison of solo offenders and co-offenders. *Violence and Victims*, 21, 339-354.

Training Correctional Staff in the Management of Sex Offenders: Increasing Knowledge and Positive Attitudes

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Abstract

Treatment will always rely, to some extent, on the *positive support* of non-therapy staff. Attitudes towards sex offenders, however, are usually negative. The aim of this study was to examine different correctional staff attitudes towards sex offenders and evaluate the impact of a two-day training program delivered to correctional staff in Corrective Services New South Wales (CSNSW). This study found that correctional staff attitudes towards sex offenders were significantly improved after training. This is in direct contrast to similar studies published in the area of staff training that did not find any impact on attitudes towards sex offenders. Participants were more likely to believe that a sex offender could be rehabilitated after this staff training. Training also appeared to decrease the endorsement of myths about sex offenders held by correctional staff. Further research is planned that will involve the re-testing of these staff some time later to see whether the changes in attitudes were maintained over an extended period of time.

Introduction

Recent years have seen a significant increase in our knowledge of sexual dynamics, treatment, and risk assessment of sexual offending. This has coincided with increased public awareness of the prevalence of sexual offending and its impact on victims (Koss, 1993). Not surprisingly this has led to an increased use of prison sentences and longer terms in prison for sexual offenders. Notwithstanding this, we now know that contrary to public opinion, sexual offenders appear to re-offend at comparatively low rates, particularly when compared to violent or theft offenders (Losel & Schmucker, 2005). There is also a general consensus as to how to assess offenders' risk of sexual recidivism with at least moderate accuracy (see Hanson & Morton-Bourgon, 2004).

A lot more is also now known about the effective management of sexual offenders. Large scale meta-analyses have reliably demonstrated a moderate positive effect of psychological treatment – that is, it appears to reduce sexual recidivism (e.g., Hanson et al., 2002; Losel & Schmucker, 2005). There is also a general consensus as to what should be addressed within sexual offender treatment programs, and how to target these factors most effectively (see Marshall, Marshall, Serran, & O'Brien, 2011).

Ware (2011) has argued, however, that more research attention needs to be focused on contextual issues that might have a significant impact on sexual offender treatment effectiveness. As an example of this, research has started to establish the importance of staff involvement in treatment, particularly therapists and their interactions with offenders. Whereas previous research tended to focus solely on the evaluation of the content of treatment programs, evidence now exists that demonstrates that particular characteristics of therapists, and the quality of the therapeutic relationship, contribute significantly to the effectiveness of sex offender treatment (Marshall, et al., 2003).

What has not received significant research attention is the importance of non-therapy correctional staff and their role in the effective treatment of sexual offenders. Treatment will always rely, to some extent, on the positive support of non-therapy staff, irrespective of whether or not the treatment takes place in a prison, residential facility, or in the community. Non-therapy staff can encourage, motivate, support, and provide opportunities for offenders to practice and rehearse the skills learnt within treatment.

Taking a prison context as an example, where the role of the prison officer is most normally one of security, there are a number of ways in which the prison officer can assist in the treatment of a sexual offender.

They may have a direct role with sex offenders when treatment takes place within a specialised unit using therapeutic community principles (Ware, Frost, & Hoy, 2010), or they may be involved as a co-facilitator of therapy groups (Mann & Thornton, 1998). Blanchard (1998) also suggested that the stereotypes held by prison officers are likely to negatively impact on how a sexual offender will respond to their prison environment. Or, more indirectly, prison officers can offer support and encouragement to assist a sex offender to volunteer for, or persist within, a treatment program (Sanghara & Wilson, 2006). This is particularly important when sex offenders may have heard negative things about the treatment (such as “it doesn’t work” or “they make you confess to things you didn’t do”), or do not want to be identified as a sexual offender for fear of the negative consequences within a prison environment.

Sex offenders are often viewed negatively and this may make it difficult for staff to interact positively with them (Akerstrom, 1986; Lea, Auburn, & Kibblewhite, 1999). These negative views may be in part due to the often observed (yet understandable) behaviour - such as defensiveness, manipulation, hostility, and distorted beliefs - of sex offenders in prison or under supervision or parole. (see Ware & Mann, 2012). Negative views towards sex offenders may also, however, be due to the attitudes of staff towards these people and their sexual offences. Correctional staff (and the community more generally) are likely to have more negative attitudes towards sex offenders than other offenders (Craig, 2005; Hogue, 1993, 1995; Weekes, Pelletier, & Beaudette, 1995). Within their review of attitudes towards sex offenders, Willis, Levenson, and Ward (2010) noted that researchers typically find that, in assessing the views of correctional staff who deal with sex offenders, prison officers not involved in treatment have the most negative views. In contrast, probation officers and psychologists hold the most positive views towards sex offenders. Similarly, greater contact with sex offenders appears to result in more positive views, irrespective of the age, gender or socio-economic status of the respondent, or whether or not the correctional staff are prison or community based.

Weekes et al., (1995) found that only 20.7% of prison officers from their sample viewed sex offenders as treatable, rating them as more unchangeable, dangerous, irrational, and mysterious, than non-sexual offenders. Of particular note, 68% of this sample of custodial officers indicated that they wanted more training in how to deal with sexual offenders and only 12.3% reported that their training had prepared them adequately enough.

A number of training programs specifically aimed at increasing the knowledge of correctional staff have been evaluated. The results have, to a large degree, been

discouraging, to the extent that Willis, Levenson, and Ward (2010) noted that “the available evidence indicates that short educational programs are ineffective, or at worst, harmful in effecting attitude change among professionals working with sex offenders” (p. 553). Hogue (1995), using the Attitudes Towards Sex Offenders Scale (ATS: Hogue, 1993) found more positive attitudes towards sexual offenders after training 81 correctional staff. This training was, however, of three weeks duration, and given the high pre-training scores may have reflected an already positive group of correctional staff. Taylor, Keddie, and Lee (2003) provided a two and a half day training course for 66 nurses and social workers who were to work with sex offenders with learning disabilities. They developed their own measure of knowledge and attitudes and also found a significant improvement in knowledge and attitudes after training. Other training has not proved effective in changing correctional staff attitudes.

Kjelsberg and Loos (2008) evaluated a two-day educational training program regarding sex offenders which was delivered to 153 prison employees, of whom 90 completed the ATS pre-training, and again 12 months after the initial training. Consistent with other research (Craig, 2005; Hogue, 1993; Hogue & Pebbles, 1997; Weekes et al., 1995), they found that prison officers hold more negative views than other correctional staff. Interestingly, they also found that there was no significant difference in attitudes towards sex offenders 12 months after the training between the trained and untrained group. Hence, the researchers questioned whether there may have been short term positive effects of training that did not last.

Craig (2005) also used the ATS to evaluate a two-day training program delivered to 63 residential hostel workers and nine probation officers. Of note, the residential workers did not necessarily have any formal qualifications, although it appears that a number had a lot of experience in working with sex offenders. These participants expressed significantly more negative views about sexual offenders than non-sexual offenders before training commenced. Craig (2005) found that the training did not change the attitudes participants held towards sexual offenders but it did change their levels of confidence and knowledge regarding the management of sexual offenders. The researcher cautioned that training attempting to change attitudes is best delivered over weeks and that those delivering training should be very careful not to convey messages that might worsen attitudes towards sex offenders.

Whether training correctional staff in the management of sex offenders improves their attitudes towards these offenders remains unclear. The aim of this study is to: (1) compare correctional staff attitudes towards sex offenders and non-sex offenders, (2) evaluate the

impact of a two-day training program delivered to correctional staff in CSNSW in relation to sex offenders, and (3) to specifically measure knowledge of sexual offending and beliefs in sex offenders' ability to change their offending behaviour, using subscales of a recently developed Sex Offender Questionnaire (SOQ; Thakker, 2006).

Method

Participants

Participants in this study included 117 CSNSW employees and volunteers who completed a two-day training program on the principles of working with sex offenders. Of the 117 participants included in the analysis (it should be noted that the sample sizes included in the analysis vary due to missing or incomplete data), 51 (43.6%) were male and 59 (50.4%) were female (there was missing gender data for seven (6.0%) participants). The average age of participants was 43.3 years ($SD = 11.4$, range 22 - 68 years) and almost two thirds (63.6%) were over 35 years of age.

The training was available to any CSNSW staff or volunteers involved in the delivery of services to sex offenders. The occupational breakdowns for training participants are displayed in Table 1. Psychologists and Probation and Parole Officers (PPO) were combined in the data analysis as these occupational groups are directly involved in the rehabilitation of offenders. Custodial officers and Community Compliance and Monitoring officers (CCMG) were combined into one occupation group as both have a focus on compliance rather than rehabilitation. As can be seen in Table 1, there were significant differences among the

occupational groups with respect to years of experience with CSNSW ($\chi^2(6) = 28.45, p < .001$). The custodial officer and CCMG officer group had significantly more participants with more than five years experience with CSNSW. No participants had completed the training previously.

The range of experience in working with CSNSW ranged from no experience to 34 years, with an average of 8.3 years ($SD = 7.7$ years). Support workers were the most inexperienced occupational group, with only a fifth (21.7%) of the group working with CSNSW for more than five years. Custodial / CCMG officers were significantly more experienced than the other occupational groups, with the majority of the group (73.8%) reporting more than five years experience with CSNSW.

Training

Corrective Services New South Wales recognises the importance of training and educating staff in the management of sexual offenders. A senior training officer or psychologist with specialist knowledge delivers the two-day training workshop to correctional staff. This workshop called "Principles of Sex Offender Management" was developed for delivery to all corrective services staff that have face-to-face contact with sexual offenders. The workshop is facilitated at the NSW Corrective Services Academy and a number of Correctional Centres and Community Offender Service offices around NSW. The specific topics covered include the following:

- Understanding the nature of sexual offending (dispelling myths)

Table 1

Occupational Breakdown for Training Participants and Years of CSNSW Experience

| | CSNSW Experience | | | |
|--|------------------|-------------|-------------------|-------------|
| | 5 years or less | | More than 5 years | |
| | <i>n</i> | % | <i>n</i> | % |
| Psychologists / Probation and Parole Officers | 24 | 55.8 | 19 | 44.2 |
| Custodial Officers / Community Compliance and Monitoring Officers (CCMG) | 11 | 26.2 | 31 | 73.8 |
| Support Workers* | 18 | 78.3 | 5 | 21.7 |
| Total** | 53 | 49.1 | 55 | 50.9 |

*includes volunteers, accommodation support workers, service and program officers

** Missing occupational type for 9 participants

- Understanding sexual offenders and the dynamics of their offending
- Positive strategies for working with (and case managing) sexual offenders
- Understanding risk assessment and risk management
- Knowledge on available treatment for sexual offenders and its effectiveness
- Reviewing worker issues and self care.

