

**A MODEL OF THE REOFFENCE PROCESS OF RECIDIVIST
DRIVING WHILE DISQUALIFIED OFFENDERS IN NEW
ZEALAND.**

**A thesis submitted in fulfilment
of the requirements of the degree of
Masters of Arts in Psychology
in the University of Canterbury
by Leonie Wilson**

**University of Canterbury
February, 1996**

ABSTRACT

DWD offenders represent a significant proportion of the driving offender population, and contribute to a significant drain on governmental and societal resources. The reoffence process of recidivist Driving While Disqualified (DWD) offending has not been investigated until now. This thesis undertakes a grounded theory analysis of offence chain information obtained from twenty eight male recidivist DWD offenders. The grounded theory analysis resulted in the development of a fifteen stage model of the reoffence process of recidivist DWD offenders in New Zealand. The model identifies and describes the sequence of psychological, behavioural, and environmental factors, including mediating variables, that contribute to DWD reoffending. The model applied to fourteen new offence chains to examine its level of saturation, content validity, and interrater reliability. The results suggest that the model has provisional validity, and adequate interrater reliability, and achieved a high level of saturation. The strengths and value of the model are discussed, as are its clinical and research implications.

ACKNOWLEDGMENTS

The author wishes to thank Dr. Tony Ward, this thesis would not have been possible without his supervision, patience, and belief in my ability (even when I was doubting it).

To the staff of the Department of Justice Psychological Services Division Christchurch, David Riley, Leon Bakker, Claudia, and Lynn, Thank You. Also many thanks to Nikki Renolds, Psychological Services Division Wellington. To the therapists at the coal face of the Driver Offender Treatment Program, Marilyn, Rowena, Robyna and Virginia, many thanks. Thanks to all the staff at Rolleston Prison who had a hand in the Driving Offender Treatment Program and helped me out with my research in very practical ways. Many thanks to the men who participated in these studies whose candid and honest contribution made this thesis possible.

Thanks are also offered to Andrew Hearn, of the Land Transport Safety Authority and Angela Lee, of the Criminal Justice Development Unit. The financial contribution from these departments made to my research made money a lot less stressful issue than it would have been otherwise.

Some people deserve specially thanks for the moral support they provided during this Masters thesis. Chris thank you for your love, your patience, and your never ending support of my all my endeavours. To Marilyn Cryer and Bill Black, the dynamic duo, who on my many I visits to Christchurch put a roof over my head, fed me, and encouraged me academically, thanks guys. Thanks to my friends who listened to my endless raving about my thesis even though it probably bored them senseless. Finally, thanks to my family who have supported my endeavours over the years.

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CHAPTER ONE

INTRODUCTION

1.1 The Problem

Driving while disqualified (DWD) represents a major social problem absorbing significant resources from government agencies and institutions. These resource costs are most clearly identified in the Criminal Justice System, and in the area of road safety, which primarily falls to the Land Transport Safety Authority (LTSA). In terms of imprisonment each incarcerated DWD offender costs approximately thirty thousand dollars per year of incarceration (Cryer, 1994). The sentence length for DWD offenders ranges from as little as one week to a maximum of five years (Braybrook, & Southey, 1991). There are also many hidden costs to DWD offending, such as Department of Social Welfare payments to the DWD offender and/or their family if they are incarcerated, or lose their job through obtaining a criminal conviction, or losing their drivers licence. There are also emotional costs associated with an offending lifestyle that effect both the offenders and their families, but these cost are not easily quantifiable.

Driving offending in New Zealand has received increased public attention in recent years. In particular, the instances of drink driving offending, dangerous driving and accident causation. The public focus on these offences has lead to the more severe punishment of driving offenders. One of the primary sanctions that can be used against individuals who commit a 'serious' driving offence is disqualification from driving. This disqualification from driving means that the offender's drivers licence is revoked or suspended for a specified time period. With the increased use of disqualification from driving as a punishment a considerable population of individuals who are disqualified from driving now exists. Included in this population are a large

number of individuals who continue to drive while they are disqualified. Disqualified drivers who are caught driving a vehicle by police are charged with DWD.

Individuals who repeatedly drive while disqualified represent a significant problem in New Zealand as they make up a significant minority of the New Zealand prison population. Approximately six to eight percent of the prison population on any given day are individuals whose major offence is DWD (Braybrook, & Southey, 1991; Southey, Spier, & Edgar, 1993). In addition, approximately twenty percent of all prison sentences handed down by the court in 1991 were for DWD offending (Braybrook, & Southey, 1991).

Lash (1995) in analysing a draft copy of the 1993 Census of Prisons identified similar trends to those of the 1991 Census of Prisons. The 1993 Census of Prisons located four hundred and eight individuals who were imprisoned for DWD offences, over half (57%) of whom were classified as having DWD as their major offence. The remaining inmates (43%) were incarcerated for DWD and another more serious offence. The majority of whom had driving under the influence of alcohol or drugs as their major offence. The next largest offence category in this group was property offending, while the remaining DWD inmates had committed a variety of other types of offences.

In addition, it has been found that the recidivism rate of driving offenders in New Zealand is high (Bailey, 1991, 1992). This finding is relevant to DWD offending because driving offenders as a category contains many individuals who have their licence revoked/suspended who subsequently drive while disqualified. An analysis of New Zealand offending re-conviction rates in the mid 1980's undertaken by Christchurch Psychological Services Division of the Department of Justice found that of all the offence categories analysed, driving offending had the highest rate of reoffending, at approximately fifty percent (Bakker, 1990). These figures have been

confirmed in a re-conviction study undertaken in 1993 by the same department (Bakker, 1995). Overseas research also supports the high recidivism rate and the prevalence of driving offending (for examples see, Argeriou, McCarty, & Blacker, 1985; Beerman, Smith, & Hall, 1988; Jonah, 1990; Klein, Anthenelli, Bacon, Smith, & Schuckit, 1994; Little, & Clontz, 1994; Weisheit, & Klofas, 1992; Wells-Parker, & Cosby, 1988; Wilson, 1992; Wilson, 1993).

The aforementioned high recidivism rate, as well as other research in this area, indicate that the current sanctioning and treatment options available for driving offenders are in many cases ineffective, and in some cases counter-productive, particularly when used with recidivist driving offenders (Fine, Steer, & Scoles, 1979; Foon, 1988; Vingilis, 1983; Waller, 1985). Only one treatment programme specifically designed to decrease recidivist DWD offending was located. This is the Driver Offender Treatment (DOT) Programme currently being piloted and tested by the Christchurch Psychological Services Department of the Department of Justice, New Zealand.

To enable the development of more appropriate treatment options it is necessary to obtain knowledge of how and why DWD offenders reoffend. Therefore, it is crucial to identify the reoffence process in this offender group so that this costly problem can be alleviated. An analysis of the reoffence process for this offender group will allow preliminary identification of significant factors that may contribute to DWD reoffending. This will assist in the development of more effective targeted treatment options for recidivist DWD offenders.

1.2 Definitions

The following is a listing of the definitions relevant to this thesis:

Driving While Disqualified - *the offence committed by an individual who drives a vehicle while their licence suspended or revoked by the courts;*

Recidivist DWD Offender - *an individual who has been convicted of one or more DWD offences.*

In addition to these definitions the generic terms 'drink driving', 'drink drive offending', and 'drunk driving', are used to refer to a broad range of offence titles. This is necessary due to the fact that drink drive offences are referred to by a number of terms depending upon which jurisdiction the offence occurred in. These terms include, for example, driving under the influence of alcohol or drugs (DUI) (the majority of which are alcohol offences), driving while intoxicated (DWI), driving under the influence of intoxicants (DUII), and driving with an excess breath alcohol (EBA). All these offences titles are commonly referred to in this thesis as drink driving offences.

CHAPTER TWO

RESEARCH INTO DRIVING WHILE DISQUALIFIED OFFENDING

While research in the area of driving offending is immense, studies specifically relating to DWD and the reoffence process of recidivist DWD offenders are lacking. In an extensive search of the published literature in the area of driving offending no literature was found that specifically investigated DWD offending. It is not clear why this area of driving offending has been ignored by researchers and government departments in the past. A contributing factor may be that there is a perception by government departments, and the public in general, that compared to other driving offences such as drink driving, dangerous driving, and accident causation, DWD is not as 'serious' an offence and therefore resources have not been dedicated to research in this area. However, as outlined in chapter one DWD and recidivist DWD is a major social problem in New Zealand which requires investigation.

2.1 Drink Drivers and High Risk Drivers

Although there has been no specific research undertaken in the past in the area of DWD, two areas of research into driving offending appear useful in identifying some potential characteristics of recidivist DWD offenders in New Zealand. These areas are drink driving and high risk driving. Drink drive offenders are likely to be similar to New Zealand recidivist DWD offenders because approximately ninety percent of disqualified drivers in New Zealand obtain their initial disqualification for a drink driving offence (Bailey, 1993). The category high risk drivers includes a number of maladaptive driving behaviours including aggressive driving, accident causation, speeding, drink driving, etc, all of which are offences where if convicted the individual can lose their licence. In addition, both these driving offender groups have high recidivism rates, a similarity to New Zealand recidivist DWD offenders. The high recidivism rates in both these groups means that they are likely to contain many

individuals who have had their licences suspended or revoked at some time in their driving career (see Beerman, Smith, & Hall; Homel, 1994; Wilson, 1993).

Past research on drink drivers and high risk drivers can be broken into three major areas. First, there are the research findings on the relationship between alcohol use and driving offending. Second, are the psychological variables that have been found to relate to driving offending which include psychological, emotional, and motivational factors. Third, are the theories that have been applied to drink driving and high risk drivers in an attempt to explain their driving behaviour.

2.1.1 Alcohol and Driving Offending

Research into alcohol and driving offending has consistently found that drink drive offenders have significant alcohol management problems when compared to the general driving population. For example, they drink more often and more heavily per drinking occasion than the general driving population (Donovan & Marlatt, 1982; Donovan, Umlauf, Queisser, & Salzberg, 1986; Wilson, 1992), frequently drink for tension reduction purposes, and perceive themselves as experiencing more negative effects from alcohol consumption than both inmates and general driving population samples (Donovan & Marlatt, 1982; also see Weisheit & Klofas, 1992).

However, an extensive literature review carried out by Vingilis (1983) found that between twenty to eighty percent of drink drivers who participated in the research on drink driving were not identifiable as alcoholic. The finding that drink drivers differ significantly from alcoholics is further supported by more recent research in the area. For example, drink drivers score significantly lower than alcoholics on the Michigan Alcohol Screening Test (Wuth, 1987), and demonstrate significantly less psychopathology (Zelhart, & Schurr, 1977). In addition, fewer drink drive offenders drink on a daily basis or binge drink as compared to alcoholic samples (Hoffmann, Ninonuevo, Mozey, & Luxenberg, 1987; Weisheit & Klofas, 1992; Wuth, 1987).

Instead they tend to drink episodically in a social context, as opposed to alcoholics who tend to have high levels of solitary drinking (Hoffmann et al., 1987; also see Jonah, 1990). Furthermore, drink drivers have higher levels of alcohol treatment and treatment completion than alcoholics and other inmate groups (Hoffmann et al., 1987). This is probably due to the fact that in many countries driving offenders are required by the courts to attend alcohol treatment programmes as an alternative to another often more severe sentence. This is supported by the finding that drink drive inmates have similar alcohol problems to other inmates, yet have higher alcohol treatment rates than other inmate populations (Weisheit & Klofas 1992).

In summary, it has been found that drink drivers display distinctive drinking problems. Although they differ significantly from alcoholics on a number of important variables in some cases the two populations do overlap (see Vingilis, 1983; Donovan & Marlatt, 1982). It appears that a small but significant minority of drink drivers have significant alcohol management problems (Vingilis, 1983). However, the finding that many drink drivers are not alcoholic has not changed the form of treatment these individuals receive. The majority of programmes available for drink drivers are still alcohol treatment programmes, even though they may not be alcoholics.

2.1.2 Psychological Factors

Research has shown that certain psychological factors increase a driving offenders likelihood of committing further driving offences. These psychological factors include personality traits, emotional states, and motivational influences.

Personality Traits

Several personality traits have consistently been associated with recidivist driving offending. Donovan, Marlatt and Salzberg, (1983) extensively reviewed the literature on driving offending and identified thirteen traits that increased the probability of both

traffic accidents and/or traffic violations, particularly when several are present. These traits include: (1) sensation-seeking, (2) impulsivity, (3) depression, sadness, and despondency, (4) feelings of helplessness and personal inadequacy, (5) being easily influenced and intimidated by others, (6) overt expression of hostility or aggression, (7) harbouring grudges and resentment, (8) generalised external locus of control, (9) feelings of frustration and discontent, (10) emotional instability, (11) irritability, (12) low frustration tolerance, (13) over-sensitivity to criticism (see Donovan et al., 1983; also see, Donovan and Marlatt, 1982; Donovan et al., 1986; Donovan, Umlauf, & Salzberg, 1988; Saltstone & Poudrier, 1989).