The training includes didactic teaching, group work exercises, role plays, exercises using fictional case studies, and demonstrations of positive management interactions (such as motivational interactions). An assessment task is completed post training and evaluated by those who delivered the training.

Measures

Participants of the principles of sex offender management workshop that were delivered over a 12-month period were invited to participate in this research. Those who volunteered completed an initial background questionnaire that asked for their age, gender, years of experience working for CSNSW, highest educational level completed, and prior training in working with sexual offenders. Each participant was given a unique identifier to maintain anonymity for the research study. Participants then completed the following three questionnaires immediately prior to, and immediately following completion of, the two-day workshop.

Attitudes to prisoners (ATP; Melvin, Gramling & Gardner, 1985). The ATP was developed in order to measure attitudes towards prisoners with high scores reflecting more positive attitudes towards prisoners. The ATP consists of 36 statements in which the participant has to rate how strongly they agree or disagree with each statement. Nineteen of the 36 statements are worded negatively and reversed scored. A constant of 36 is removed from the total score, which ranges from 0 to 144. The ATP has been researched with multiple samples (i.e., community, students, and correctional staff) and in several countries. The ATP scale possesses moderate to high split-half ($r = .84$ to $.92$) and test-retest ($r = .82$) reliability. In the current study, the internal consistency was found to be strong with a Cronbach's alpha coefficient of $.91$.

Attitudes to sex offenders (ATS; Hogue, 1993). The ATS is a replication of the ATP in which the word 'prisoner' has been replaced with 'sex offender'. The ATS therefore also consists of 36 statements in which the participants are asked to rate on a 5-point Likert scale how strongly they agree or disagree with the statements (e.g., 'Only a few sex offenders are really

dangerous'). Like the ATP, a number of items are worded as negative and reverse scored. The higher the total score, the more positive the attitudes towards sexual offenders. Hogue (1993; 1995) has validated the ATS with multiple occupations as a reliable method of measuring attitudes towards sexual offenders. Nelson, Herlilhey, and Jeffrey (2002) found the ATS to be reliable (Cronbach's alpha coefficient of $.92$) with a test-retest $r = .82$. In the current study the internal consistency was found to be strong with a Cronbach's alpha coefficient of $.93$.

Sex Offender Questionnaire (SOQ; Thakker, 2006). The SOQ consists of 44 statements regarding sex offenders where the participants are asked to rate how strongly they agree or disagree with each statement (on a 7-point Likert scale (e.g., 1 = strongly disagree, 4 = undecided, and 7 = strongly agree). A number of items are reverse scored. This scale was developed to measure attitudes and beliefs about sexual offenders. A high total score will indicate the presence of overly negative, unrealistic and stereotypical views of sexual offenders. There are five subscales that measure unchangeability, myth endorsement, extreme beliefs, understanding and compassion, and general crime (as opposed to specific beliefs about sex offenders). The psychometric properties of the SOQ have so far been limited to non-published research with online samples reporting internal reliability as high (Cronbach's alpha coefficient for the whole scale is 0.914). In the current study, the internal consistency was found to be strong with a Cronbach's alpha coefficient of $.92$.

Results

Attitudes Towards Prisoners and Sex Offenders

Attitudes towards prisoners and sex offenders were measured using the ATP and ATS, parallel instruments that make reference to either prisoners or sex offenders and provide directly comparable attitudinal measurements. At baseline measurement, prior to completion of the training program, participants had significantly more positive attitudes towards prisoners ($X = 85.6$) compared to sex offenders ($X = 72.5$), $t(87) = 9.94$, $p < .001$ ($n = 88$, missing ATS or ATP data for 29 participants for paired sample t-test).

As expected, there were significant differences in both attitudes towards prisoners ($F(2,102) = 12.23$, $p < .001$) and sex offenders ($F(2,95) = 15.24$, $p < .001$) among the different occupational groups. As can be seen in Table 2, at baseline the rehabilitative-focused Psychologists and Probation and Parole Officer group reported significantly more positive attitudes towards both prisoners and sex offenders compared to the other occupational groups. Correctional officers and CCMG offices reported the most negative attitudes towards both offender groups.

Table 2
Means and Standard Deviations of the ATP and ATS Pre-training by Occupational Group

| | ATP* | | | ATS** | | |
|--------------------|----------|----------|-----------|----------|----------|-----------|
| | <i>n</i> | <i>X</i> | <i>SD</i> | <i>n</i> | <i>X</i> | <i>SD</i> |
| Psychologist / PPO | 42 | 92.74 | 13.65 | 39 | 82.41 | 15.75 |
| Custodial / CCMG | 41 | 77.00 | 15.38 | 35 | 62.60 | 14.77 |
| Support Worker | 20 | 85.40 | 14.36 | 22 | 67.86 | 17.78 |
| Total | 103 | 85.05 | 16.02 | 96 | 71.85 | 18.12 |

* missing data for 14 participants

** missing data for 21 participants

Impact of Training on Attitudes Towards Prisoners and Sex Offenders

Attitudes towards prisoners, as measured by the ATP, did not change significantly ($t(100) = 0.71, p = .48$) from pre-training ($M = 84.8, SD = 16.1$) to post-training ($M = 84.2, SD = 16.5$). However, as predicted, attitudes towards sex offenders improved significantly ($t(92)=6.54, p<.001$) from pre ($M=71.63, SD=18.3$) to post ($M=78.48, SD=16.3$) training.

To further examine the impact of training on attitudes towards sex offenders, a mixed repeated measures Analysis of Variance (ANOVA) was conducted. Occupational group and years of experience with CSNSW were included in the ANOVA ($2 \times 3 \times 2$ design) to examine the relationship between these factors and training effectiveness. A significant main effect for the within subjects factor of training was found, ($F(1,80) = 33.65, p<.001, \text{partial } \eta^2 = .296$), with scores on the ATS increasing significantly from pre to post training. There was no significant interaction between training and occupational group or between training and CSNSW experience. As can be seen in Table 3, the training increased positive attitudes towards sex offenders across all occupational groups and all levels of CSNSW experience.

Impact of Training on Knowledge of Sexual Offending and Belief in Treatment Efficacy

Knowledge of sexual offending and beliefs in the capacity of a sex offender to change their offending behaviour were measured using subscales of the Sex Offender Questionnaire (SOQ). The myth endorsement (14 items) subscale was used as a measure of knowledge of sexual offending as the items measure understanding of sexual offending and endorsement of stereotypes of sexual offending. The unchangeability (7 items) subscale was used as a measure of belief in the efficacy of treatment as it measures the endorsement that sex offenders cannot change. The SOQ-44 includes

three other subscales: understanding and compassion (9 items), extreme views (8 items) and general crime (6 items), that were excluded from the analysis as they were not relevant in this study.

Repeated measures ANOVA was conducted to examine the impact of training (pre and post), occupational group, and years of CSNSW experience on participant endorsement of the unchangeability and sexual offending myths. To reduce the risk of Type 1 errors increased by the multiple ANOVAs, a Bonferroni adjusted alpha of .025 was applied.

Examination of participant knowledge of sexual offending (myth endorsement) found a significant main effect for training, with myth endorsement decreasing significantly following training ($F(1,89) = 27.50, p<.001, \eta^2 \text{ partial} = 0.236$). There was also a significant interaction between training and occupation group, ($F(2,89) = 4.99, p = .009, \eta^2 = .101$). Planned pairwise comparisons (a Bonferroni adjusted alpha of .016 was applied) revealed that the significant difference was between the psychologist / probation and parole officers group and the support worker group ($t(59) = 3.05, p = .003$), indicating that the training was significantly more effective in reducing the endorsement of sexual offending myths among support workers compared to psychologists / PPOs.

A similar pattern of results was found with belief in the efficacy of treatment. A significant main effect for training was found, with beliefs in the inability of sex offenders to change through treatment decreasing significantly following training ($F(1,89) = 57.01, p<.001, \text{partial } \eta^2 = 0.390$). A significant interaction was also found between training and occupational group, ($F(2,89) = 4.22, p<.018, \eta^2 \text{ partial} = .087$). Planned pairwise comparisons (a Bonferroni adjusted alpha of .016 was applied) revealed the significant difference was again between the psychologist / PPO group and the support worker group ($t(59) = 2.48, p = .016$), indicating that the training had a significantly

larger impact on support workers' belief in treatment efficacy. There was no interaction between training and CSNSW experience ($F(1,89) = 3.87$, $p = .05$),

indicating that the training was effective across all levels of CSNSW experience.