Four studies, have attempted to identify the most salient personality traits which place driving offenders at high risk of reoffending (Donovan & Marlatt, 1982; Donovan et al., 1986; Donovan et al., 1988; Saltstone & Poudrier, 1989). These studies particularly focus on traffic violations and also include traffic accident involvement. All these studies have used Ward's (1963) hierarchical cluster analysis technique to analyse the data collected from samples of recidivist high risk drivers and drink drivers. These studies identified the aggressive and sensation-seeking driving offender cluster as being at the highest risk of repeated traffic violation and/or traffic accident involvement, closely followed by the depressed driving offender cluster. However, in a follow up study it was found that the depressed driving offenders level of risk decreased markedly over time leaving them with one of the lowest recidivism rates, while the aggressive and sensation-seeking driving offenders maintained their highest risk status (Donovan et al., 1986).

Emotional States

The emotional state of driving offenders prior to offending has also been studied. These studies look at transient state-like emotional factors that may contribute to recidivist driving offending. The early research identified that prior to offending driving offenders, particularly drink drivers, had similar numbers of stressful life

events occurring when compared with a random sample of drivers (Selzer & Barton, 1977). However, these driving offenders reported higher levels of subjective distress when stressful life events occurred. This was particularly true with respect to family problems which left the individual feeling angry, worried, or irritated (Selzer & Vinokur, 1974; Selzer & Barton, 1977; also see Donovan et al., 1983). More recently, Veneziano, Veneziano, and Fichter (1993) found that their drink driving sample experienced a high number of stressful life events in the six months prior to their arrest for drink driving. The stressful life events experienced by these offenders included being arrested, job loss, and unemployment, with forty percent of the sample experiencing these events. In addition to these stressors, a high percentage of these offenders also experienced financial difficulties (38%), divorce/separation (35.5%), and conflict in the home (32.9%).

All of these factors are perceived as stressful and can impact on the offenders emotional state and their driving ability. The perceived stress may result in negative affect which may lead the individual to perform a high risk driving behaviour in an attempt to cope with their emotional state. In addition, a sudden release from a highly stressful situation may also be perceived as stressful and may also result in high levels of unwanted emotional arousal and result in driving offending.

Motivational Influences

Research has also investigated the motivational influences that may affect driving offending recidivism. More specifically, the function driving offending may serve for offenders. For example, Jonah (1986) found that the performance of high risk driving behaviour by an offender may function to: express and define their independence from significant others, particularly authority figures; make new friendships, or gain status by using driving as a means of impressing others; gain acceptance from within their peer group, or to maintain their status within their peer group, through driving or owning a car. Similarly, Donovan et al. (1983) identified that offenders may also

increase their status with significant others by impressing them with ownership of, or access to a car, and/or by displaying their driving skills, or by driving significant others where they want to go. In addition, the researcher found that driving appeared to function as a method of increasing the offenders perception of self-efficacy. The increase in self-efficacy allowing the offender to gain an increased perception of control, confidence, and power.

2.1.3 Theories of Drink Driving and High Risk Driving

Despite an extensive review of the published literature only five theories were found that attempt to explain drink driving and/or high risk driving. Four of these theories were extrapolated from more general psychological theories of problem behaviours to explain aspects of drink driving and high risk driving. These theories are Problem Behaviour Theory (Jessor, 1987), Social Maladjustment Theory (Mayer & Treat, 1977), Impulse Control Deficits Theory (Mayer & Treat, 1977), and Personal Maladjustment Theory (Mayer & Treat, 1977). The fifth theory was developed by Donovan et al. (1983) specifically to explain why some individuals were at high risk of committing further traffic violations and/or being involved in further traffic accidents.

Problem Behaviour Theory

Problem Behaviour Theory is a psychosocial model which incorporates behavioural, personality, and environmental factors (Jessor, 1987). Personality and environmental factors each contain elements that either inhibit or motivate an individuals behaviour. The result of interactions between these factors is differing levels of proneness to engage in problem behaviours. A problem behaviour is defined as a behaviour that departs from socially accepted norms or standards of behaviour.

This theory posits that high risk driving behaviour is part of a general adolescent lifestyle pattern characterised by problem behaviours, including risk taking behaviour.

It considers problem behaviours as functional, purposive and instrumental means that allow the individual to attain specific goals, such as the expression of independence from authority figures including their parents, and/or gaining respect from their peer group (see Vingilis & Adlaf, 1990).

Social Maladjustment Theory

This theory is highly similar to Problem Behaviour Theory (Mayer & Treat, 1977), it views problematic driving behaviour as one component of a more general pattern of antisocial or irresponsible behaviour and attitudes.

Personal Maladjustment Theory

Personal Maladjustment Theory (Mayer & Treat, 1977) proposes that an individual's problematic driving behaviour arises due to the emotional stresses the individual is experiencing. High risk driving in this context is viewed as a maladaptive attempt made by the individual to cope with negative intrapersonal feelings. In these instances driving serves as a means of reducing tension, frustration, and anxiety, while also providing the individual with an increased perception of personal control and self-efficacy that may be lacking in other areas of their life. These driving offenders also tend to consume large quantities of alcohol which may also represent a maladaptive coping attempt. Recent research with youth samples has found that deficits in coping abilities appear to contribute more to high risk driving behaviour than sensation-seeking motives (Johnson & White, 1989).

Impulse-Control Deficits Theory

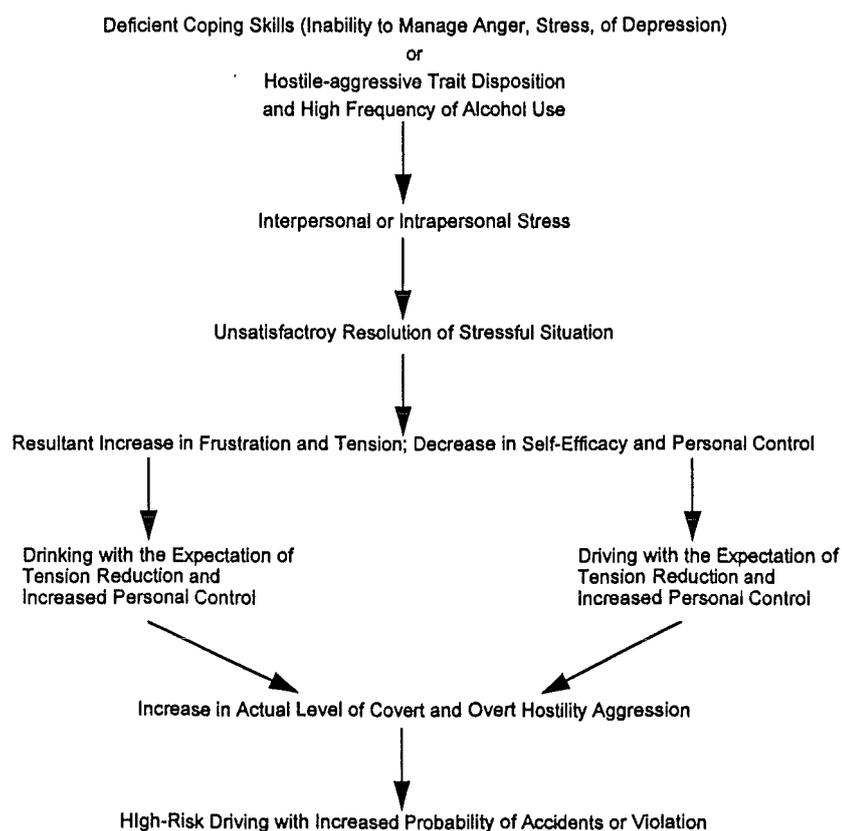
Impulse-Control Deficits Theory (Mayer & Treat, 1977) views problematic driving behaviour as occurring because these individuals are less able to cope with the risk-taking impulses they experience while driving, and also because the individual uses driving to decrease unwanted emotional arousal.

A Theory of High Risk Driving with Increased Probability of Traffic Accident or Violation

This theory describes some of the processes associated with an increased risk of traffic accidents and violation involvement in a basic descriptive and integrated manner (Donovan et al., 1983) (see Figure 1).

Figure 1 A Hypothetical Model of the Effects of Social-Skills Deficits, Heavy Alcohol Use and Hostile-Aggressive Disposition on High Risk Driving.

(from Donovan, Marlatt, and Salzberg (1983), p. 416)



High risk drivers are hypothesised to have a hostile and aggressive personality, drink heavily and frequently, and have difficulty dealing appropriately with feelings of anger, stress, frustration, and depression. Donovan et al. (1983), proposed that such

an individual lacks the necessary coping skills to deal with stressful situations, or manage negative feelings that arise from these situations. This lack of effective coping skills means that the individual is unable to adaptively resolve the situation they are in which results in a perception of uncontrollability and a decrease in self-efficacy. This in turn results in a magnification of perceived stress and negative affect, leading to further decrements in self-efficacy and an increase in perceived helplessness (see Sells 1970; also see Abramson, Seligman, & Teasdale, 1978; Bandura, 1977; Gatchel, Paulus, & Maples, 1975).

Donovan et al. (1983) states that for these individuals, the availability of alcohol or a motor vehicle may provide an alternative, although maladaptive, means of coping with their stressful situation and/or the negative affect arising from the stressful situation. In addition, a combination of peer modelling, past experience with both driving and drinking, and media exposure, leads to the expectation that both drinking and driving are effective ways of coping with negative mood states, and will increase feelings of self-efficacy, mastery and control. Through this combination of factors the probability of drinking and driving occurring increases, as does other problematic driving behaviours.

However, the increased perception of control and/or decreased negative affect gained by the individual via drinking and/or driving is illusory. Alcohol decreases both driving skills and cognitive ability, while increasing the individuals feelings of hostility, aggression, and dysphoria. These feelings being expressed in high risk driving behaviours. Furthermore, the emotional arousal experienced by the individual while driving may distract them from the driving task, again increasing the probability of high risk driving behaviour. These conditions result in high risk driving behaviour that increases the likelihood of traffic violations and/or traffic accidents occurring.

2.1.4 Critique of Research and Theories of Drink Driving and High Risk

Driving

While the past research into drink driving and high risk driving offers a tangible basis from which to investigate the phenomenon of DWD offending, it is difficult to determine the degree to which any one of these aforementioned factors relates to DWD reoffending. This difficulty stems from two core factors. First, the fact that the past research has focused on a generic approach to driving offending, for example, based on alcohol or single psychological variables rather than attempting to consolidate the research to present an integrated approach. Second, the fact that the research treats driving offenders as a homogeneous population, while the research consistently indicates that driving offenders are a heterogeneous population. In addition, specific problems exist within the past research on the role alcohol and psychological factors play in drink driving and high risk driving recidivism.

In the area of alcohol and drink driving and/or high risk driving several difficulties exist in the research. First, the interpretation of the research findings on alcohol and driving offending is difficult due to the fact that the definition of alcoholism varies between studies. This variation in definition may mean that some individuals who drink and drive are classified as alcoholic when they are not alcoholic. Many individuals at some point in time over indulge in alcohol consumption but this does not necessarily mean that they are alcoholics or alcohol dependent. However, if they drink and drive it does mean that they are drink driving offenders.

The second major problem with the research in this area is that it tends to use drink driving samples who are participating in alcohol treatment programmes. This sampling of participants can be subjected to two very different interpretations. First, it is possible the offenders involved in the research may have had more alcohol management problems than the drink driver population in general. Second, many of the offenders involved in alcohol treatment programmes may not have alcohol

management problems or be alcoholic. This may occur due to the current practice of sending drink drivers to alcohol treatment programmes as part of the sentence imposed on them by the courts. In these treatment referrals handed out by the courts the appropriateness of treatment is frequently not addressed.

Finally, and most importantly, is the finding that alcohol alone does not explain the incidence and causation of driving accidents and violations. It is apparent from the research that it is necessary to look beyond alcohol management problems to the psychological factors that may also contribute to traffic accidents and violations. This integration of these factors may allow the development of a more integrated and comprehensive understanding of driving offending and driving offending recidivism.