Table 3
Means and Standard Deviations of the ATS Across Occupational Groups

| | <i>n</i> * | Pre | | Post | | <i>F</i> |
|---------------------------|------------|----------|-----------|----------|-----------|--------------------|
| | | <i>X</i> | <i>SD</i> | <i>X</i> | <i>SD</i> | |
| <i>Within Subjects</i> | | | | | | <i>Main Effect</i> |
| Training | 86 | 71.47 | 18.65 | 78.58 | 16.46 | 33.65** |
| <i>Between Subjects</i> | | | | | | <i>Interaction</i> |
| Occupational Group | | | | | | 1.71 |
| Psychologist / PPO | 34 | 82.18 | 16.35 | 86.68 | 15.59 | |
| Custodial / CCMG | 31 | 62.29 | 15.62 | 70.10 | 13.72 | |
| Support | 21 | 67.67 | 18.19 | 78.00 | 15.66 | |
| CSNSW Experience | | | | | | <i>Interaction</i> |
| 5 years or less | 46 | 71.48 | 20.08 | 79.50 | 16.42 | 0.70 |
| More than 5 years | 40 | 71.45 | 17.11 | 77.53 | 16.66 | |

* missing data for 31 participants

** $p < .01$

Table 4
Means and Standard Deviations of the Myth Endorsement and Unchangeability Subscales of SOQ Pre and Post-Training

| | <i>n</i> | Myth Endorsement | | | | <i>F</i> | Unchangeability | | | | <i>F</i> | |
|---------------------------|----------|------------------|-----------|----------|-----------|--------------------|--------------------|-----------|----------|-----------|----------|--|
| | | Pre | | Post | | | Pre | | Post | | | |
| | | <i>X</i> | <i>SD</i> | <i>X</i> | <i>SD</i> | | <i>X</i> | <i>SD</i> | <i>X</i> | <i>SD</i> | | |
| <i>Within Subjects</i> | | | | | | <i>Main effect</i> | <i>Main effect</i> | | | | | |
| Training | 95 | 3.59 | 0.81 | 3.36 | 0.78 | 27.50* | 3.44 | 1.17 | 2.73 | 0.85 | 57.01* | |
| <i>Between Subjects</i> | | | | | | <i>Interaction</i> | <i>Interaction</i> | | | | | |
| Occupational Group | | | | | | 4.99* | | | | | 4.22* | |
| Psychologist / PPO | 36 | 3.08 | 0.68 | 2.97 | 0.66 | | 2.85 | 1.06 | 2.42 | 0.76 | | |
| Custodial Officer / CCMG | 38 | 3.85 | 0.67 | 3.66 | 0.71 | | 3.83 | 1.00 | 3.06 | 0.87 | | |
| Support Worker | 21 | 4.01 | | 3.48 | 0.84 | | 3.72 | 1.24 | 2.65 | 0.76 | | |
| CSNSW Experience | | | | | | 1.72 | | | | | 3.87 | |
| 5 years or less | 49 | 3.49 | 0.84 | 3.26 | 0.81 | | 3.32 | 1.30 | 2.74 | 0.82 | | |
| More than 5 years | 46 | 3.71 | 0.76 | 3.47 | 0.74 | | 3.56 | 1.00 | 2.72 | 0.89 | | |

* $p < .025$ (.05/2 Bonferroni adjusted)

Discussion

This study found that, similar to previous research (Craig, 2005; Hogue, 1993, 1995; Kjelsberg & Loos, 2008; Weekes et al., 1995), correctional staff hold more negative views towards sex offenders than they do prisoners in general. Again, as expected, this study also found that psychologists and parole officers held more positive views towards sex offenders than other correctional staff. The Correctional officers and CCMG reported the most negative attitudes towards both offender groups. In many ways, these results are not surprising. Arguably, the main role of the correctional or community compliance and monitoring officers within CSNSW is to supervise, monitor, and control offenders. Their role is primarily to be alert to negative behaviours (see Kjelsberg & Loos, 2008) and, as mentioned previously, they will invariably witness and experience some of the more difficult offender behaviours. In contrast, psychologists, support workers, and probation officers (to a lesser extent) may focus on the strengths and resources of the offender. These staff may even be involved in treatment or maintenance (relapse prevention) programs.

This study also found that a two-day training program actually had a positive impact on correctional staffs' attitudes towards sex offenders. This is in direct contrast to the results of Craig (2005) and Kjelsberg and Loos (2008). As could be expected, attitudes towards prisoners in general did not change as a result of training, however attitudes towards sex offenders improved significantly irrespective of years of experience or occupation type. In other words, the two-day training appears to have had a significant across-the-board positive impact on attitudes towards sex offenders. This is a significant result when one considers that the average pre-training ATS score in this study ($M = 71.63$, $SD = 18.27$) is lower than that of the Kjelsberg and Loos ($M = 83$, $SD = 17.6$) and Craig studies ($M = 76.44$, $SD = 12.95$). This suggests that the attitudes of participants within this study might have been less positive to begin with.

More specifically, training also appeared to have a significant impact on the participants' belief in the effects of treatment (the changeability of the sex offender). Participants were more likely to believe that a sex offender could change after this training. Training also appeared to decrease the endorsement of myths about sex offenders held by correctional staff. This was most notable for support workers who perhaps may have had little knowledge or awareness of sexual offending prior to the training. This is an important finding given Willis, Levenson, and Ward's (2010) concerns that educational (training) programs may serve to increase the salience of inaccurate beliefs towards sex offenders.

So, in contrast to other two-day workshops, the CSNSW *Principles of Sex Offender Management* training has had an immediate and significant impact on correctional staffs' attitudes towards sex offenders. It is important to consider why this might have been the case particularly as these staff members were not specifically involved in any sex offender treatment and were not pre-selected in any way. Craig (2005) reflected on the differences in training content, objectives, and length and how this might have an impact. Willis, Levenson, and Ward (2010) argued that careful consideration of training content is critical and they point to the rehabilitation content of Hogue's (1995) training as one of the reasons for its effectiveness (and the fact that it was two weeks in length). A significant focus within the CSNSW training was on positive strategies for interacting with sex offenders. A further goal was to impart knowledge about risk assessment and rehabilitation – notably the low base rates of sexual re-offending and the effectiveness of treatment. These goals implicitly targeted participants' attitudes. A large component of the training is the use of role play particularly in discussing how to understand a sexual offender's behaviour and then how to interact positively with this. The two day training evaluated by Craig (2005), in comparison, explicitly targeted the increasing of participant knowledge rather than attitudes. The goals of the CSNSW training, and the manner in which it was delivered, may therefore, be the reasons why this training appeared to be effective. In contrast to Hogue's (1993) research, the participants within this study were not selected to run therapeutic programs and so these results could not be attributed to a pre-selection bias. Similarly, these participants had not previously completed the training in this field.

The key limitation of this study is that it has focused on immediate attitudinal change. A more compelling result would involve the re-testing of these staff some time later to see whether the changes in attitudes were maintained over an extended time. Kjelsberg and Loos (2008) also examined the impact of a two-day course on prison employees' attitudes towards sex offenders, however they re-tested participants 12 months later finding no lasting effect. Future research is planned by the current authors to address this issue. A further limitation is the lack of a control group.

In conclusion, this study has demonstrated that a two-day training workshop that focused on the positive management of sex offenders could significantly change the attitudes of correctional staff towards sex offenders and belief in the efficacy of treatment. This is an important research finding given that, as Ware (2011) and Ware, Frost and Hoy (2009) have argued that effective offender treatment will always rely, to some extent, on the positive support of non-therapy staff.

References

- Akerstrom, M. (1986). Outcasts in prison: The cases of informers and sex offenders. *Deviant Behaviour*, 7, 1-12.
- Blanchard, G. T. (1998). *The difficult connection: The therapeutic relationship in sex offender treatment*. Brandon, VT: Safer Society press.
- Craig, L. A. (2005). The impact of training on attitudes towards sex offenders. *Journal of Sexual Aggression*, 11, 197-207.
- Hanson, R.K., Gordon, A., Harris, A.J.R., Marques, J.K., Murphy, W.D., Quinsey, V.L., & Seto, M.C. (2002). First report of the Collaborative Outcome Data Project on the Effectiveness of Psychological Treatment of Sex Offenders. *Sexual Abuse: A Journal of Research and Treatment*, 14, 169-195.
- Hanson, R.K., & Morton-Bourgon, K. (2004). *Predictors of sexual recidivism: An updated meta-analysis*. Ottawa: Public Works and Government Services Canada.
- Hogue, T. E. (1993). Attitudes toward Prisoners and Sexual Offenders. *Issues in Criminological and Legal Psychology*, 19, 23-32.
- Hogue, T. E. (1995). Training multi-disciplinary teams to work with sex offenders: Effects on staff attitudes. *Psychology, Crime & Law*, 1, 227-235.
- Hogue, T. E., Pebbles, J. (1997). The influence of remorse, intent and attitudes towards sex offenders on judgements of a rapist. *Psychology, Crime, and Law*, 3, 249-259.
- Koss, M. P. (1993). Rape: Scope, impact, interventions and public policy responses. *American Psychologist*, 48, 1062-1069.
- Kjelsberg, E., & Loos, L. H. (2008). Conciliation or condemnation? Prison employees and young peoples' attitudes towards sexual offenders. *The International Journal of Forensic Mental Health*, 7, 95-103.
- Lea, S., Auburn, T., & Kibblewhite, K. (1999). Working with sex offenders: The perceptions and experiences of professionals and paraprofessionals. *International Journal of Offender Therapy and Comparative Criminology*, 43, 103-119.
- Losel, F., & Schmucker, M. (2005). The effectiveness of treatment for sexual offenders: A comprehensive meta-analysis. *Journal of Experimental Criminology*, 1, 117-146.
- Mann, R. E., & Thornton, D. (1998). The evolution of a multisite sexual offender treatment program. In W.L. Marshall, Y.M. Fernandez, S.M. Hudson & T. Ward (Eds.), *Sourcebook of treatment programs for sexual offenders* (pp. 47-58). New York: Plenum Press.
- Marshall, W. L., Fernandez, Y. M., Serran, G. A., Mulloy, R., Thornton, D., Mann, R.E., & Anderson, D. (2003). Process variables in the treatment of sexual offenders: A review of the relevant literature. *Aggression and Violent Behavior*, 8, 205-234.
- Marshall, W. L., Marshall, L. E., Serran, G. A., & O'Brien, M. D. (2011). *The rehabilitation of sexual offenders: Strengths-based approach*. Washington, DC: American Psychological Association.
- Melvin, K. B., Gramling, L. K., & Gardner, W. M. (1985). A scale to measure attitudes towards prisoners. *Criminal Justice and Behavior*, 12, 241-253.
- Nelson, M., Herlihy, B., & Oescher, J (2002). A survey of counselor attitudes towards sex offenders. *Journal of Mental Health Counseling*, 24, 51-67.
- Sanghara, K. K., & Wilson, J. C. (2006). Stereotypes and attitudes about child sexual abusers: A comparison of experienced and inexperienced professionals in sex offender treatment. *Legal and Criminological Psychology*, 11, 229-244.
- Taylor, J. L., Keddie, T., & Lee, S. (2003). Working with sex offenders with intellectual disability: Evaluation of an introductory workshop for direct care staff. *Journal of Intellectual Disability Research*, 47, 203-209.
- Thakker, J. K. (2006). The sex offender questionnaire: Exploring attitudes and beliefs. Preventing Sex Crime: From Evidence and explanation to policy and practice. 4th Biennial Conference, Australia and New Zealand Association of the Treatment of Sexual Abusers, Brisbane, Australia.
- Ware, J. (2011). The importance of contextual issues within sexual offender treatment. In D. P. Boer, R. Eher, L. A. Craig, M. H. Miner, and F. Pfäfflin (Eds.), *International Perspectives on the Assessment and Treatment of Sexual Offenders. Theory, Practice and Research*, (pp. 299-312). West Sussex, UK: John Wiley & Sons Ltd.
- Ware, J., Frost, A., & Hoy, A. (2010). A review of the use of therapeutic communities when treating sex offenders. *International Journal of Offender Therapy and Comparative Criminology*, 54, 721-742.
- Ware, J., & Mann, R. E. (2012). How should acceptance of responsibility be approached in sex offender treatment? *Aggression & Violent Behavior*, 17, 279-288.
- Weekes, J. R., Pelletier, G., & Beaudette, D. (1995). Correctional officers: How do they perceive sex offenders? *International Journal of Offender Therapy and Comparative Criminology*, 39, 55-61.
- Willis, G. M., Levenson, J. S., & Ward, T. (2010). Desistance and attitudes towards sex offenders: Facilitation or hindrance? *Journal of Family Violence*, 25, 545-556.

The Dawn of Circles of Support and Accountability in New Zealand

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Circles of Support and Accountability (CoSA) has taken its first cautious steps in New Zealand. As in other jurisdictions where this reintegration mechanism for high risk child sex offenders has been embraced, a unique set of circumstances and community needs gave rise to its introduction and future prospects in New Zealand. The aim of this paper is to review the early development of CoSA in New Zealand, to briefly compare it to CoSA in Canada and the United Kingdom, and to consider its future use in New Zealand.

CoSA has been aptly described as follows in a report by the Scottish Centre for Crime and Justice Research: "CoSA use volunteers to form a 'circle' around a high risk, high needs sex offender (the core member of the circle) to support that person's reintegration into the community. Volunteers support an offender by modeling pro-social relationships, assisting with practical needs such as housing and employment, and generally encouraging the offender to lead a life free from further offending. They hold the offender accountable by challenging his attempts to rationalise or minimize offending behaviours and risky thought patterns, and by reporting concerns to the authorities." (Armstrong, Chistyakova, Mackenzie & Malloch, 2008). With its mantra of "No More Victims", CoSA is firmly embedded in the framework of Restorative Justice (Zehr, 2002).

Background

Since the first Circle of Support and Accountability (CoSA) was launched in Ontario, Canada in 1994, several hundred circles have been formed in Canada, the UK, USA and more recently in South Africa, Holland and Belgium (Wilson & Hanvey, 2011). Yet, it took the best part of 15 years before CoSA was introduced in New Zealand, despite the fact that this country is known as a leader in utilising Restorative Justice practices (Zehr, 2002).

Since the nineties, the thrust to counteract the growing problem of child sex offending in New Zealand has been towards the development of intensive treatment programmes, more legislation that resulted in more severe sanctions and the advent of lobby groups (such as the Sensible Sentencing Trust) who play a part in mobilising community reactions to heinous crimes. In recent years some communities mobilised

themselves to ban sex offenders released in their communities, such as the now notorious case where a released child sex offender was literally forced out of the small South Island community of Blackball. Wider community intolerance towards child sex offending came in the form of a national referendum in 1999, when more than 96% of voters endorsed a proposal to impose more severe sentences on violent and sexual offenders. The late nineties and early 2000s were therefore largely marked by measures to control the problem of child sex offending and of growing sympathy with the fate of victims. Given this background the idea of community support for high risk child sex offenders would therefore not have been high on the agenda.

The 1999 referendum gave rise to several law changes which were introduced in 2002 by way of three Acts of government, i.e., the Sentencing Act 9 of 2002, Parole Act 10 of 2002, and the Victims' Rights Act 39 of 2002. The Promulgation of the Sentencing Act 9 of 2002 was probably indirectly responsible for the CoSA initiative in New Zealand. By reducing the minimum period of imprisonment for sentences of Preventive Detention (PD) from 10 years to five years, the legislator gave a strong signal to the courts to impose Preventive Detention sentences more readily following convictions for violent and sexual offences. PD is defined in Section 87(1) of the Sentencing Act, 2002 as a sentence to protect the community from those who pose a significant and ongoing risk to the safety of its members. It is a sentence of indeterminate duration and leads to lifelong parole should the offender be released from prison. The new legislation made it a much more attractive sentencing option for higher risk child sex offenders and saw a sharp rise in the number of PD sentences during the early 2000s. By 2007 there were 121 men on PD sentences in prison, several of whom had the shorter minimum period of imprisonment.

As some of the men serving PD sentences approached their parole eligibility dates, they became eligible to attend the intensive treatment programmes at the Department of Corrections' special treatment units for men who have sexually offended against children. Some of these men successfully completed treatment, only to find that their lack of adequate support in the community would preclude them from being released. Anxious attempts by these prisoners to approach community members for support mostly resulted in

vague promises and undertakings, but seldom in any concrete expression of support by persons who would be considered reliable. It was this impasse that prompted the development of a pilot project to assess the use of CoSA to provide adequate support for eligible prisoners serving PD sentences in New Zealand.

The Pilot Project

The project was initiated at the TePiriti Special Treatment Unit, which is widely known for its treatment success (Nathan, Wilson, & Hillman, 2003). Treatment at TePiriti consists of intensive cognitive behavioural group therapy over a period of six months or longer. Prisoners who were assessed with a higher risk of re-offending are prioritised for treatment, which is targeted at their assessed criminogenic needs. Therapy takes place within a purpose built 60-bed unit with facilities for prison based employment, education, sport, cultural and religious activities, as well as other characteristics of a typical prison-based therapeutic community. Treatment has been assessed as effective through recidivism figures as low as five percent over five years (Nathan et al., 2003), which compares favourably with other international treatment programmes (Marshall, Marshall, Serran, & Fernandez, 2006).

Towards the end of 2008 more than ten PD prisoners were accommodated at TePiriti. They all had successfully completed the treatment programme, but did not have adequate community support, which resulted in the need for the CoSA pilot project. Prior to commencing the CoSA pilot, valuable aids and advice were obtained from Robin Wilson and the Chaplaincy Services of Correctional Service Canada, as well as from Chris Wilson from Circles UK. We are indebted to these pioneers for helping to get the New Zealand project off to a running start. The positive experience reported by those involved in CoSA in both those countries made it relatively easy to sell the concept to senior management in the New Zealand Department of Corrections as well as to the Parole Board.

While there were unique reasons for the rise of CoSA in all three countries, two common threads were evident. The first was the palpable absence of social support for some higher risk imprisoned child sex offenders at the point where they were to be released in the community. Secondly, although the lack of support for these offenders could be due to any number of factors, it is notable that CoSA was called for at a time when a state of "moral panic" (Cohen, 2002) existed in these countries, as communities responded in anger to the problem of child sexual offending (Wilson & Hanvey, 2011). It takes a special effort to muster good support for offenders who face the tag of being society's most unwanted. CoSA provides the

framework for such a special effort, but it was sorely tested when rolled out in Canada and the UK.

The release of the first offenders with CoSA support in both Canada and the UK was met with strong protests and public demonstrations (Wilson & Hanvey, 2011). For that reason it was decided to adopt a very cautious approach with the pilot project in New Zealand, by investing considerable effort in the identification of prisoners who have demonstrated a consistent pattern of pro-social behaviour over a long period of time in the relatively unstructured environment of a prison-based therapeutic community (i.e., the TePiriti Special Treatment Unit). After identifying them, a process of gradual yet intensive preparation for release started and culminated in a series of temporary releases with their circle volunteers. The robustness of these efforts would be tested under scrutiny of the Probation Service, Police and finally by the NZ Parole Board before release would be considered. Three circles that were in the process of being formed, had to be prematurely terminated because of inappropriate behaviour on the part of the core members, indicating an unacceptable risk level for them to be released.

Preparations for the first CoSA release took about nine months before the identified prisoner was released in March 2010. Since then eight CoSA releases of PD prisoners (in one case the offender was serving a life sentence) took place from TePiriti. Circles of Support and Accountability were also formed for two other prisoners who were serving determinate sentences. These were instigated by Probation Services in one case and the prisoner's father in the other. TePiriti provided the training for the circle volunteers in the latter cases, in which the offenders are managed by the Probation Service. Thus far two of the men who had been released with circles of support and accountability were recalled after breaching parole conditions. Neither core member re-offended. In at least one of these cases the circle members played a significant role by first supporting the core member to prevent him from breaching his conditions. But when he willfully ignored their advice and breached the conditions, the circle members actively co-operated with Probation Service to obtain the recall to prison.

The pilot project has now (at the beginning of 2012) reached the stage where CoSA has been tried in the New Zealand context and where it enjoys the approval of the relevant authorities and appears to be accepted by some segments of the New Zealand public. The project is ready to be rolled out more widely, but will require the assistance and partnership of one or more community organisations, in similar fashion (although smaller in scale) to that in Canada or the UK.

Business Rules Applied in the CoSA Pilot Project

Eligibility

The project was essentially aimed at PD prisoners who would all be on lifelong parole and who had completed intensive sex offender treatment. In this respect it differs markedly from CoSA in Canada, which is aimed at offenders who were sentenced to determinate periods of imprisonment, have not benefited from treatment and have to complete their full sentences until the Warrant Expiry Date (WED) (Wilson, Picheca, & Prinzo, 2005). While the New Zealand project showed a closer resemblance to CoSA in the UK, where core members are released on parole requiring close co-operation between circle volunteers and probation officers, the focus on PD prisoners is a unique feature of CoSA in New Zealand. Because the release of PD prisoners is a slow and gradual process, circles can be formed long before the offender (core member) will be released, which is not the common practice in Canada or the UK Circles.