While the research on the relationship between personality and driving offending provides a comprehensive portrait of the personality factors that place individuals at high risk of committing a driving offence, it also suffers from several short-comings. The first short-coming of this research is that the small number of researchers in this area have relied heavily on Ward's (1963) hierarchical cluster analysis to analyse their data. Therefore many of these studies simply replicate the techniques used in other studies. For example, all researchers investigating driving offenders using the Ward's (1963) hierarchical cluster analysis have found relatively similar findings. However, Ward's (1963) hierarchical cluster analysis technique is known to produce similar clusters if similar methods or tests are used to collect the data from a similar sample (Thieret & Anderson, 1985). In some instances when the same sample is examined using different methods or tests to collect the data, and then analysed using Ward's (1963) hierarchical cluster analysis technique different clusters to those identified by the first analysis can be produced (Thieret & Anderson, 1985). It is important to use a variety of methodologies when investigating a phenomenon. If different approaches are taken and obtain similar findings, then the validity of the research findings are

strengthened, however if similarities are not found then it is possible that the findings are an artefact of the method used to investigate the phenomenon.

The research on the emotional factors also contains a number of shortcomings that are primarily due to the fact that all of the research in this area is retrospective and based on self-report information. While self-report is very useful, the information gathered can be unreliable and therefore needs to be closely monitored to ensure that through and truthful information is received by the researcher(s). In addition, the research on the motivational influences that contribute to drink driving and high risk driving recidivism have been postulated from indicators in the research rather than as an outcome of a direct study of these factors. Furthermore, the cognitive factors that may affect driving offending recidivism have not been investigated. Research in this area needs to be undertaken to identify cognitive factors that may contribute to driving offending recidivism. For example, in the area of sex offending it has been found that cognitive distortions play a significant role in the reoffence process (Laws, 1989).

Not surprisingly the problems involved in the past research have carried over into the theories of driving offending, all of which have been put forward on the basis of the past research findings. For example, Problem Behaviour Theory, Social Maladjustment Theory, Personal Maladjustment Theory, and Impulse Control Deficits Theory have all been extrapolated from other areas of psychology on the basis of their fit with some of the past research findings on drink driving and high risk driving. In addition, all of these theories focus on a narrow band of factors. For example, Problem Behaviour Theory focuses only on the influence of personality and environmental factors on behaviour in adolescents. Social Maladjustment Theory only focuses on driving offending as one of many antisocial behaviours the individual partakes in. Personal Maladjustment Theory only focuses on the affect an individuals emotional state, primarily negative affect, has on their behaviour. Impulse Control

Deficits Theory is only useful in explaining risk taking behaviour while driving, and has not been directly tested with any driving offender group.

Donovan et al.'s (1983) theory of traffic accident and violation risk is a useful first step in the understanding of driving offending. It is the only theory that integrates psychological, behavioural, and environmental factors, in an attempt to explain why some individuals are very likely to be repeatedly involved in traffic accidents and violations. However, Donovan et al.'s (1983) theory is not very detailed and only offers a general indication of the psychological, behavioural, and environmental factors involved in driving offending. Furthermore, Donovan et al.'s theory, while it provides a useful insight into the aetiology and process of these types of driving offences, remains to be tested. This testing should include the analysis of the sequential ordering of the theories categories and its pathways. Also this model is very broad in terms of the driving population it describes and does not address the variability within the driving offender population.

All the aforementioned theories are useful because they provide a basis from which the area of DWD offending can be further investigated. However, the theories on a whole lack integration and only explain the driving offending behaviour of some driving offenders some of the time. Even Donovan et al.'s (1983) theory of driving offending which goes some way to presenting an integrated theory, only offers basic descriptive information.

These deficiencies occur in part because the researchers have attempted to explain the driving offending behaviour of a large variety of individual driving offenders, and in attempting to do so have ignored the conclusion drawn by many individuals, including Donovan himself (Donovan et al., 1983); namely that driving offenders are a heterogenous population. For a better understanding of driving offending, the driving offending population needs to be broken down into more clearly defined sub-

groups, such as different offence groups. For example speeding offenders or DWD offenders. These groups may be then broken down further into recidivist and non-recidivist groups. In this way mid-level theories can be constructed that better describe the reoffence processes involved in various types of driving offending, which will in turn lead to more efficient and effective targeting of offender and treatment.

In addition, none of the existing theories are flexible enough to explain the individuals differences between offenders, and all need further research and testing. Most importantly, none of the theories of driving offenders specifically address the problem of DWD offending. A detailed theory is required that clearly identifies and details the range of psychological, behavioural, and environmental factors that influence DWD reoffending.

CHAPTER THREE

METHOD

3.1 Research Design

The research was undertaken using two studies. Study one was the principal study into the reoffence process of recidivist DWD offender in New Zealand, and study two was a validation study.

3.1.1 Researchers

The primary researcher for the following studies was Leonie Wilson (LW). The primary researcher's supervisor was Dr Tony Ward (TW). Three research assistants were also used in the studies. The research assistant in study one was Antony Kennedy (AK). The research assistants involved in study two were Mark Turner (MT) and Leon Bakker (LB). All the research assistants were trained in the relevant techniques of this research by the main researcher (LW).

The primary researcher and the research assistants were relatively unaware of the empirical literature on driving offending when collecting and analysing the offence chain data. This was purposely done so that they would not be influenced by the past literature findings when collecting the men's offence chain stories, and so that the primary researcher could be free from the influence of the past research findings and theories of driving offending when analysing the data.

3.2 Study One

3.2.1 Aim of Study One

The aim of study one was to identify and describe the reoffence process of recidivist DWD offenders in New Zealand. It was the intention of this study to develop a model

of the reoffence process in recidivist DWD offenders, incorporating the psychological, behavioural, and environmental factors, including mediating variables that contributed to the reoffence process of recidivist DWD offenders. This research included the analysis of background, precipitating, reoffence, and post-reoffence factors. In addition, this research aimed to accurately describe the sequencing of the factors involved in the reoffence process of recidivist DWD offenders.

3.2.2 Methodology

The model of the reoffence process was developed from offence chain information gathered from twenty eight recidivist DWD offenders. The offence chain information gathered depicted a typical DWD reoffence. Strauss and Corbin's (1990) grounded theory methodology was used to analyse the offence chain descriptions. From this analysis a model of the reoffence process of recidivist DWD offenders in New Zealand was constructed.

Strauss and Corbin's (1990) grounded theory approach was selected for several reasons. First, because the offence chain information was qualitative in nature the use of standard quantitative measures was seen as inappropriate, as quantitative measures are not as a general rule sensitive to qualitative data. The methodology selected for this study needed to be sensitive to qualitative data while still providing a scientifically rigorous and empirically grounded approach. Although qualitative methods have in the past been discounted as unscientific by those in the field of psychology (see, Henwood, & Pidgeon, 1992), the potential of qualitative research methods is now being recognised, particularly in the early stages of theory development or building (Rennie, Phillips, & Quartaro, 1988).

Strauss and Corbin's (1990) grounded theory approach offers a methodology that is highly sensitive to qualitative data, and is also scientifically rigorous and empirically grounded. This grounded theory approach uses a systematic set of procedures to

inductively and deductively develop a theory about a phenomenon of interest. In particular, it employs systematic comparisons throughout the data analysis and category building process that counteract experimenter bias. The use of systematic comparisons also enables the development of highly comprehensive and descriptive categories.

Second, Strauss and Corbin's (1990) grounded theory is highly flexible, allowing the researcher to add questions, expand the sample, etc, depending on the findings of preliminary data analysis. This flexibility results in a model building process that is dynamic and very sensitive to patterns detected within the data.

Third, this grounded theory approach does not require preconceived theoretical structures for collecting and developing the data and was specifically designed to generate theories. This is particularly useful in areas where the concepts relating to a given phenomenon have not yet been identified, or if the concepts that have been identified are poorly understood or conceptually undeveloped, as is the case with DWD offending. Given that there are no theories of the reoffence process of recidivist driving while disqualified offenders, it is advantageous and appropriate to use the offender's description of their reoffending to construct a grounded theory model of DWD reoffending.

Fourth, grounded theory has been found to be highly useful and effective in model development in other areas. For example, it has been used to develop a detailed and integrated model of the offence chain for child molesters (Ward, Loudon, Hudson, & Marshall, 1995).

3.2.3 Participants

The participants in this research were twenty eight New Zealand male recidivist driving offenders undergoing treatment for driving offending on the Driving Offender

Treatment (DOT) Programme run by the Christchurch Psychological Services Division of the Department of Justice and Christchurch Community Corrections Division of the Department of Justice. The participants for the DOT Programme were selected on the basis that they were recidivist driving offenders whose central offence problem was DWD, with secondary offences such as, Excess Breath Alcohol, theft of a motor vehicle or motor bike, etc. All participants consented in writing to participate in the research component of the DOT Programme of which this study was a part (see Appendix 1).

The data was collected from participants from three DOT Programme groups. The first DOT Programme group consisted of eight incarcerated recidivist driving offenders who volunteered to participate in the DOT Programme run at Rolleston Prison (West Wing) in Christchurch. The second two DOT Programme groups consisted of a total of twenty recidivist driving offenders who were participating in the parallel DOT Programme run in the community by the Christchurch Community Corrections Division of the Department of Justice. These driving offenders either volunteered to participate in the programme as an alternative to another sanction imposed by the court, or were referred directly to the DOT Programme by the courts.

The data for this study was collected within the first month of the DOT Programme to control for the possibility of contamination of the data due to learning on the programme.

The participants mean age was thirty years (30.15, SD = 7.38). Twenty of the participants were Caucasian, five were Maori, and three subjects did not specify their ethnicity. The mean age of first offence for these participants was approximately seventeen years (16.81, SD = 1.69), with on average nine (8.77, SD = 4.49) previous DWD convictions.

The participants in this study were similar to recidivist driving offenders who participated in general driving offending research (particularly, the recidivist driving offenders) in that they were predominantly Caucasian (95%) (Veneziano et al., 1993; Weisheit & Klofas, 1992), male (85%) (Donovan et al., 1983; Veneziano et al., 1993; Weisheit & Klofas, 1992; Yu & Williford, 1993). In terms of age, recidivist driving offenders were between the ages of twenty-four and thirty-six years (Saltstone & Poudrier, 1989; Weisheit & Klofas, 1992; Yu & Williford, 1993). These individuals were generalist offenders, who predominantly committed traffic offences, but also committed some other generally minor offences (Weisheit & Klofas, 1992; Wilson, 1992).

3.2.4 Data Collection Procedure

The procedure in this study involved the participants meeting with the primary researcher (LW) or the research assistant (AK), four times during the data collection process. During the first meeting the nature of the research was explained to the participants and they booked their first interview time. Following this first meeting three interviews occurred, taking a total of between seven to ten hours per individual. These interviews allowed the collection of indepth qualitative data.

All interviews were held in a private room so that participants would not be disturbed and confidentiality could be maintained. From the onset of the interviews the participants were informed, in line with current psychological practice, that all the information they gave in the interviews was confidential, and that the only exception to this rule was information they gave relating to self-harm or harm to others. Confidentiality was maintained by coding all the participants information. After each interview the participants name was deleted and replaced with a number which was assigned to them throughout the research process. In addition, the participants were consistently interviewed by the same researcher for all three interviews (eighteen were

interviewed by the primary researcher (LW), and ten were seen by the research assistant (AK).

Interview One

When the participants arrived for their initial appointment the primary researcher or the research assistant informed them that they would be required to write a story about the first time they drove after their last DWD conviction. This driving offence was selected so that the participants would provide a clear description of a typical reoffence. The participants were then given an information sheet that detailed the type of information to be provided in their offence chain stories (see Appendix 2). In terms of story content the participants were asked to describe their life prior to the offence they were writing about. Specifically, what work they were doing, where they were living, who they were living with, how their relationships were going, how they saw their life going in general, and how long it was since they last drove a vehicle. They were then asked to detail what happened prior to their reoffending, where they were, what they were doing, who they were with, and what day it was. The participants were then asked to describe their offence in as much detail as possible, where they were, what they were doing, whose car it was, and where they were going. Finally, the participants were asked to describe what happened after their offence, namely where they went and what they did. These questions provided the participants with a basic framework with which to write their offence chain story.

The participants were then told the story was to be written in the first person, present tense, and be approximately two A4 pages long. The researcher or research assistant then answered any questions the participants had relating to what had just been explained, and then requested they hand in the story as soon as possible. Participants with literacy problems were assisted in writing the story by the primary researcher or the research assistant.

When the offence chain story was completed the participant gave it to the primary researcher or research assistant. The content of the offence chain stories was then assessed by the primary researcher. Where story content was found to be insufficiently detailed or unclear, the story was returned to the participant who was instructed as to what additional information was necessary. The offence chain story once completed was returned to the primary researcher or research assistant.

Each of the twenty eight offence chain stories were then divided into four sections by the primary researcher or the research assistant. The sections were introduced so the primary researcher or research assistant could stop the participants' taped offence chain stories at salient points in the articulated thoughts during simulated situations paradigm. This process optimised cued recall and allowed the participants' thoughts and feelings at a particular point in time to be recorded (Davidson, Robins, & Johnson, 1983). The first section was defined as the background to the participants' offending, namely occurrences (approximately one week or older) in the individuals life that they perceived to be important. Section two was defined as very recent (approximately same day to one week) situations/events in the offenders lives during which their sense of self-control over illegal driving behaviour was weakened or threatened. The third section was defined as things the driving offender did while in a high risk situation that made the occurrence of a DWD offence highly probable. The final section was defined as when DWD occurred.