Most PD prisoners in New Zealand would be regarded as high or medium-high risk as assessed by actuarial risk instruments, while some would be high profile or have high treatment needs as well. The following additional eligibility criteria were considered with suitable PD offenders:

- These offenders must have inadequate support available in the community – Very few PD prisoners are able to muster social support that would meet the requirements of robustness in offering them both support and accountability.
- Completion of the intensive treatment programme at the TePiriti or Kia Marama special treatment units.
- A prison security rating of Minimum. Prisoners who do not achieve this security rating would not be able to have temporary releases from prison without being accompanied by a prison officer.
- Successful completion of a series of temporary releases (normally ranging from 4 hours to 72 hours) with one or more approved supporters. This criterion was laid down by the Parole Board and would serve the twofold purpose of preparing the prisoner for release while testing his reactions in potentially risky situations. Because prison management would normally only approve one temporary release per month, this process could take several months or up to one year to reach the 72 hour stage.
- Demonstrated intent to maintain a pro-social lifestyle. The behaviour and conduct of the potential core members are observed and

reported on by custody, therapy and employment staff who observe these prisoners at various times in the unit's therapeutic community setting. In three instances circles were started, but had to be abandoned because of recurring deviant or anti-social behaviour on the part of the prisoner while still in prison.

- Voluntary engagement with a CoSA. Most PD prisoners had no problem with this aspect, although in at least two cases prisoners stated that they would not engage with a circle of strangers whom they have not selected themselves from among acquaintances.
- For purposes of the pilot project, the following categories of prisoners were excluded:
 - Those with psychopathic tendencies;
 - Those who have failed treatment programmes;
 - Those with severe learning disabilities and with known ongoing substance abuse issues;
 - Those with acute mental health issues.

Volunteers

The identification of the first core member coincided with an offer by a visiting church group to accommodate prisoners who do not have suitable support upon release. As the core member had been regularly attending meetings of this group, he was well known to them. The Circle proposal developed by TePiriti staff was therefore accepted by both parties without any difficulty. Some important lessons were learnt from establishing this Circle. The church group consisted of five members. In order to ensure contact with the core member every day of the week another two volunteers were required. The core member suggested that his mother and sister be considered. While a tempting option, it was declined because it was feared they would be unable to keep the core member accountable. Two volunteers from another church group were approached and accepted circle membership. When the volunteers were introduced to the Parole Board, it commented favourably on the cohesion of the group in terms of their common interest and ostensible compatibility with the core member. A degree of compatibility among volunteers and the core member consequently became an important selection criterion for all subsequent circles. Other criteria for volunteer selection include:

- Emotional and social maturity at a level that would ensure their ability to keep the core member accountable. Although interviews with prospective volunteers would be conducted to assess this and other criteria, the best evidence actually came from referees and people who have regular contact with the volunteers;

- Ability to deal with difficult situations requiring problem solving skills and conflict resolution;
- No previous convictions of a serious nature, particularly for sexual offending;
- No unresolved issues around sexual offending, either involving themselves as victims or people close to them;
- Balanced lifestyle, and should have other interests besides CoSA. It is important to look at the level of balance in the volunteer's lifestyle to avoid exposing the core member to volunteers who could become too intense and overbearing;
- Acceptance of the core member (non-judgmental attitude) regardless of the type of his offending, his age, sexual orientation and personality traits;
- Commitment to the circle for at least twelve months. Verbal undertakings were accepted;
- Adequate financial and transport resources and time to commit to circle work.

Unlike the ample volunteer resources reported in UK circles, the local project suffered from a very limited supply. It was tempting to launch an advertising campaign to recruit volunteers. However, the risk of attracting adverse reactions to the fledgling project prevented this. The strategy adopted was to first identify suitable core members, and then to use all available networks to attract compatible volunteers who met the above requirements. They came from a wide range of church groups, Maori Iwi, and academic staff and students.

The lengthy development period of circles for PD prisoners meant that volunteers were asked to come to the prison in order to meet the core member and to regularly visit him until he was released. Many potential volunteers were put off by this prospect, which slowed down the formation of some of the circles. The way around it was to recruit at least one or two volunteers who would be able to accompany (or sponsor) the core member on temporary releases. During these outings the core member would be introduced to prospective volunteers known to the sponsoring volunteer. Once they had met the core member, volunteers seemed to be more amenable to visiting him in prison or at least to accommodate him during temporary releases. It also became a useful way of forming a circle of like-minded volunteers who have much in common with each other and with the core member.

Volunteer training material was based on the Canadian training content. It had to be augmented with more detailed information on the interaction between circle volunteers and probation officers, as it soon became clear that this was a significant challenge for

both parties. Probation officers and their Service Managers are now key participants in the training sessions to ensure a proper understanding of each others' roles from the outset. Another advantage of the lengthy development period leading up to release with CoSA is the opportunity for training to occur in real life situations involving the core member. In this manner, official "classroom" training could be curtailed to two or three half-day training sessions.

Very few volunteers have withdrawn from circles to date. In three instances changes in work commitments necessitated their withdrawal. In all three cases the circles were at such an advanced stage that it was considered unnecessary to replace the volunteers. It also became clear that some volunteers were very resourceful and could extend their involvement to more than one circle with great effectiveness.

Operational Aspects

Most CoSA releases took place in upper North Island cities, while only one took place in a rural area with Iwi (Maori tribal) support. Great care was taken to select volunteers who professed worldviews which would accommodate the identified core member, e.g., in terms of religious and cultural expression, gay friendliness and degree of social tolerance. While being a largely "door-knocking" exercise, the recruitment of volunteers was by far the most challenging part of the project, followed closely by managing the interface between probation officers and circle volunteers. The latter aspect was particularly challenging because of CoSA being uncharted territory for most probation officers, with considerable overlap between their functions and those of circle volunteers. This had the potential for conflict and misunderstanding. In addition, the turnover of probation officers assigned to higher risk offenders initially led to communication gaps and uncertainty. As CoSA became better known and supported by senior management, improved efforts have been made to avoid the transfer of probation officers assigned to core circle members and to arrange for proper handover processes in the event of transfers.

Another difficulty encountered was the alignment (or lack thereof) of parole conditions with the expectations of circle volunteers to assist the core member with reintegration and socialisation, e.g., the Parole Board was initially inclined to impose rather stringent residential restrictions or curfews, such as to be home between 8pm and 9am. Volunteers complained that it hampered their ability to socialise with the core member and to accompany him to pro-social events. Understandably the Parole Board will always be inclined to err on the side of safety, which meant that considerable attention had to be given to instilling realistic volunteer expectations during training. Fortunately the Parole Board would review conditions

after three months post release and again after six months, which gave the core member and circle members sufficient opportunity to apply for amendments to the conditions.

CoSA in Canada and the UK make use of a covenant system to create a binding agreement between the core member and volunteers. This is a rather formal written agreement that both parties have to sign and in which mutual responsibilities, expectations or undertakings are stipulated (McWhinnie, 2003). Although similar agreements have been forged between core members and circle volunteers in the pilot project, these have never been in the form of written documents. The main reason why this did not occur was the desire to establish a trust relationship between the parties and the belief that within the New Zealand context agreements of this nature would have greater meaning if sealed by way of a hand shake and verbal commitment rather than in a written document.

Circles formed during the pilot project function largely in an informal manner, which was considered to be another New Zealand preference. Meetings of the circle are called as and when necessary, but most, if not all, the volunteers will meet with or call the core member at least once a week during the first two months post release. Most of the time the core member's probation officer and the author (who acted as an overseeing coordinator for all the circles) have been invited to attend the meetings. Some circles have kept written minutes of meetings, but in other cases it simply has not happened.

A CoSA circle is normally described as two concentric circles. The inner circle contains the core member and volunteers, while the outer circle contains various professionals, such as probation officers, psychologists, police officers, clergy and others who have worked closely with the core member. The role of the professionals is to support the volunteers and the core member. In all the pilot circles, it was possible to include the probation officer or (probation) service manager in the orientation and training of volunteers. However it proved to be much more complicated to involve police officers or other professionals during training sessions for volunteers. Nonetheless, police officers have visited all the offenders, mostly to confirm that they are available to help the offender if needed.

Although Maori are not over-represented among child sex offenders, the TePiriti Unit adopted a bi-cultural approach in order to provide a user-friendly environment for Maori offenders. As such, all activities at the unit are subject to cultural scrutiny. In this respect, CoSA has had much acclaim as it provides for whanaungatanga (translated as kinship or connecting as one people: Kirk, 2005), a very strong Maori value.

Finally, CoSA has the best interests of victims in the community at heart. The ultimate purpose of CoSA is to

prevent re-offending by child sexual offenders and thereby to keep victims safe. Non-contact with victims is a standard condition of parole for all child sex offenders, but this aspect has been given even higher priority in all the CoSA releases. In one instance a core member could not be released in the city where he grew up and worked because of his victims' fears of being traumatised should they come across him. It was a specific condition that the core member could not even travel to the city where his victims live without the permission of his probation officer. It is a great inconvenience and complicated the reintegration options for the core member, but he fully accepted it as part of the price to pay for what he had done to his victims.

The Future of CoSA in New Zealand

The future prospects of CoSA in New Zealand is not clear at this stage. CoSA is essentially a joint undertaking by the government and the community. It should not be managed from within a government agency alone, while its key players are all volunteers from the community. Neither will it have the same impact if volunteers were to become paid operators. That would amount to no more than another form of Probation Service and will increase the complexity of support services without adding value to it.

Unlike the situations in Canada and the UK where community based groups like the Mennonite Church and the Quakers played a major role in the inception of CoSA, no single group has come to the fore in New Zealand as yet. Several smaller church and community groups as well as altruistic individuals stepped up to get CoSA off the ground. These volunteers are high quality people who have come together on several occasions to celebrate circles and its impact on the lives of all those affected. They would possibly be able to form the groundswell for a community-based Trust to drive CoSA in New Zealand, but will need some encouragement and an undertaking of partial funding by the government in order to organize themselves into a Trust. Alternatively (and that would be the preferred situation) an existing community group or movement needs to come out in support of CoSA. Partial funding by the government will be essential, although it need not be a big budget. It is encouraging that the Department of Corrections has not only continued to support CoSA, but has indicated a commitment to take the lead in establishing CoSA successfully in the community.

Whether CoSA should be reserved for PD prisoners only is another question not yet answered. They will probably be the main focus for the next few years, but it is very likely that high risk child sex offenders serving finite sentences and who do not have good support, will be included in a future roll out. Should that happen, the

volunteer recruitment strategy will have to be amended to provide a pool of volunteers from which to select circle members, as there won't be as much time to develop a circle as in the case of PD prisoners.

Any future CoSA dispensation will probably be driven in close collaboration with the Corrective Department's two special treatment units for men who have sexually offended against children, as it is unlikely that a CoSA will be formed for an offender who had not successfully completed the programme. Hopefully CoSA will be allowed to rise to its full potential in New Zealand in order to bring hope for one segment of society's no-hopers.

References

- Armstrong, S., Chistyakova, Y., Mackenzie, S., & Malloch, M. (2008). *Circles of Support and Accountability: Consideration of the easibility of pilots in Scotland*. Glasgow: Scottish Centre for Crime and Justice Research.
- Cohen, S. (2002). *Folk, devils and moral panics. The creation of mods and rockers*. Abingdon: Routledge.
- Kirk, C. (2005, March 28).
<http://www.urbandictionary.com/define>.
Retrieved from <http://www.urbandictionary.com>
- Marshall, W. L., Marshall, L. E., Serran, G. A., & Hernandez, Y. M. (2006). *Treating sexual offenders: An integrated approach*. New York: Routledge.
- McWhinnie, A. (2003). *Circles of Support and Accountability: Guide to project development*. Correctional Service Canada.
- Nathan, L., Wilson, N. J., & Hillman, D. (2003). *TeWhakakotahitanga - An evaluation of the TePiriti special treatment programme*. Retrieved from http://www.corrections.govt.nz/__data/assets/pdf_file/0005/176954/tewhaka.pdf.
- Wilson, C., & Hanvey, S. (2011). The beginning of the circle - The history of Circles of Support and Accountability. In S. Hanvey, T. Philpot, & C. Wilson (Eds.), *A community-based approach to the reduction of sexual reoffending*. London: Jessica Kingsley.
- Wilson, R., Picheca, J., & Prinzo, M. (2005). *Circles of Support & Accountability: An evaluation of the pilot project in South-central Ontario*. Ontario: Correctional Service of Canada.
- Zehr, H. (2002). *The little book of restorative justice*. Pennsylvania: Good Books Intercourse.

Creating Social Capital and Reducing Harm: Corrections Victoria Support and Awareness Groups

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Abstract

The importance of pro-social support in the rehabilitation and reintegration of sexual offenders is undisputed; however, there are few published demonstrations of how practitioners engage offenders' support networks in treatment. Circles of Support and Accountability (COSA) is arguably the best known framework for addressing social support, and emerging research supports its effectiveness in reducing sexual recidivism. COSA is specifically designed for high risk sex offenders who lack pro-social support. The current paper describes a Corrections Victoria initiative that engages offenders' existing support networks in treatment. Support and Awareness Groups (SAAG) aim to enhance pro-social support, promote treatment generalisation, and assist in community re-entry. In the current paper, the SAAG service delivery model is described, including the processes involved in forming a SAAG and the implementation of SAAG in Corrections Victoria Sex Offender Programs. The paper concludes with a brief discussion of the SAAG model in the context of contemporary rehabilitation and desistance theories.

Introduction

The importance of social support in the rehabilitation and reintegration of individuals convicted for sexual offences is undisputed. Contemporary theories of offender rehabilitation and desistance from crime underscore the importance of social support (e.g., Göbbels, Ward, & Willis, in press; Laws & Ward, 2011), and social influences consistently feature in recidivism risk assessment instruments used with sexual

offenders (e.g., Barbaree, Seto, Langton, & Peacock, 2001; Boer, Hart, Kropp, & Webster, 1997; Hanson & Harris, 2001; Hanson, Harris, Scott, & Helmus, 2007; Olver, Wong, Nicholaichuk, & Gordon, 2007). Accordingly, enhancing pro-social support is considered an important component of sex offender treatment and supervision (Cumming & McGrath, 2000). However, there are few published examples of interventions designed to strengthen sex offenders' support networks. In this paper we summarise relevant theoretical and empirical literature on the role of social support in sex offender rehabilitation and reintegration and provide practitioners with a concrete, practical illustration of an Australian initiative known as Support and Awareness Groups (SAAG) designed to strengthen sex offenders' support networks. Our aim is to illustrate how SAAG utilises social support within a sex offender treatment program rather than to demonstrate its effectiveness.

Social Support, Rehabilitation Theory, and Desistance Theory.

The terms social support, social network, social relationships, and social ties refer to essentially the same phenomenon – the existence, number, frequency, and quality of social relationships and their impact on an individual's health and well-being (House, Umberson, & Landis, 1988). Social support can be pro-social (i.e., enhance social integration) or antisocial (i.e., weaken and damage social relationships and integration), with pro-social

support likely to be associated with beneficial outcomes for the individual's health and wellbeing. Social capital reflects the extent of one's social support; it is a resource that emerges from the quality and range of a person's social ties (Portes, 2000). Social capital is productive in that it facilitates the achievement of certain ends that in its absence would not be attained. Social capital consists of a network of relationships, which enable social action by generating a sense of obligation, expectation, and trust (Farrall, 2004). Contemporary theories of offender rehabilitation (e.g., the Good Lives Model [GLM], Laws & Ward, 2011; Ward & Gannon, 2006; Ward & Stewart, 2003) and desistance from sexual offending (e.g., the Integrated Theory of Desistance from Sex Offending [ITDSO], Göbbels, et al., in press) emphasise the importance of social support in offender treatment and the cessation of offending, respectively. Very briefly, the GLM sets out 11 primary human goods, which represent commonly sought experiences or states of mind. According to the GLM, offending results from problematic attempts to attain primary goods. Relatedness represents one of the 11 primary human goods, and can be defined as the natural inclination of people to create warm, affectionate, and positive bonds with other people (including familial, friendship, and romantic relationships; see Laws & Ward, 2011). Having relatedness in one's life is crucial for receiving social support, thus problems attaining this primary good will likely result in a lack of social support. Achievement of other primary goods – including excellence in play, excellence in work, and community (see Laws & Ward, 2011, for definitions of the GLM primary goods) also provide opportunities for receiving social support, and difficulties attaining these goods might further lessen the availability of social support and impact negatively on one's social capital. The ITDSO integrates criminology, social, clinical, and forensic psychology literature and outlines a four-phase theory of the desistance process. The four phases are: (1) decisive momentum (initial desistance), (2) rehabilitation (promoting desistance), (3) re-entry (maintaining desistance), and (4) normalcy (successful maintenance of desistance over a long period of time). The importance of social support is embedded within each phase. Briefly, in the first phase (decisive momentum – initial desistance), pro-social supports (i.e., social capital) can support the critical evaluation of the identity as an offender. In the second phase (rehabilitation – promoting desistance), support people can encourage an offender to finish treatment or help the offender to arrive at a more healthy lifestyle without formal intervention by supporting his or her identity transformation. In the third (re-entry – maintaining desistance) and fourth (normalcy – successful maintenance of desistance over a long period of time)

phases, social supports are even more important because maintaining the behaviour and identity change after release requires considerable resources, including social supports.

Social support and sex offender recidivism.

Consistent with the focus of rehabilitation and desistance theories on the hypothesised role of pro-social support for successful offender reintegration, empirical research has demonstrated the protective function of this factor and, relatedly, the impact of antisocial influences on increasing recidivism risk. For example, Hanson and Harris (2000) found that recidivists had significantly fewer positive peer influences and more negative peer influences than nonrecidivists. Similarly, in a retrospective analysis of sex offenders' re-entry plans, Willis and Grace (2009) found that recidivists had significantly poorer planning for social support compared to a matched group of nonrecidivists, and moreover, that having support from different systems or groups (e.g., family and friends) was more important than the number of people in an offender's identified support network. Several studies have found that the presence of antisocial associates represents a risk factor for general and sexual recidivism (Andrews & Bonta, 2010; Gendreau, Little, & Goggin, 1996; Hanson & Harris, 2000; Hanson, et al., 2007), with antisocial associates identified by Andrews and Bonta (2010) as one of the big four or strongest predictors of general recidivism (together with a history of antisocial behaviour, antisocial personality pattern, and antisocial attitudes).

In a meta-analysis of Relapse Prevention-based (RP; Laws, 1989) treatment programs, Dowden, Antonowicz, and Andrews (2003) found that offender intervention programs involving significant others were more effective in reducing recidivism than programs that did not involve significant others. In fact, involving significant others was the element most associated with positive treatment outcomes (i.e., reduced recidivism). Unfortunately, few programs (five out of 40) included this powerful component (Dowden, et al., 2003).

Pro-social supports can exert a protective factor against future offending in many ways. Pro-social supports can promote treatment generalisation and modify or eliminate other dynamic risk factors; for example, through reinforcing pro-social attitudes and naturally challenging offence-supportive beliefs (Ward & Nee, 2009), and helping clients secure and maintain stable employment (itself related to a decreased risk of recidivism; Hanson & Morton-Bourgon, 2005). More generally, in line with the practice suggestions of strength-based rehabilitation and desistance theories, pro-social support can assist clients develop lifestyles incompatible with sexual offending (Göbbels, et al., in press). Accordingly, the integration of interventions

designed to strengthen sex offenders' social capital is crucial in efforts to reduce recidivism and promote desistance from crime.

Strengthening sex offenders' social capital. A recent survey of sex offender treatment programs in North America asked respondents whether support networks were addressed in their treatment programs (McGrath, Cumming, Burchard, Zeoli, & Ellerby, 2010). Encouragingly, 77.2% of community-based programs for adult males in the US included significant others in the treatment process through inclusion of an educational component for clients' support people (e.g., family and friends), and a smaller percentage (30%) of community-based programs offered a group for significant others. Of the residential programs surveyed, 46.7% educated support people, and 6.8% offered a group for significant others. In Canada, education for significant others was included in 50% of community-based programs, and 14.3% offered a group for significant others. No Canadian residential programs included education or groups for significant others. As noted by the authors, the lower rate of significant-other involvement in residential programs likely reflects geographic barriers, in that many prisons are located long distances from clients' homes and families. Moreover, adult sexual abusers are often estranged from their families. Respondents were asked whether trained community volunteers were enlisted as support people for offenders lacking in social support. In the US, 37% of community-based programs and 21.3% of residential programs educated community members to be part of clients' support networks. In Canada, 44.4% of community-based programs and no residential programs included an educational component for community members. While it is evident that some programs are responsive to addressing sex offenders' support networks, little has been published about frameworks used to engage support people in offender treatment and supervision.