Reliability checks were undertaken throughout the sectioning process to ensure that the sections were consistently placed. The primary researcher, the primary researcher's supervisor, and the research assistant, all cross checked each others section placement. Few discrepancies in section placement occurred. Where discrepancies did occur they rarely exceeded one sentence in length, and were discussed by the primary researcher and the primary researcher's supervisor until

agreement on placement was reached. After sectioning of the offence chain stories was completed they were typed in large easy to read print by the primary researcher.

Interview Two

At their second interview, participants recorded their offence chain story onto an audio tape. The participants were instructed on how to record their story. The recording equipment was then demonstrated by the primary researcher or the research assistant. The participant was then told to talk as though the events were happening now, and to use a matter of fact voice. They were also informed that if they needed to pause during the recording they could do so at any time. The participant then proceeded to tape their story.

Participants with literacy problems were guided through their offence chain stories sentence by sentence by the primary researcher or the research assistant. This was done so that the offence chain story would be recorded in the participants own voice allowing optimum cued recall in the articulate thoughts during simulated situations paradigm.

The taped offence chain stories were then checked for sound quality by the primary researcher, and the participant booked their final interview time.

Interview Three

The purpose of this interview was to have the participants take part in the articulated thoughts during simulated situations paradigm.

At the beginning of the interview the participants were seated comfortably and told to relax. The participants were then asked to imagine themselves back in the situation depicted in their offence chain story. They were then informed that their taped story would be played and stopped four times, at which time they would be asked to

provide a brief summary of their thoughts and feelings, while imagining they were back at the point in time where the tape had been stopped. Each time the tape was stopped the participants' responses to the questions asked were taped. The primary researcher later transcribed this information and inserted it into the appropriate position in the offence chain stories.

When all the participant in a specific DOT Programme group had completed their interviews they were then debriefed as to the general purpose of the research, and were thanked for their participation by the primary researcher or the research assistant.

3.2.5 Data Analysis Procedure

Once the twenty eight offence chains were collected for study one they were analysed by the primary researcher, with guidance from the researcher's supervisor, using the grounded theory approach developed by Strauss and Corbin (1990). The following is a detailed description of the grounded theory analysis of the offence chains.

The initial offence chain stories were combined with the information gathered in the articulated thoughts during simulated situations paradigm to provide a complete description of the DWD reoffence process. Once this had occurred the grounded theory analysis began.

Meaning Units

First, the complete offence chain descriptions were analysed individually and broken down into meaning units by the primary researcher. The breaking down of data into meaning units was first performed for all the information contained in section one (background factors). This process was then repeated for sections two (high risk situation), three (pre-reoffence), and four (reoffence) of the offence chain stories. The creation of the meaning units involved the breaking down of sentences and/or paragraphs into their basic or core meaning. For example, "I'm unemployed, I've been

unemployed for about four months. I'm living in (suburb name), boarding with a mate of mine called (friends name), he owns the house". When these sentences are broken down into meaning units the sentence becomes "Unemployed, boarding with friend".

Meaning unit analysis was performed until all meaning unit information was extracted from the offence chains. The meaning units identified by the primary researcher were then checked by the primary researcher's supervisor.

Open Coding

Basic categories were developed using an open coding procedure. Open coding is defined as, "The process of breaking down, examining, comparing, conceptualizing and categorizing the data" (Strauss, & Corbin, 1990, p. 61). The open coding procedure fractures the data and allows the researcher to identify preliminary categories, including category properties and dimensions. The open coding analysis was performed separately for each of the four sections of the offence chain stories. The development of a basic category involved the naming and grouping of the meaning units, so that phenomena that appeared similar were grouped under the same category name. An example of this is that all references to employment that were found in section one of the subjects offence chain stories were recorded under the basic category heading Employment. For example, "I'm unemployed", "I wasn't working", "I was working for a friend", were all placed under the basic category Employment. This grouping of similar phenomenon allowed the basic categories to be defined. The important thing at this stage of the analysis was to give the category a name so that it could be further developed as the analysis of the information progressed. It is also important to note that a single meaning unit could be included in more than one basic category. For example, some references to employment could be included in the basic categories Employment, Financial Situation, and Stressors. All these basic categories were developed on the basis of a thorough analysis of the data.

The basic categories were derived from the meaning units until the meaning unit information obtained from subsequent offence chains when analysed produce no new basic categories.

When all the basic categories were defined they were then further processed by collapsing and clarifying the categories. This was achieved by clustering together the similar basic categories and collapsing them into higher level, more general and inclusive categories. For example, the basic categories titled current relationship, past relationship(s), extended family, children, etc, are similar and therefore can be collapsed into the category heading Family, in that the categories all represent components of the individuals family relationships and structure. It is important to note that a basic category could be included in more than one of the new higher level categories. For example, the attitude of the family toward the individuals DWD offending can be included in the category Family and the category Driving.

The process of collapsing and clarifying the categories and their titles was repeated several times until all the categories were clearly defined and labelled. The processing of the basic category information into higher level categories was completed separately for the four sections of information contained in the offence chains.

Once this stage of analysis was reached the categories were further developed by identifying their properties and dimensions via the collapsing and clarifying of initial categories. Properties are defined as characteristics or attributes of a category, and are also referred to as sub-categories, while dimensions represented locations of a property along a continuum (Strauss & Corbin, 1990). Using this process the category headings were clarified and sub-categories were identified. Some of the sub-categories were further developed and clarified by identifying their dimensions, such as high or low, many or few, etc. For example, the Car Focused category gained sub-categories and dimensions. The sub-categories included Degree of Planning, Current

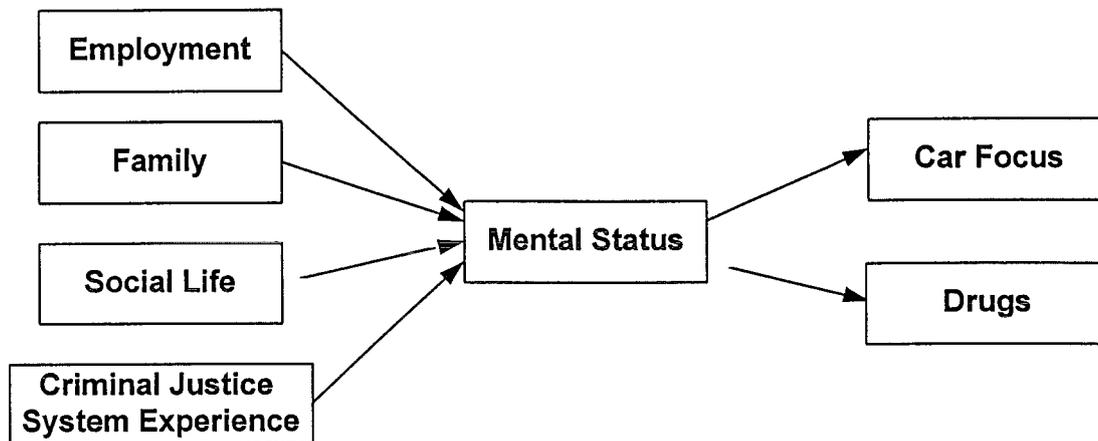
Driving Behaviour, Driving History, Significant Others Attitudes Toward DWD. The Degree of Planning sub-category was further divided into the dimensions explicit planning, implicitly planning, and unplanned driving. Explicit planning lying at one end of the continuum and unplanned driving lying at the other end of the continuum, implicit planning lying somewhere between these two extremes. The sub-category Degree of Planning, after further grounded theory analysis became a central category in the DWD model.

The open coding process continued until saturation was reached. Saturation occurred when all the information in the offence chains was contained in mutually exclusive categories.

Axial Coding

As a result of a fine grained analysis of the data core categories were identified. For example, section one (background factors) now contained several categories, they were Employment, Family, Social Life, Criminal Justice Experience, Mental Status, Car Focus, and Drugs. These categories were then ordered in terms of their relationship to process over time using axial coding. The identification of process over time followed the grounded theory axial coding paradigm of Causal Conditions to Phenomenon to Context to Intervening Variables to Action/Interaction Strategies to Consequences. For example, in section one of their offence chain stories the information the subjects provided indicated that the subjects Employment, Family, Social Life, and Criminal Justice System Experience impacted on their Mental Status, their thoughts and feelings, which in turn impacted upon the strategies they perceived as being available to them (see Figure 2, p. 31).

Figure 2 An example of the summary categories for section one
(background factors) for DWD reoffending process over time.



Model Development

Once category analysis reached this stage the information from the summary categories for each section of the offence chain was combined. Basic sequencing of the model was achieved by placing the summary categories in order of occurrence in the offence chain, namely section one, then two, then three, then four. Then the axial coding paradigm was used again. However this time it was used to identify the key categories and the sequential ordering of the full DWD model, with the four separate sections combined.

From this process a preliminary form of the model was developed. The primary researcher then returned to the offence chain stories in their entirety, meticulously analysing each offence chain and comparing it to the preliminary model. During this analysis the primary researcher noted the occurrence of any data which did not readily fit the preliminary model. In all cases a change in category name to make it more descriptive was sufficient to allow inclusion of all the data.

The checking of all original offence chain stories against the initial model also allowed the preliminary appraisal of the model. This process ensured that all information contained in the offence chains could be accounted for in the model and that no important information had been lost during the analysis of the data. This process also identified that the models categories were correctly ordered. In addition this process assisted in the identification of mediating variables. These variables, for example peer support, were particularly prevalent in certain stages of the reoffence process.

Further analysis of the preliminary model found that some categories could be collapsed into other pre-existing categories, either as sub-categories or properties of the other category. The ability to eliminate some categories by collapsing them into other categories allowed the preliminary model to be simplified.

The analysis resulted in a fifteen category model that represents the reoffence process of recidivist DWD offenders in New Zealand.

3.3 Study Two

3.3.1 Aim of Study Two

The aim of study two was to examine content validity, level of saturation, and to estimate the interrater reliability of the DWD model developed in study one. If the model was to be considered useful it would have to be able to accommodate the information contained in new offence chains, otherwise the model would not be generalisable to other DWD samples. For this purpose fourteen new offence chains were collected from individuals who were recruited into this research four months after the completion of study one. These individuals were selected on the basis that DWD was their central offence problem. None of these individual had any

knowledge of the earlier research, or contact with any of the participants involved in study one.

3.3.2 Participants

The participants were fourteen adult males currently convicted of a DWD offence, with a criminal history of DWD offending, all of whom gave informed consent to participation in this research. In terms of demographic make up this groups mean age was thirty-four (34.31, SD = 9.7) years. Eight of the participants were Caucasian, three were Maori, and three did not specify their ethnicity. The mean age of first offence for this group was fifteen and a half (15.55, SD = 1.86) years, with on average ten (10, SD = 6.4) previous driving while disqualified convictions.

When the participants in study two were compared to the participants in study one on the aforementioned variables none of the variables reached significance.

3.3.3 Data Collection Procedure

In study two, two new research assistants were recruited (MT, LB). Neither were involved in any part of study one and had played no role in the analysis and development of the model or the formulation of its categories. This meant they were unacquainted with the DWD model and its categories, which controlled for bias that may have occurred had they participated in both study one and study two. The offence chain stories were collected from the participants in study two by research assistant (MT), and followed the data collection procedure as described in study one.

3.3.4 Data Analysis Procedure

Study two was performed to ensure that the categories established in study one were comprehensive enough to include all the information contained in the new offence chains. The research assistants worked independently of each other to decrease the possibility of experimenter bias. Each completed three tasks for each of the fourteen

new offence chain stories. First, they read each new offence chain and noted whether or not the information contained in them was able to be placed into the categories of the model. This determined whether the model had reached saturation. Saturation in this context refers to whether the scope of the model is broad enough and complete enough to account for all the information contained in a new offence chain. Second, the research assistants noted the sequence of events in each of the new offence chain stories, comparing this sequence with the sequence of events identified in the DWD model. This ensured that the categories in study one had been correctly ordered. Third, they applied the model to each offence chain, noting the pathway the individual offenders took.

Once this work was completed the primary researcher calculated the levels of agreement between the two researchers for all tasks.