Circles of Support and Accountability (COSA; Wilson, Huculak, & McWhinnie, 2002) is arguably the best known intervention for strengthening sex offenders' social capital once released into the community, and emerging research supports its effectiveness in reducing sexual recidivism (Duwe, 2012; Wilson, Cortoni, & McWhinnie, 2009; Wilson, McWhinnie, Picheca, Prinzo, & Cortoni, 2007). COSA relies on professionally facilitated volunteerism, whereby community volunteers are recruited and form a support group around the "core member" (sex offender) and assist him or her reintegrate into the community while ensuring that risk factors are appropriately managed and that offenders are accountable for their actions. A recent cost-benefit analysis comparing the costs associated with implementing COSA to costs to

the criminal justice system of reoffending, supported the cost effectiveness of COSA (Elliott & Beech, 2012). Adopting similar frameworks to COSA that engage offenders' existing pro-social supports, when present, will likely enhance cost-effectiveness through negating expenses incurred by volunteers (e.g., travel costs to meet with the core member). Thus, a desirable way to promote offenders' social support networks is to capitalise on already existing social support people, and recruit volunteers when needed. Cumming and McGrath (2000) describe Vermont's supervision model for sex offenders transitioning from prison to the community, which explicitly includes the formation and education of support groups. Identified support people (and volunteers for offenders lacking in support) attend a meeting facilitated by the offender's therapist prior to the offender's release during which the offender outlines his offence history, risk factors for reoffending, and coping strategies. For high risk offenders especially, there is an expectation that the support network will continue to meet as a team with the probation/parole officer following the offender's release to assist the offender avoid high-risk situations, develop and maintain healthy interpersonal relationships, and cope effectively with life challenges. The Kia Marama (Hudson, Wales, & Ward, 1998) and Te Piriti (Larsen, Robertson, Hillman, & Hudson, 1998) treatment programs in New Zealand adopt similar processes in a culturally responsive way (J. van Rensburg, personal communication, August 16, 2012).

The purpose of this paper is to describe an Australian initiative developed and implemented by Corrections Victoria (CV) Sex Offender Programs known as Support and Awareness Groups (SAAG). We note that pro-social support groups formed part of the Sex Offender Program's treatment framework as early as 1990. The current SAAG service delivery model represents a more systematic and comprehensive approach to the inclusion of support groups in treatment, and developed following the identification of a cohort of high risk offenders who were marginalised and disenfranchised from community supports. In response, CV established a dedicated full-time Senior Clinician position to co-ordinate SAAG in order to strengthen high risk offenders' ties with the community, and as a result, invest them in the process of living more fulfilling and less harmful lives. The SAAG co-ordinator liaises between offenders, their support people, and relevant community agencies, providing advice on the effective management of sex offenders in the community. SAAG have been operating in their current form and as part of CV Sex Offender Programs core business service delivery since 2008 for prisoners transitioning from prison to parole or post-sentence supervision. In the sections that follow, a brief overview of CV Sex Offender Programs is provided,

followed by a description of the SAAG service delivery model.

CV Sex Offender Programs

CV Sex Offender Programs provides assessment and treatment for adult male and female offenders convicted of a sexual offence or a crime with sexual elements. CV Sex Offender Programs operate according to the Risk, Need, and Responsivity (RNR; Andrews & Bonta, 2010) principles of effective offender rehabilitation. Intensity of intervention is determined by assessed level of risk, such that higher intensity interventions are offered to higher risk offenders and lower intensity interventions are offered to lower risk offenders. Criminogenic needs are targeted through a modularised cognitive behavioural program that includes: exploration of significant life events (life history), understanding the offence process, victim empathy, intimacy and social competence, emotion regulation, sexual self-regulation, and healthy lifestyles. Consistent with the responsivity principle, adapted programs are provided for offenders with identified special learning needs.

Support and Awareness Groups (SAAG)

Purpose. SAAG were developed to assist in facilitating a seamless transition between prison and the community for moderate-high and high risk sex offenders, and especially offenders subject to post-sentence supervision orders made under Victoria's Serious Sex Offenders (Detention and Supervision) Act 2009 and the former Serious Sex Offenders Monitoring Act 2005. Essentially, a SAAG is a support group comprised of people nominated by offenders to assist them to implement their healthy lifestyle goals and manage their risk factors following completion of offence-specific treatment. The objectives of SAAG are to: (1) aid offenders to lead responsible, productive and accountable lives; (2) promote active communication of needs and problematic emotions; (3) integrate offenders with their community; (4) help offenders to develop and/or extend their support networks, (5) decrease a sense of being alone; and (6) create a sense of belonging.

SAAG formation and implementation.

Approximately half way through the treatment program, offenders are asked to identify support people. More specifically, offenders are asked to identify three to eight individuals from different areas of their life, including partners, family, relatives, friends, co-residents, club affiliates, and colleagues. Inclusion of different systems or groups of people is considered optimal because it provides offenders with global feedback concerning what constitutes appropriate

behaviour in the varying domains of their lives. The therapist discusses the suitability of identified support people with the offender. In general, co-offenders, persons with a history of sexually abusive behaviour, children and offenders' victims are not considered suitable support people. Offenders unable to identify support people are initially assisted to reconnect with family and friends and/or consider how they might develop a supportive social network. Offenders who lack their own personal support network are aided by their therapist and the SAAG coordinator to identify professional agencies that can support them on release – for example, housing and chaplaincy services.

Nominated support people are invited to an Information Evening held in the community and facilitated by the SAAG coordinator. The purpose of the Information Evening is to inform potential SAAG members about (i) the CV treatment program including an overview of its aims and treatment modules, (ii) the purpose of a SAAG, and (iii) expectations of SAAG members. Expectations of SAAG members include maintaining regular contact with the offender and other SAAG members, a willingness to support the offender attain future goals, and a willingness to challenge any concerning or problematic behaviour. A clear message is communicated that SAAG members are not responsible for the offender's actions should they relapse into past problematic behaviours or re-offend. The decision to become a SAAG member after being informed of the process is an individual and voluntary one. SAAG members are added to an offender's visits list and encouraged to visit the offender when possible, and discuss the offender's treatment progress at visits or through phone calls.

Upon completion of the healthy lifestyles module of the treatment program, a Support and Awareness Group Day is held at the prison for SAAG members. The day begins with a presentation to all support people, welcoming them to the prison and outlining the process for the day. Support people then separate into their SAAG and a therapist is assigned to each SAAG. The therapist addresses any concerns SAAG members might have before offenders join their SAAG. The treating therapist oversees and facilitates the SAAG meeting. Offenders present material from their offence process and healthy lifestyle modules to their support people. More specifically, offenders discuss what led to their offending, their identified high risk situations, strategies developed in treatment to manage these situations, and future goals. The therapist supports and encourages the offender throughout this process, reinforces the offender's openness and honesty, and responds to queries from SAAG members as required. Following the offender's presentation, SAAG members discuss how they can best support the offender upon release.

The SAAG is incorporated into the treatment summary written by the treating therapist and provided to the Adult Parole Board, which is used to inform their decision making process when considering possible release dates and plans. Upon release, the treatment summary is provided to Community Correctional Services (CCS) to aid in case management and responsibility for the oversight and operation of SAAG is transferred from treatment staff to the Specialist Case Manager¹. It is encouraged that SAAG meet regularly (every 6 – 8 weeks) with the Specialist Case Manager, especially in the early stages post-release. Additionally, offenders are asked to establish a regular meeting time with their SAAG and to utilise their SAAG at any time they require support – for example, when feeling vulnerable or at risk, or following marked changes in their lives. SAAG members are encouraged to communicate regularly with each other and with the offender, including discussion of any changes in the offender's behaviour or presentation, and to seek assistance from the Specialist Case Manager when required.

Discussion and Conclusions

Research findings from the offender rehabilitation and desistance literature are clear that for sex offenders to learn to live offence-free lives in the community, they require pro-social support networks (e.g., Göbbels, et al., in press; Laws & Ward, 2011). On its own, the necessary step of reducing dynamic risk factors through effective treatment programs will be unable to bridge the gap between the scaffolded environment of a treatment program to the reality of the outside world. Initiatives such as SAAG are intended to create transitions to better lives by building protective social bonds around offenders; ones that will help them to gradually reintegrate into the community, as we briefly outline below.

A first point is that a SAAG can make it easier for offenders to think about themselves and their actions in constructive ways, for example as people who can engage in productive and lawful work and who are able to relate to others in respectful ways. A SAAG can do this by providing accurate and positive feedback to offenders about their actions, and more generally, about their new lifestyles. The SAAG is also used to informally control the offender by gently confronting and challenging him when he starts to act in risky ways (Laub & Sampson, 2003). However, this is done in an informal and less stigmatising way than is typically the case in traditional supervision contexts. Desistance research suggests that these kinds of processes are

instrumental in creating a sense of trust in offenders (Farrall & Calverley, 2006), and may counter the views of others that they are inherently unchangeable and dangerous (e.g., Levenson, Brannon, Fortney, & Baker, 2007; Weekes, Pelletier, & Beaudette, 1995).

Consistent with the GLM, a second point is that assisting individuals to live in ways that reflect their strengths (i.e., through assisting offenders achieve their healthy lifestyle goals) and are calibrated to their particular environment should make it much easier to manage risk. This is because offenders' level of motivation should be greater than when post-release plans are oriented towards risk avoidance (Mann, Webster, Schofield, & Marshall, 2004), and also because it is simpler to focus on threats to specific, concrete plans for living than to keep an eye out for general risks. For example, members of SAAG can support an individual who has started a new relationship and begun work as a carpenter because they are aware of the specific threats that exist within the environment the offender is located in. While, if all they have to work with is a set of general risk factors such as intimacy deficits or deviant sexual interests, and someone who is isolated and without a job, the sources of possible threats are both more extensive and overly vague. An additional advantage is that a sex offender may well be more open about his struggles if there is something of value at stake (a new life grounded in his personal goals), and the presence of a SAAG constitutes a useful resource that can be utilised when such threats become more prominent. The SAAG achieves these aims by requiring offenders to choose the members of their own SAAG, and taking responsibility for presenting their offence history and healthy lifestyle material to the group members. In addition, the offender gives SAAG members explicit permission to challenge any observed problematic behaviours or emotions, thus enhancing his sense of responsibility and making available an additional, more objective, source of offence related information.