CHAPTER FOUR

RESULTS

4.1 The Results of Study One: A Model of the Reoffence Process of Recidivist Driving While Disqualified Offenders in New Zealand

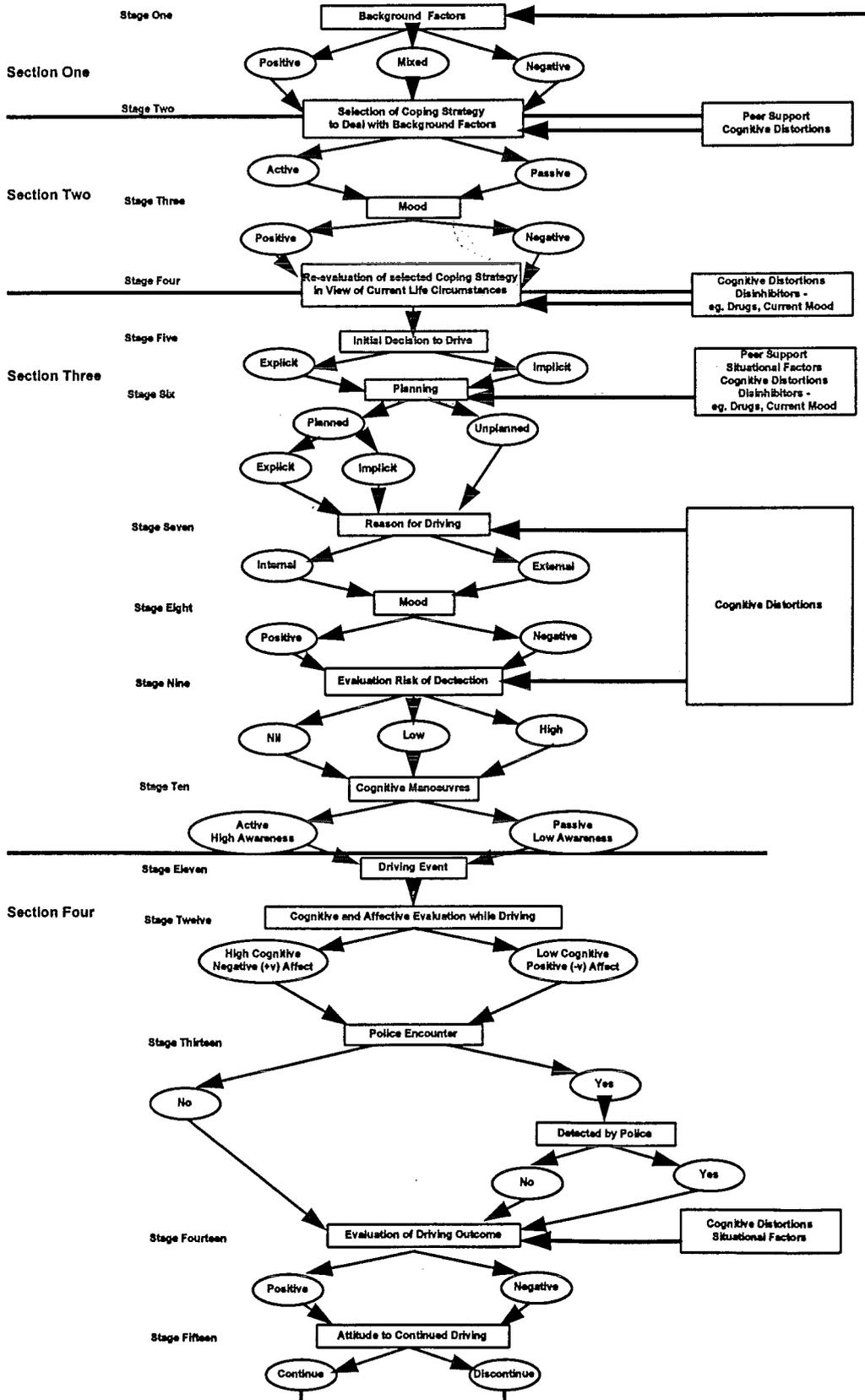
The following is a detailed description of the DWD model that was developed by using grounded theory approach (see Figure 3, page 36). The model describes the sequence of psychological, emotional, behavioural, and situational events that contribute to and ultimately result in DWD reoffending. The model consists of fifteen sequential stages, thirteen of which are divided into sub-categories which represent the different choice points of a particular stage. The other two categories, Re-evaluation of Selected Coping Strategy in View of Current Life Circumstances, and the Driving Event, had no sub-categories as it was found that all the offenders passed through these categories to the same result, namely the next category. In addition the model contains four mediating variables, peer support, cognitive distortions, disinhibitors, and situational factors that influence subjects reoffence process at particular stages.

SECTION ONE

Stage One

Stage one of the model contains a variety of factors that identify how DWD offenders perceived themselves, their lifestyle and circumstances, including their life experience prior to reoffending. This stage includes factors such as: relationships with their partner/wife, children, friends, work mates; financial situation; current employment; satisfaction with their lifestyle.

Figure 3 A Model of the Reoffence Process of Recidivist DWD Offenders in New Zealand.



All these factors were classified as **Background factors**, which were combined and defined by the level of stress they cause the individual. The background factors the offender experienced were found to be significant as they impacted on the offender's mood (affect) state which resulted in their progression down the model via, one of three possible sub-categories. These sub-categories were positive mood, mixed mood, or negative mood.

A **Positive Mood** categorisation involved a consistent view held by the offender that their life situation is progressing positively. For example, "Feeling good, getting on with my partner"; "Feeling relaxed, happy, always busy".

A **Mixed mood** categorisation involved an inconsistent view held by the offender of their life situation, with both strongly positive and strongly negative elements occurring that impacted on their mood. For example, "My life in general is pretty good... I feel pissed off toward him and I'm letting him know"; "My life's pretty happy ... Life's pretty boring except when I'm drinking".

A **Negative Mood** categorisation involved a consistent view held by the offender that their life situation is progressing in a negative direction. Boredom was classified as a negative mood state because it was seen as indicating that the offender desired that state to change. Examples of negative mood found in the offence chain were; "I'm angry, frustrated, worried, confused. I'm feeling concerned and stressed out about my (relationship)"; "I'm on the unemployment benefit, bored... Things are running through my head...Nothing else to do, getting bored"; "I have lost my job...and I'm drinking heavily. I'm pissed off because I've been caught drinking and driving...Life's not so good at the moment...".

SECTION TWO

Section two of the model involves recent occurrences in the offender's life, that are typically less than one week old and put the offender at risk of driving. This section begins with a transition stage, stage two, which involved the offender making an analysis of the coping strategy they selected to deal with their background factors.

Stage Two

The first category in section two is titled **Selection of Coping Strategy to Deal with Background Factors**. This category is divided into the sub-categories **Active** and **Passive** coping. **Active** and **Passive** coping can be either adaptive or maladaptive, value judgements were not placed on the strategy selected.

Active coping was found to consist of two main active strategies. First, is the use of a safe strategies. For example, the offender may sell their car, or leave it at a friends place, or arranged friends/family to drive him where he wants to go; The second is the use of confrontation in an attempt to resolve their current life situation, usually stressful background factors such as marital or financial problems.

Alternatively, the sub-category **Passive coping** involved the offenders acceptance of their current situation with no active attempts to change their situation. These offenders may use drugs or alcohol in order to escape or avoid conscious awareness of their current situation. These offenders generally did not mention other coping options and appeared to be running their lives as though they were not disqualified.

The choice the offender made in this category was found to be strongly influenced by peer support (significant others) and the use of cognitive distortion, hence they appear alongside the model as mediating variables. In many instances peer support for abstinence from driving resulted in the offender taking the active pathway safe strategies option. While peer support for the offender driving while they were

disqualified, and/or a general disregard for the law, related to the offender taking the passive pathway of the model. Generally these offenders acted as if they were not disqualified.

Cognitive distortions also affected the coping strategy the offender selected. If a high level of driving related distortions were present in the offenders offence chain they were more likely to take the passive pathway and act as if they were not disqualified from driving. Distortions at this point also meant that the offender was likely to reoffend more rapidly than an offender who employed few distortions. For example, "I'll only drive when I have too", "I'm not driving very far so it's OK".

Stage Three

The category **Mood** follows the selection of the coping strategy as the selection of a coping strategy was found to effect the offenders mood. Mood was divided into either Positive mood or Negative mood as it was found that there was minimal overlap between these two mood states one mood state being dominant, therefore the sub-category mixed mood could be eliminated.

The **Positive mood** sub-category was identified by statements in the offenders offence chain such as: "We're off, happy, we're off to get high again...Feeling relaxed, happy. Untroubled" ; "I felt wrapped about the day...I love getting up early in the mornings".

The **Negative mood** sub-category was identified by statements such as: "Majorly pissed off. They disrupted my mind..."; "...there is lots going on in my life (depression)...I'm doing a lot of thinking about bills and work...I feel my stress isn't her problem, as she's got stresses of her own".

The resultant mood leads the offender down the model to section three.

SECTION THREE

A large number of stages make up the section three, this section leads up to the offender committing another DWD offence. Cognitive distortions play a large role throughout this section as mediating variables. Each stage progressively moves the offender closer to a DWD reoffence.

Section Three begins with stage four, Re-evaluation of Selected Coping Strategies in view of Current Life Circumstances, which is the transition stage from stage two and three of the model

Stage Four

The category **Re-evaluation of Selected Coping Strategies in view of Current Life Circumstances**, as the name suggests, involved the offender reviewing the coping strategy selected in stage two of the model, in light of their current situation. The offender may decide at this point to stay with the coping strategy they selected. This occurs for the majority of offenders who selected the passive coping in section two of the model. Alternatively, the offender may select a new alternative strategy. This typically occurs for offenders who selected the active coping strategy option in section two of the model. The following are some examples of the re-evaluations made by the offender: A friend has been driving the disqualified driver where he wants to go, however the disqualified driver gets "Stoned" and drunk, then feels "...like a Big Mac". When he asks for someone to drive him to Macdonald's his friends say that they are too drunk to drive, so he asks if he can borrow someone's car; A friend is driving the disqualified driver home, "I'm feeling good...heading home...I'm pretty straight and sober...aware how high the others are getting, so I get in the drivers seat...I'm probably safest to drive".

The occurrence of the moderating variables cognitive distortions and disinhibiting factors at this stage impacts on the offender re-evaluation of their selected coping

strategies. When these factors are combined they lead the offender directly to their initial decision to drive.

Stage Five

The category **Initial Decision to Drive** is sub-categorised into either implicit or explicit. The offender either explicitly states their intention to drive, or implicitly suggests their initial decision to drive.

An **Explicit Initial Decision to Drive** was defined as a decision to drive that was clearly stated frequently in detail. The offenders explicit initial decision to drive was identified by statements such as: "I'm going to take my car for a drive"; "I'm running late, I should have been up half an hour ago. I decide to take the falcon".

An **Implicit Initial Decision to Drive** is defined as a decision to drive that was, implied, alluded to, insinuated, or suggested by innuendo, though never plainly stated. To pick up these offenders initial decision to drive it is sometimes necessary to examine the offenders entire offence chain.

An implicit initial decision to drive typically involved the use of cognitive distortions, such as references to habit: "I'm going into the lounge and picking up the keys, I suppose it's a habit"; "I'm in the passenger seat all this time becoming increasingly aware how high the others are getting, so I get in the drivers seat, car's running, the door is open, it's the closest seat, so I jump in"; "I'm going to the pub with my mates, they drink a lot and I don't drink", this type of statement represents an awareness of, as well as a masking of the fact that the offender will probably have to drive at some stage. In this case the offender sets himself up to drive without being fully conscious of the fact he is doing so. The offender who implicitly decides to drive typically feels that his opportunity to drive 'just happened'. However from analysis of their offence chain it can be seen that it did not 'just happen'.

Stage Six

After the initial decision to drive the individual enters the **Planning stage**, this stage includes and primarily focuses on the individual obtaining access to a car, which represents the opportunity to drive. The Planning stage contains the sub-categories Planned and Unplanned.

The **Unplanned** sub-category accounts for a minority of offenders who did not plan in any way to place themselves in a situation where they have access to a car or the opportunity to drive, but through a particular set of atypical circumstances finds themselves with access to a car and the opportunity to drive. In most cases these offenders feel that driving is necessary and cannot be avoided.

All offenders who participated in unplanned driving had been using a safe strategy (active coping strategy, see section two of the model) that had been working up until this point. Then while in an extreme situation or emotional state, typically angry or worried, they took the opportunity to drive. These offenders were very obvious and easily identified as belonging to this sub-category. For example, the disqualified driver was sitting at home having a couple of drinks with a friend. This offender had sold his car so that he would not be tempted to drive it. Later in the evening friends arrive with a stolen car and ask the individual if they can strip it for parts in his back yard. These friends usually get rid of the stolen car once they have stripped it, however on this occasion they leave it on the disqualified driver's property. The disqualified driver feared that if he did not remove the stolen car from his property then he would be arrested for car theft. Eventually he concludes that the only solution was to get rid of the car and after assessing the options he decided he must drive it somewhere and dump it.

Another example of the DWD offender who partakes in unplanned driving was the disqualified driver whose wife was pregnant, while she was driving home she developed stomach pains and stopped at a roadside toilet. She then came back from the toilet and said she was bleeding. She then asks the disqualified driver to drive the rest of the way home as she was worried that she might be losing the baby, and was feeling very unwell.

The **Planned** sub-category is made up of drivers who in some way plan to obtain access to a car. This sub-category is divided into Explicit Planning and Implicit Planning.

Explicit Planning involved the offender actively formulating a specific plan to obtain access to a car. These offenders were consciously aware of their intention to drive. Examples of explicit planning include making references to buying a car; or the offender may have kept his own car and makes references to driving it; or they may arrange to borrow a car from a friend or family member.

Implicit Planning involved the offender consciously placing himself in a situation where access to a car was highly likely to occur, and seizing on the opportunity when it arises. The implicit planner waits for the opportunity to drive to come to him. For example, the offender may go out drinking with a friend that he knows gets drunk often, which has resulted in the past in the offender driving his friend home. Another example of implicit planning is the offender who applies for work in an area that he knows to involve access to a vehicle, and that he may be required to drive at some point in time as part of his job. Often this offender does not drive until he is told to do so by someone in authority, and will omit telling the other individual that he is disqualified from driving.

The planning stage was found to be effected by prior and current level of peer support for DWD. The higher the level of peer support for DWD the more justified the offender felt about his initial decision to drive. Situational factors affected the planning stage. For example, all offenders were presented at some stage with an opportunity to drive. Other mediating variables that influenced this stage were cognitive distortions and disinhibitors.

Stage Seven

The next category in the offence chain is the **Reason for Driving**. This category is divided into the sub-categories Internal Reason for Driving, and External Reason for Driving.

The sub-category **Internal Reason for Driving** was identified in terms of whether the offender was motivated by their internal psychological state. This involves references made by the offender to factors such as boredom, stress, or a need for excitement, with driving being viewed as a way meeting an internal need. Examples of internal reasons for driving are statements such as: "I don't like sitting around being bored, so that's when I think if I go and see Peter it'll get me out of this boredom and give me something to do...I'm going to drive around to Peter's"; "I'm feeling really good, always have a rush when I get on my bike to go for a ride it's one of the main things I enjoy doing in life".

The sub-category **External Reason for Driving** was identifiable by the offender stating that they felt obligated to drive due to the situation they were in, or due to pressure to drive from significant others. External reasons for driving given by offenders included, the offender feeling they had to drive to maintain their current employment or to get a job. Or someone, typically an authority figure, tells the offender to drive, eg. father, prison officer. Or a friend or partner asks the offender to drive. Examples of external reasons for driving include, offenders who have been

driven places they wanted/needed to go by their partner/friend, then finds that the partner/friend who usually drives them around is incapacitated in some way, for example drunk or ill, which means they can no longer drive the disqualified driver where they need to or want to go. If this partner/friend had not become incapacitated then the disqualified driver would not have driven.

These divisions into internal or external are based solely on the offenders perceptions of their reasons for driving.

Many of the external reasons given for driving were cognitive distortions that allowed the offender to view their upcoming driving as not their responsibility. The externalisation of blame (the blaming of factors outside the offenders perceived realm of control) allowed these offenders to avoid negative self-evaluation and the resultant negative affect.

Offenders who gave internal reasons for driving used fewer cognitive distortion. These offenders may have integrated their offending into their view of themselves, ie. sees themselves as a petty criminal. This would mean that the man would not negatively evaluate his offending behaviour, which in turn would enable him to avoid the negative affect that usually results from negative self-evaluations. This would account for the lack of cognitive distortions used by these offenders, and is consistent with the fact that the majority of driving offenders in this study experienced positive emotion in section three, which leads up to the driving.

Stage Eight

The next category section three of the offence chain is **Mood**. The offenders evaluation of their current situation and their perceived reason for driving impacted on their mood state. Mood was sub-categorised as either **Positive** or **Negative** along the

lines of the examples of positive and negative mood provided in section two, stage three.

Stage Nine

Mood is followed by the category **Evaluation of the Risk of Detection**, which is sub-categorised into High, Low, or Nil.

A **High Evaluation of Risk of Detection** means the offender thought he would probably get caught driving while disqualified, or at least encounter police while driving. These offenders made a large number of references about the possibility of being seen by the police when they were driving. Offenders who used a high number of cognitive strategies, such as cognitive distortions, minimisations, etc, in their offence chain that related to risk of detection tended to perceive themselves at a high risk of detection, or capture by police. For example: "Bastard feeling looking out for cops all the time, whenever I see the pigs I feel like putting my foot down because I know I'm disqualified and I'm worried they are going to catch me"; "...feeling pretty nervous thinking about getting caught, being disqualified, and that um I don't particularly want to do this but there is no choice out of it, so it's got to go and do it (drive)".

A **Low Evaluation of Risk of Detection** meant the offender was aware only at a minimal level of the possibility of encountering or being caught by the Police. This minimal level of awareness was found to be frequently coupled with a high level of minimisation. For example, "I feel safe about not being pulled over because the car is legit and it's not very far to my place"; "Close to home, decent bit of road, no coppers around. I'm driving pretty well". Some of these offenders attempt to focus their thoughts on things other than their risk of detection. For example, "getting my relationship sorted is more important... (than the possibility of getting caught DWD)".

A **Nil Evaluation of Risk of Detection** indicated that the offender made no evaluation of their risk of being detected or caught by the police. The Nil evaluation of risk of detection was indicated by the fact that the offender did not mention thinking about police or detection by police, or feel nervous/apprehensive in any way preceding driving event. This lack of worry may indicate that these offenders do not fear police detection while driving. However, conclusions are difficult to draw from this information as the offenders may have just omitted mentioning their awareness of and feelings about the possibility of being detected.

Stage Ten

The final stage of section three is titled **Cognitive Manoeuvres**. The category Cognitive Manoeuvres is made up of cognitive distortions, including rationalisations, minimisations, justifications, and faulty beliefs, etc, that the offender used to justify or facilitate the occurrence of the driving event. The use of cognitive manoeuvres appears to break down the last of the offender's cognitive and/or emotional restraints to DWD offending. These restraints against DWD have up until now stopped them committing another offence. The Cognitive Manoeuvres category is divided into the sub-categories Active and Passive strategies.

Active strategies are associated with high levels of awareness about the possible long-term and short-term negative consequence of driving. An Active classification involved the offender displaying a high level of awareness of the negative consequences of driving, and a corresponding high number of cognitive manoeuvres to deal with the upcoming driving event. Typically these offenders have in mind either, a strategy of how to deal with the police if they are stopped, or a strategy on how to avoid police detection. Another characteristics of these offenders is the presence of increased or high levels of emotional arousal, including, worry, nervousness, and general tension, as they approach the driving event. Examples, of this category are: "its early in the morning... (so there are probably no Police around),

I have someone else's licence with me"; "I'm not planning to do anything wrong driving wise, I've got my licence with me, and the car is registered and warranted, so if the Police stop me they'll think I'm OK (that I'm not disqualified)"; "I know the risks but this is the game. I jump in the drivers seat and start it up and let it warm. I throw in a tape and back out the drive. I'm gonna have some fun" (planning to evade police detection by using his driving skills to race and trick them).

Passive strategies are associated with low levels of awareness about the possible long-term and short-term negative consequences of driving. A Passive classification involved either a low level of awareness, or an absence of awareness, and a low level of emotional response leading up to the driving event. These offenders typically used avoidance strategies to decrease their level of awareness of the possible negative consequences of driving while disqualified. In many cases the offenders focused their thoughts elsewhere. For example, focusing on their immediate surroundings and/or mood. In other cases the offenders were drunk and/or drugged and did not think about the negative consequences of their driving. Other offenders focused on their anger/recent argument/family problems. In some cases the driving offenders were aware they might get caught driving but believed that it was highly unlikely because they had often driven and not been caught in the past.

SECTION FOUR

Section four relates to what the offender does once he has initiated the driving event, specifically what happens once they are driving up to and including what happens immediately after the driving event ceases.

Stage Eleven

Stage eleven is the **Driving Event**, when the offender begins to drive on a public road, and therefore is committing a DWD offence. At this stage the offender's

decision to drive becomes concrete, that is, they have decided to drive and have arranged their situation so that they have no impediments to driving. The offender has removed any cognitive, and/or emotional, and/or physical (ie., access to a vehicle) restraints they may have had in relation to DWD.

Stage Twelve

During reoffending the offenders were found to perform cognitive and affective evaluations of the driving event, hence this category is titled **Cognitive and Affective Evaluations while Driving**. This category is divided into the sub-categories, High Cognitive/Negative (positive) Affect, and Low Cognitive Positive (Negative) Affect.

High Cognitive/Negative (positive) Affect meant that the offender used a high number of cognitive manoeuvres while driving, and this was primarily associated with the experience of negative affect, although in a small minority of high cognitive cases positive affect was experienced. The high cognitive component of this sub-category refers to the level of planning and strategies the offender has available to use if they are detected by the police while they are driving, or how they planned to avoid police detection. The negative affect component of this sub-category refers to the emotions experienced by the offenders while they are driving, such as, feeling apprehensive. Examples of this sub-category are, "looking for good place to dump car, I'm feeling nervous and pissed off"; "Thinking if I see a cop and he turns around I'm going to do a runner in the car. If (friend's name) doesn't like it, I'll pull over, tell him to jump out and just keep going, I've done this a couple of times before"; "I'm nervous about doing this but it's got to be done...I'm just doing what I do trying not to hide from the police" (trying not looking suspicious). The high number of cognitive manoeuvres appears to allow the offender to control their negative cognitive and/or affective response to DWD offending and its possible consequences.

A **Low Cognitive/Positive (negative) Affect** classification occurred when few of the cognitive manoeuvres mentioned above are used, or if the offenders avoided performing any cognitive assessment of the driving event and its possible consequences. A low cognitive rating is primarily associated with positive affect, although in a small number of cases it was found to be associated with negative affect. Examples of the Low Cognitive/Positive Affect sub-category were statements such as: "Pull out onto the road, feeling really good" (no mention of Police); "There is no room in my head for thinking about driving"; "I'm driving off to Peter's it's a good feeling. I'm driving in my own little world, I love driving". These offenders tend to direct their thoughts away from the possible negative consequences of driving. Many focused on the pleasure they experienced while driving and/or the positive consequences of driving. For example, driving enables them to visit their friends easily which relieves their boredom.

Stage Thirteen

The next stage of the model is the category entitled **Police Encounter**. At this point the model diverges into two initial sub-categories depending upon whether the offender had encountered the police (**YES**), or had not encountered the police (**NO**) while driving.

The **Yes** categorisation included offenders who were detained by police, as well as offenders who saw police while they were driving but were not detected. When the response was yes the offender travelled down the right side of the model to the next sub-category in stage thirteen titled **Detection by Police**. A **No** response to **Police Encounter** lead the offender directly to stage fourteen of the model, the **Evaluation of Driving Outcome**.

The sub-category **Detected By Police** is divided into either a **No** or a **Yes** response. **Yes** the offender was detected by the police while driving, or **No** they were not

detected by police while driving. Both responses then lead the offender to the stage fourteen, the Evaluation of Driving Outcome.

Stage Fourteen

All the sub-categories of stage thirteen converge in the category **Evaluation of Driving Outcome**. All the offenders were found to have evaluated their driving event in some way, either cognitively or emotionally. The Evaluation of Driving Outcome is sub-categorised into either **Positive** or **Negative**. The classification of a subject into one of these categories was dependent upon their cognitive and/or emotional response(s), and the outcome of the driving event. For example, did the offender achieve his goal through driving, such as visiting friends to reduce boredom and loneliness, etc.

The evaluation of driving outcome for offenders detected by police was typically negative. For example; "I'm busted. I'm feeling really nervous as I think I'm going to spend the night in jail..."; "This is the second time I've been busted this month, I'm going to jail for sure".

The evaluation of driving outcome for offenders not detected by police was typically positive. For example; "I'm feeling pretty pleased with myself, like I've achieved something, I've beaten the police at their own game, cat and mouse. Getting away with it gives me a thrill"; "I'm feeling good because I didn't get caught driving...feeling relaxed".

A No response to Police Encounter resulted in a positive evaluation of driving outcome. For example, "I reached my mates place and I'm sitting down having a beer. I'm feeling really good relaxing with my mates". Highly positive evaluations of the outcome of the driving event indicated that the offender was highly likely to continue driving.

The positive or negative evaluation of the outcome of the driving event lead the offender to the Stage fifteen of the model.