A third point is that SAAG can assist individuals meet needs such as housing, work, health, relationships, leisure, and safety in ways that are directly responsive to their abilities and interests, and to the unique nature of their social environment. The desistance research indicates that these kinds of factors provide protection against the inclination to offend, and in addition, members of SAAG can function as a source of advice for the offender when he is unsure how to act to further his interests (Laub & Sampson, 2003; Maruna, 2001).

In conclusion, SAAG are able to support sex offenders in maintaining their commitment to behaviour change by acknowledging and reinforcing a more adaptive practical identity as a non-offender, conceptualising offenders as agentic beings, supporting a healthy lifestyle, and satisfying essential human social

¹ Corrections Victoria operates within a Specialist Case Management Model for the supervision of high risk sexual offenders

and practical needs. All of these features are likely to increase their chances of desisting from further crimes (Göbbels, et al., in press). Furthermore, a SAAG functions as a natural conduit between offenders and the rest of the community, ultimately easing their transition to leading responsible and rewarding lives. SAAG capitalise on already existing social resources, thus the added resource commitment to integrate SAAG into sex offender treatment programs offers a cost-effective way to promote offenders' social capital, thereby contributing to reductions in reoffending. The acid test for any correctional initiative is whether or not its uptake can persuade individuals released from prisons or community correctional agencies to adopt more respectful ways of relating to their fellow citizens. The ease with which SAAG fit with contemporary rehabilitation and desistance theory is certainly a point in their favour. Ultimately, research will reveal the degree to which they are cost effective and worth the investment. However, the way they dovetail with both individuals' personal commitments and the community's legitimate safety concerns provides strong reasons for endorsing their continued use at this time.

References

- Andrews, D. A., & Bonta, J. (2010). *The psychology of criminal conduct* (5th ed.). Cincinnati, OH: Anderson.
- Barbaree, H. E., Seto, M. C., Langton, C. M., & Peacock, E. J. (2001). Evaluating the predictive accuracy of six risk assessment instruments for adult sex offenders. *Criminal Justice and Behavior*, 28, 490. doi: 10.1177/009385480102800406
- Boer, D. P., Hart, S. D., Kropp, R. P., & Webster, C. D. (1997). *Manual for the sexual violence risk: professional guidelines for assessing risk of sexual violence*. Vancouver, BC: British Columbia Institute on Family Violence.
- Cumming, G. F., & McGrath, R. J. (2000). External supervision: How can it increase the effectiveness of relapse prevention? In D. R. Laws, S. M. Hudson & T. Ward (Eds.), *Remaking relapse prevention with sex offenders: A sourcebook* (pp. 236-253). Thousand Oaks, CA: Sage Publications
- Dowden, C., Antonowicz, D., & Andrews, D. (2003). The effectiveness of relapse prevention with offenders: A meta-analysis. *International Journal of Offender Therapy and Comparative Criminology*, 47, 516-528. doi: 10.1177/0306624X03253018
- Duwe, G. (2012). Can circles of support and accountability (cosa) work in the united states? Preliminary results from a randomized experiment in minnesota. *Sexual Abuse: A Journal of Research and Treatment*. doi: 10.1177/1079063212453942
- Elliott, I. A., & Beech, A. R. (2012). A UK cost-benefit analysis of Circles of Support and Accountability interventions. *Sexual Abuse: A Journal of Research and Treatment*. doi: 10.1177/1079063212443385
- Farrall, S. (2004). Social capital and offender reintegration: Making probation desistance focused. In S. Maruna & R. Immarigeon (Eds.), *After crime and punishment: Pathways to offender reintegration* (pp. 57-82). Devon, UK: Willan Publishing.
- Farrall, S., & Calverley, A. (2006). Understanding desistance from crime: Theoretical directions in resettlement and rehabilitation. New York, NY: Open University Press.
- Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of the predictors of adult offender recidivism: What works! *Criminology*, 34, 575-608. doi: 10.1111/j.1745-9125.1996.tb01220.x
- Göbbels, S., Ward, T., & Willis, G. M. (in press). An integrative theory of desistance from sex offending. *Aggression and Violent Behavior*. doi: 10.1016/j.avb.2012.06.003
- Hanson, R. K., & Harris, A. J. R. (2000). Where should we intervene? Dynamic predictors of sexual assault recidivism. *Criminal Justice and Behavior*, 27, 6-35. doi: 10.1177/0093854800027001002
- Hanson, R. K., & Harris, A. J. R. (2001). A structured approach to evaluating change among sexual offenders. *Sexual Abuse: A Journal of Research and Treatment*, 13, 105-122. doi: 10.1023/A:1026600304489
- Hanson, R. K., Harris, A. J. R., Scott, T., & Helmus, L. (2007). Assessing the risk of sexual offenders on community supervision: The Dynamic Supervision Project. Ottawa: Public Safety Canada.
- Hanson, R. K., & Morton-Bourgon, K. E. (2005). The characteristics of persistent sexual offenders: A meta-analysis of recidivism studies. *Journal of Consulting and Clinical Psychology*, 73(6), 1154. doi: 10.1037/0022-006X.73.6.1154
- House, J. S., Umberson, D., & Landis, K. R. (1988). Structures and processes of social support. *Annual Review of Sociology*, 14, 293-318.
- Hudson, S., Wales, D., & Ward, T. (1998). Kia Marama: A treatment program for child molesters in New Zealand. In W. L. Marshall, Y. M. Fernandez, S. Hudson & T. Ward (Eds.), *Sourcebook of treatment programs for sexual offenders* (pp. 17-28). New York: Plenum Press.
- Larsen, J., Robertson, P., Hillman, D., & Hudson, S. (1998). Te Piriti: A bicultural model for treating child molesters in Aotearoa/New Zealand. In W. L. Marshall, Y. M. Fernandez, S. Hudson & T. Ward (Eds.), *Sourcebook of treatment programs for sexual offenders* (pp. 385-398). New York: Plenum Press.
- Laub, J. H., & Sampson, R. J. (2003). *Shared beginnings, divergent lives: Delinquent boys to age 70*. Cambridge, MA: Harvard University Press.

- Laws, D. R. (1989). *Relapse prevention with sex offenders*. New York: Guilford Press.
- Laws, D. R., & Ward, T. (2011). *Desistance and sex offending: Alternatives to throwing away the keys*. New York, NY: Guilford Press.
- Levenson, J. S., Brannon, Y. N., Fortney, T., & Baker, J. (2007). Public Perceptions About Sex Offenders and Community Protection Policies. *Analyses of Social Issues and Public Policy, 7*, 137-161. doi: 10.1111/j.1530-2415.2007.00119.x
- Mann, R. E., Webster, S. D., Schofield, C., & Marshall, W. L. (2004). Approach versus avoidance goals in relapse prevention with sexual offenders. *Sexual Abuse: A Journal of Research and Treatment, 16*, 65-75.
- Maruna, S. (2001). *Making good: How ex-convicts reform and rebuild their lives*. Washington, D.C.: American Psychological Association.
- McGrath, R. J., Cumming, G., Burchard, B., Zeoli, S., & Ellerby, L. (2010). Current practices and emerging trends in sexual abuser management: The Safer Society 2009 North American survey. Brandon, Vermont: Safer Society Press.
- Olver, M. E., Wong, S. C. P., Nicholaichuk, T., & Gordon, A. (2007). The validity and reliability of the Violence Risk Scale-Sexual Offender version: Assessing sex offender risk and evaluating therapeutic change. *Psychological Assessment, 19*, 318-329. doi: 10.1037/1040-3590.19.3.318
- Portes, A. (2000). Social capital: Its origins and applications in modern sociology. In E. L. Lesser (Ed.), *Knowledge and social capital: Foundations and applications* (pp. 43-67). Woburn, MA: Butterworth-Heinemann
- Ward, T., & Gannon, T. A. (2006). Rehabilitation, etiology, and self-regulation: The comprehensive good lives model of treatment for sexual offenders. *Aggression and Violent Behavior, 11*, 77-94. doi: 10.1016/j.avb.2005.06.001
- Ward, T., & Nee, C. (2009). Surfaces and depths: Evaluating the theoretical assumptions of cognitive skills programmes. *Psychology, Crime, & Law, 15*, 165-182.
- Ward, T., & Stewart, C. A. (2003). The treatment of sex offenders: Risk management and good lives. *Professional Psychology: Research and Practice, 34*, 353-360. doi: 10.1037/0735-7028.34.4.353
- Weekes, J. R., Pelletier, G., & Beaudette, D. (1995). Correctional officers: How do they perceive sex offenders? *International Journal of Offender Therapy and Comparative Criminology, 39*, 55-61. doi: 10.1177/0306624x9503900107
- Willis, G. M., & Grace, R. C. (2009). Assessment of community reintegration planning for sex offenders: Poor planning predicts recidivism. *Criminal Justice and Behavior, 36*, 494-512. doi: 10.1177/0093854809332874
- Wilson, R. J., Cortoni, F., & McWhinnie, A. J. (2009). Circles of Support & Accountability: A Canadian national replication of outcome findings. *Sexual Abuse: A Journal of Research and Treatment, 2*, 412-430. doi: 10.1177/1079063209347724
- Wilson, R. J., Huculak, B., & McWhinnie, A. (2002). Restorative justice innovations in Canada. *Behavioral Sciences & the Law, 20*, 363-380. doi: 10.1002/bsl.498
- Wilson, R. J., McWhinnie, A., Picheca, J. E., Prinzo, M., & Cortoni, F. (2007). Circles of Support and Accountability: Engaging community volunteers in the management of high-risk sexual offenders. *The Howard Journal of Criminal Justice, 46*, 1-15. doi: 10.1111/j.1468-2311.2007.00450.x

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