Stage Fifteen

Stage fifteen is titled **Attitude to Continued Driving**, which is divided into the final sub-categories of **Continue** or **Discontinue** driving. The intention to continue or discontinue driving in the future was rarely directly stated. Where their intention was directly stated this was taken as their attitude to continued driving. However, it was often necessary to assess the offender's attitude to continued driving by looking at how the offender evaluated the outcome of driving. This was seen as offering a good indication of their attitude to continued driving. A positive evaluation of driving outcome was taken to indicate that the offender would continued to drive in the future. While a negative evaluation of driving outcome was taken to indicate that the offender would not continued to drive in the future.

The offender then return to the top of the model re-entering the Background stage by way of a feedback loop.

4.2 The Results of Study Two

Both research assistants found that they were able to code all of the information contained in the fourteen new offence chains into the categories of the model. The level of agreement between the two research assistants was 100%. The research assistants also found that the order of categories in the model accurately reflected the sequence of events and processes described in the new offence chains. The level of agreement between the research assistants was 100%. This indicates that the model is extensive enough cover to, at least, this completely new sample of driving offenders. Furthermore, this result reflects on the saturation levels of the categories in the model and indicates that the content validity is satisfactory, at least provisionally.

The interrater reliability for the model was found to be very satisfactory. Judgements at the each of the fifteen categories at which different pathways options could be selected yielded a 91% agreement between the research assistants.

CHAPTER FIVE

DISCUSSION

In this chapter, the DWD model is evaluated according to the criteria for model evaluation outlined by Howard (1985). This evaluation highlights the key features of the model and focuses on how the model expands the psychological knowledge in the area of recidivist DWD offending, and driving offending generally. The evaluation includes the ability of the model to accommodate the past research findings and how it accommodates and extends the scope of the existing theories of driving offending. The key implications for the treatment of recidivist DWD offenders are also discussed. Finally, the limitations of the research undertaken in this thesis are outlined and the areas in need of future research are identified.

5.1 Deficiencies in the Past Research and Theories of Driving Offending

As outlined in chapter two, the past research and theories of driving offending contain several weaknesses. The past research on driving offending has lacked theories or models that take into account the heterogenous nature of driving offending, and there is also a lack of integrated theories of driving offending. Only Donovan et al.'s (1983) theory has attempted to present an integrated approach to the study of driving offenders. This theory includes psychological, behavioural, and environmental factors that appear to increase an individuals risk of future involvement in traffic accidents and violations. However, the theory is rudimentary and not highly detailed, and still treats driving offenders as a relatively homogeneous population. In addition, the current therapeutic treatment of driving offenders is also highly limited because it generally focuses on alcoholism as the primary cause of driving offending. The past research clearly indicates that alcohol is only one of many contributing factors that can lead to driving offending and driving offending recidivism. Other factors, such as cognition or emotion, etc have not been incorporated into the current treatment

programmes for driving offenders and DWD offenders. The only exception is the Driving Offender Treatment Programme undertaken by the Psychological Services Division of the Department of Justice in Christchurch which takes a relapse prevention approach and includes some of these factors. This programme is currently being tested and the results are not yet available.

5.2 The Strengths and Value of the DWD Model

This thesis addresses these past research deficiencies in several specific ways. First, it specifically targets the reoffence process of a small but problematic segment of the driving offender population, namely recidivist DWD offenders, rather than the driving offender population generally. Second, the use of an innovative approach in data collection and analysis, coupled with the primary researcher remained relatively unaware of the research on driving offending until data analysis was complete, meant that the development of the model was not influenced by the past research. The combination of these factors resulted in the development of a highly unique and original model that specifically applies to recidivist DWD offenders. The model may also apply to other recidivist driving offending groups, however this remains to be tested.

Third, the DWD model outlines in a detailed and integrated manner, the diversity of dynamic processes involved in reoffending and describes the sequencing of these processes over time. The DWD model provides a clear description of the reoffence process, including the role psychological, behavioural, and environmental factors play in DWD recidivism. It also identified the mediating variables such as disinhibitors, cognitive distortion, peer support, and situational factors that also contribute to the reoffence process. In addition, because the DWD model focuses on process over time, it identifies which of the aforementioned factors are most significant at different times during the reoffence process. For example, the finding that Cognitive Manoeuvres mediate the transition from pre-offence to reoffence.

Fourth, the model provides a flexible framework that not only links the common features within the recidivist DWD group, but can also accommodate individual differences in reoffending patterns. The model can therefore accommodate both simple and complex patterns of reoffending, while maintaining the descriptive ability and explanatory power of the model. In this way the model provides a mid-level, fine grained, understanding of the reoffence process of recidivist DWD offenders.

In addition, although there has been no past research specifically relating to DWD offending the model does identify which past research findings on drink driving and high risk driving are relevant to the reoffence process of DWD offenders and links these findings in an empirical framework. The DWD model is also able to identify and incorporate the relevant factors from the past theories of driving offending.

The factors identified by the model as relevant to DWD reoffending, and how these factors are incorporated in the model are outlined below.

Alcohol

The identification of alcohol management problems as the primary cause of driving offending has been identified by the past research as faulty. While the DWD model indicates that alcohol does play a role in some DWD reoffending, it clearly identifies that alcohol acts only as a mediating variable that may in some cases contribute to cessation of abstinence. Some offenders appear to experience a diminished perception of control over their behaviour and an inability to maintain control over the prohibited behaviour, namely DWD, when they consume alcohol. The consumption of alcohol may function to enhance the cognitive distortions employed by the offender that excuse or justify DWD. For example, "I was drunk and I didn't really know what I was doing", or "My friends were drunker than I was so I thought it would be safer if I drove". These cognitive distortions may allow the offender to feel that their driving is justified and therefore they may be more likely to reoffend.

Additional factors to note on the relationship between alcohol and DWD reoffending are that all the offenders who drank prior to reoffending were drinking in a social setting, and that some of these offenders were drinking for tension reduction purposes. A number of the offenders who had been drinking prior to reoffending had just been released from prison and therefore were celebrating their release from enforced abstinence from many behaviours. In these cases the offenders drinking at the time of reoffending may not reflect their general drinking pattern. Only three of the offenders in this research indicated drinking on a daily basis around the time of offending.

Psychological Factors

The DWD model integrates many of the psychological factors identified by the past research as contributing to driving offending recidivism. For example, although the DWD model focuses on the dynamic aspects of reoffending, its categories contain many of the personality factors identified in the past research as contributing to reoffending in other areas of driving offending. For example, sensation-seeking is one of the elements contained in the category Reason for Driving, and depressive features are contained within the negative mood sub-category in the category Mood. The personality factor 'being easily influenced and intimidated by others' is included as a mediating variable under the title 'peer support'.

In addition, the DWD model clearly indicates that stressful life events play a significant role in DWD reoffending. The model indicates that stressful life events frequently precede reoffence (initial stressors are identified in the section entitled background factors). Many of the stressful life events recounted by the offenders in their offence chain stories would also be perceived as stressful by individuals in the general population. For example, illness or injury of the offender or a loved one, financial problems, unemployment, arrest, separation/divorce, becoming a father, getting a new job, etc. Many of the offence chain stories indicated several stressful

life events occurring during a short time frame prior to reoffending. It may be that offenders who are unable to resolve these stressful life events in an adaptive way, perceive these events as more stressful, in that they feel unable to control them. In other words their inability to resolve these stressful life events may result in a magnification of perceived stress.

The model also includes emotional factors. These are included most explicitly in the two categories titled 'Mood' which contain positive and negative sub-categories, and in one instance a mixed sub-category. The model clearly includes negative emotional states, in particular the aforementioned perception of stress, that contribute to the reoffence process of driving offenders. In addition, the model also includes positive emotional states which have been overlooked in the past research on driving offending, and more generally underestimated in models of relapse or recidivist criminal offending. Positive emotional states have been shown to have a substantial impact in the relapse process of sex offenders (Hudson, Ward & France, 1992; Ward, Loudon, Hudson, & Marshall, 1995). Extreme positive life events which evoke positive emotional states can also be perceived as stressful by the offender. For example, the birth of a child, or the release of the offender from a stressful situation, eg. release from prison, avoiding a prison sentence, separation from partner (in the case of a bad personal relationship).

In addition, the model indicates that some DWD offenders drove to gain or increase a positive emotional state. This is very true for offenders who drove for sensation-seeking purposes. For example, the offender may have been experiencing a negative mood prior to reoffending. However, once reoffending occurs their mood changes to positive, which either increases or is maintained during and after the driving event. The offenders mood in these cases only becomes negative if they encounter or are caught by the police during the driving event. If the offender was not detected when

they encountered the police their positive mood may be further enhanced by their escape from the police.

The DWD model also recognises and includes the contributory role of boredom in reoffending, which has not been researched in the past. It is included in the model in the negative mood category and was clearly identified in a number of cases as contributing to the DWD reoffence. Some offenders specified that they drove while disqualified to alleviate feelings of boredom.

Motivational Influences

The model supports the past research on motivational influences in driving offending, specifically the function that driving serves for the individual. For example, the expression of independence from authority figures. Motivational influences are included in the Reason for Driving category.

Cognitive Factors and Processes

The model also indicates the cognitive factors and processes that may contribute to DWD reoffending. For example, the mediating variable cognitive distortions, which includes rationalisations, minimisations, faulty beliefs, etc, were frequently employed by the offenders to facilitate and justify their driving. Cognitions also played a direct role in the transition from abstinence from offending in section three of the model to DWD reoffence in section four. It may be that the use of cognitive strategies helps alleviate negative affect that may be caused by performing the prohibited behaviour, namely DWD. These types of cognitions appear important to how, and how rapidly, the offender proceeds down the offence chain to eventual reoffending.

Certain cognitive processes that may contribute to the DWD reoffence process are indicated by the Model. For example, the category Implicit Initial Decision to Drive appears to indicate the occurrence of Apparently Irrelevant Decisions (AIDs), which

are defined as mini-decisions that lead the offender closer to reoffending (Marlatt & Gordon, 1985). The offender who makes an implicit initial decision to drive typically feels that their opportunity to drive 'just happened'. However when their offence chain is analysed it can be seen that a number of steps occurred that lead to reoffending and that reoffending did not 'just happen'.

Another example of a cognitive process that may be employed by some DWD offenders is cognitive deconstruction. The cognitive deconstruction process has been put forward by Baumeister (1989; 1990; 1991), and is a strategy that can be employed by an individual to avoid negative self-awareness. The avoidance of negative self-awareness involves the narrowing of attention from abstract or higher levels, to concrete levels. This narrowing effectively disengages the self-evaluation process which could have resulted in the individual experiencing a negative emotional state. The maintenance of cognitive deconstruction typically involves the individual restricting their level of awareness to the concrete features of the situation they are in.

The possibility that cognitive deconstruction occurs in DWD offenders is indicated in several stages of the Model. Offenders who employ a passive coping strategy (stage two) may be attempting to maintain a cognitively deconstructed state. This is indicated by the fact that these offenders appear to use alcohol or drugs to escape or avoid awareness of their current situation. Some offenders appear to be attempting to maintain a cognitively deconstructed state in the Internal Reason for Driving sub-category (stage seven). It appears that some of these individuals drive to escape or avoid boredom. Boredom may increase the offenders level of self-awareness and therefore threaten the maintenance of a cognitively deconstructed state. These offenders may use driving to lower their level of self-awareness in that driving is a behaviour that involves a high level of attention to procedural detail, and therefore may function to lower the offenders level of self-awareness. This may be why some offenders drive for sensation-seeking purpose, as this may enable them to maintain a

cognitively deconstructed state by focusing their attention on the sensation-seeking driving behaviour, therefore decreasing self-awareness.

In addition, a nil evaluation of the offenders risk of detection (stage nine) appears to indicate that driving is consuming most of the offenders attention. If the offenders attention is primarily focused on the driving event their level of awareness is decreased to the concrete procedural details involved in driving. Furthermore, the category Cognitive Manoeuvres, sub-category passive, may also indicate the offender is in a cognitively deconstructed state. A Passive classification involved both a low level of awareness and a low level of emotional response leading up to the driving event. This low level of awareness and low level of emotional response fits well with cognitive deconstruction, as does the offenders focus on their immediate situation. The fact that these offenders avoided thinking about the negative consequences their driving could have for them, and therefore avoided the negative emotions that could arise from this evaluation of the negative consequences also fit well with cognitive deconstruction.

Finally, the sub-category Low Cognitive/Positive (negative) Affect (stage twelve) also indicated that some offenders may be employing cognitive deconstruction. This sub-category indicated that these offenders have a decreased level of cognitive awareness and focus on their current situation and the procedural details of driving, and avoid awareness of the possible negative consequences of DWD.

Even though the model provides preliminary support that cognitive deconstruction is used by DWD offenders this hypothesis still remains to be tested.

Theories of Driving Offending

Four of the theories applied to driving offending, namely Problem Behaviour Theory, Social Maladjustment Theory, Personal Maladjustment Theory, and Impulse Control

Deficits theory can be readily incorporated into the DWD model. Problem Behaviour Theory's focus on personality and/or environmental factors which inhibit or motivate an individual's behaviour is clearly included in the model in a number of categories. For example, the Reason for Driving and Planning categories, and the mediating variables situational factors and peer support. Social Maladjustment Theory is applicable because the research found that in some cases DWD is an irresponsible and anti-social behaviour. Personal Maladjustment Theory fits very closely with the model in that reoffending is typically preceded by emotional stress. Impulse Control Deficits Theory can also be incorporated into the model, although to a lesser extent than the other theories, in that some offenders were found to drive for sensation-seeking reasons. Sensation-seeking reasons for DWD are contained within the Reason for Driving category.

The DWD model also confirms some of the processes that lead to recidivist driving offending as outlined by Donovan et al.'s (1983) theory. Both indicate that driving may represent a maladaptive attempt to cope with negative intrapersonal feelings. The DWD model however expands on this point by including descriptions and examples of what the intrapersonal stressors may be. The DWD model also identifies extreme positive life events may also cause offenders to experience stress.

However, the DWD model clearly identified that several of the factors identified by Donovan et al.'s (1983) theory do not apply to recidivist DWD offenders. For example, Donovan et al.'s (1983) theory indicated that during and after driving the levels of covert and overt hostility-aggression experience by the offender increases. However, the DWD model indicates that generally the reverse is true for these offenders. Driving While Disqualified offenders were found in many cases to experience a general decrease in negative affect and negative cognitions after driving, and an increase in positive affect. This may indicate that driving may function to decrease the offenders perceived stress. Driving may allow the offender to remove

themselves from a stressful situation or may increase their sense of control/mastery. Driving allowed these offenders to go where they want when they want, which may increase their perception of control. Donovan et al.'s (1983) theory also identified high alcohol usage as a major contributing factor in continued driving offending. However, as already mentioned alcohol only played a role in DWD reoffending as a mediating variable, which only affected a minority of offenders.

In addition, Donovan et al.'s theory suffers from a general inability to accommodate positive emotional states. Their theory clearly does not account for individuals who use driving to maintain or increase their positive emotional and/or physiological arousal. The DWD model also includes peer support as a mediating variable of importance in the DWD reoffence process, whereas Donovan et al.'s (1983) theory of driving offending only contains an indirect reference to peer modeling.

As can be seen from the above comparison, the use of general theories of driving offending are of only limited value in explaining the complexity of DWD reoffending. The DWD model developed in this thesis offers a much better tool with which to devise therapeutic treatment for recidivist DWD offenders.

5.3 Treatment Implications

The lack of research into DWD and DWD recidivism has led to a lack of appropriate treatment options being available for this offender population. The fact that the DWD model outlines in detail the reoffence process of recidivist DWD offenders means that more appropriate treatments that target these offenders core problem areas can now be devised. For example, the finding that cognitive distortions emerge dynamically in the reoffence process is clinically important, as cognitions are readily accessible and amenable to change. This finding is useful because it may enable clinicians to identify the cognitive distortions employed by a particular offender. These cognitive distortions can then target them for change using cognitive restructuring techniques.

Cognitive distortions were found to be particularly relevant at certain stages in the offence chain, such as the Initial Decision to Drive (stage five), and the Planning stage (stage six). Cognitive distortions, may enable the offender to avoid thinking about the negative consequences that can arise from committing another offence. In this way the offender can focus on the more positive consequences of DWD. As a result of focusing on the positive consequences of DWD the offender may become more prone to committing another DWD offence, therefore these cognitive distortions need to be challenged, so that an offenders proneness to reoffend can be reduced. One way of doing this would be to have the offenders list all the short-term and long-term benefits and costs associated with DWD. For example, the offender who stated that resolving his family problems, by driving to a hotel for a weekend away with his partner, was more important than the possibility of getting convicted of another DWD offence has focused on the possible positive benefits of DWD (ie. sorting out his family problems) and does not full assess the costs of a further conviction. This offender needs to be appropriately challenged on this point and the negative consequences of a further offence fully discussed. For example, if this offender is caught driving it is highly probable that he and his relationship will end up under even more stress. The offender may lose his job, or may get sent to prison. If he is sent to prison it is likely that he will not be able to work out his relationship problems, and therefore he may lose his relationship.

Furthermore, if some offenders are employing cognitive deconstruction to avoid negative self-awareness and the negative emotional response that arises from negative self-awareness, then these offenders need to be taught more adaptive ways of dealing with negative emotional states. This may decrease offending because the offender will no longer need to use driving to gain or maintain a cognitively deconstructed state, instead they can use a more adaptive response.

In addition, the finding that particular emotions increase an offender's risk of reoffending indicates that these offenders need to be taught alternative coping

strategies to deal with their problematic emotional experiences eg. stress management, and relaxation techniques.

The identification of the occurrence of Apparently Irrelevant Decisions (AIDs) in the reoffence process of some offenders indicates that these offenders need to be taught to be more aware of how these mini-decisions lead them closer to reoffending. Once the offender is aware of how AIDs function, then they may be more aware and better able to avoid them. In this way these offenders may become more aware and responsible decision makers.

The behaviours that lead up to DWD reoffending have also been indicated by the model. The occurrence of these behaviours can serve as warning signals that indicate an offender is at high risk of reoffending. For example, the picking up of car keys could serve as a major warning signal to the offender. If the offender is made aware of these warning signal behaviours it may allow them to either interrupt and stop the reoffence process themselves, or it may enable them to seek appropriate assistance that will enable them to stop before a reoffence occurs.

Situational factors that contribute to DWD recidivism were also indicated in the model. For example, going out drinking with a friend who may ask the offender to drive them home once they are drunk. These offenders need to be taught more assertiveness skills so that they can decline any offer to drive. In addition, offenders in these situations need to be taught to think of more options, not just saying 'yes' to their friend's requests, so that when they are confronted with a situation that puts them at risk of reoffending, they can call on these pre-organised options. For example, ringing someone to come and pick them up, or taking a bus schedule with them, or having some money set aside for a taxi, etc.

In addition, it may be useful to include the offenders' significant other(s) in treatment so that they can be made fully aware of the cost that a further DWD offence would have for the offender and for themselves. In this way the significant other(s) may become more motivated and/or more able to assist the offender in avoiding situations that tempt the offender to drive. They may also become more supportive of the offender's abstinence from driving even when it is inconvenient for them.

Furthermore, the different ways in which DWD offending is viewed by the offender and their significant other(s) may also need to be targeted in treatment if abstinence is to be achieved. For example, attitudes such as, 'driving offending is not a real crime, it's just a traffic infringement', may support the offender's cognitive distortions, and are therefore detrimental because they increase the offender's proneness to committing another DWD offence.

The model also suggests the functions DWD may serve for the offender. For example, DWD can allow the offender to express their independence from authority figures or allow them to fulfil a social role they want to live up to. For example, being a good father/provider/friend, or allow the offender to escape a negative environment even if only temporally, giving them time away in which they can think things through. Once the function driving serves for the offender is identified other less destructive ways of meeting these needs can be devised and taught to the offender.

Of overall importance is that these offenders need to be educated as to the process and steps that lead up to their reoffending and how they can monitor these processes so that they can determine whether they are at risk of reoffending. If the offenders are educated to assess their level of risk, then they may be better able to seek assistance or more able to engage appropriate and adaptive coping responses that will circumvent DWD reoffending. These options may assist this problematic offender group to

become fully aware and responsible decision makers, who are better able to control their driving offending.

In addition, the minority of DWD offenders who have alcohol management problems need to be identified, and educated to either consume alcohol in a more responsible manner or not to consume alcohol when they are experiencing stress and have access to a vehicle. In short, a minority of the DWD population need to be treated with standard therapeutic alcohol management strategies.

5.4 Limitations

The limitations in this study are primarily associated with using a qualitative methodology. The limitations include, sample size, the possible unreliability of self-report information, and experimenter bias. Typically, a small number of participants are used in qualitative research (Henwood & Pidgeon, 1992; Rennie, et al., 1988), as was the case in this research (total sample size was forty two), and this limits the generalisability of the findings. However, the issue of generalisability was addressed to some extent by study two, and was one of the primary reasons for which this second study was undertaken. The results of study two indicated that the data collected from an entirely new sample of recidivist DWD offenders could be accounted for and included in the model without any alteration. This finding indicates that the model is generalisable at least to this new sample of recidivist DWD offenders. However, the generalisability of the model cannot be fully confirmed until further cross validation occurs.

The issue of unreliability in self-reported information was addressed to some extent by the use of face to face interviews with the same researcher or research assistant throughout data collection. This consistency of interviewer enabled the establishment of a good rapport with the participants. In addition, the participants had freely consented to participate in the research, and could withdraw at any time without

negative repercussions. No participants withdrew from the research. It should be noted that the participants had nothing to gain from lying or falsehood. In addition, where possible their offence chain stories were checked for accuracy and consistency by the therapist they were working with during the DOT Programme. The information received from the therapist indicated that the stories were both accurate and consistent. The offenders were also frequently reminded that all information they gave was confidential, and that on all the information they provided their name had been replaced with a coded number.

Retrospective reporting of information can also compromise the reliability of self-report data. This problem was addressed by the use of the articulated thoughts during simulated situations paradigm, which allowed optimum cued recall of the occurrences around the time of the DWD offence. While these factors do not eliminate the possibility of unreliability in the self-report data collected for this research, it goes some way toward limiting its occurrence.

Experimenter bias is also a possible limitation to this research. However, several factors in the research helped controlled for this. Throughout data collection and analysis the primary researcher remained relatively unaware of the literature on driving offending. The primary researcher read only enough literature to identify recidivist DWD offending as an area in need of research. From this point until data analysis was completed, the primary researcher read no further literature in the area. In addition, the research assistants involved in this research were also relatively unaware of the literature on driving offending.

The grounded theory approach used in this research is also specially designed to control for experimenter bias affects that can occur when using qualitative analysis. This control is achieved by keeping the researcher in touch with the data by constantly checking the emerging categories against the data. The chance of bias occurring is

further reduced by the inductive and deductive analytical strategies employed when using this grounded theory approach. In addition, a major reason for undertaking study two was to cross validate the model, and identify if experimenter bias had occurred. The results of study two suggest that experimenter bias was not a significant problem.

While acknowledging all the possible limitations that can arise from using a qualitative methodology, the advantages of using this technique when research is carefully managed more than compensate for these potential difficulties. This thesis illustrates the potential advantages of applying this type of analysis to areas which need to be better understood but are not easily analysed using standard quantitative techniques.

5.5 Future Research

Further research needs to be undertaken in a number of areas to address the limitations outlined above and to further develop the research in this area.

Qualitative testing now need to be performed to test the hypotheses that arise from the DWD model. For example, to determine the relationship between types of Cognitive Manoeuvres an offender employs and their attitude to continued driving and/or evaluation of driving outcome, etc.

The model also needs to be further tested using other samples of DWD offenders, and perhaps other driving offender groups. For example, other recidivist DWD, non-recidivist DWD offenders, female DWD offenders, DWD offenders in other countries, etc. This testing of the model is necessary to identify if the different DWD types mentioned above vary in any significant ways, or if DWD offenders vary from other driving offenders groups.

In conclusion, the model of the reoffence process of recidivist DWD offenders produced in this thesis is an advance over earlier work in the area of driving offending. The model is significant in that it focuses on a specific area of driving offending, namely DWD, and is the first to explain and describe the reoffence process in recidivist DWD offenders. In this way the model identifies the limitations that occur when general theories of driving offending are applied to a specific offender group, in this case DWD offenders. The model therefore provides the first step to understanding recidivist DWD offending both in New Zealand and world wide, and offers valuable insights for the formulation and implementation of preventative treatment programmes.

APPENDIX 1.

CONSENT FORM

DEPARTMENT OF JUSTICE PSYCHOLOGICAL SERVICES

Involvement in the Driving Offender Treatment Programme.

I, _____, hereby consent to participate in the Driving Offender Treatment (DOT) Programme. I understand that this treatment programme lasts 10 weeks. I also understand that the treatment staff may decide not to include me in the programme.

I understand that the assessment phase of the programme involves three main aspects:

- 1- Interviews with therapists. These people will ask me questions about my offence history, my driving behaviour, and a range of additional questions about my personal history.
- 2- I will be required to complete a number of written questionnaires which ask me to comment about various aspects of my attitudes including how I see myself, and how I interact with others.
- 3- Physiological assessment such as Heart Rate, and Blood Pressure may be included in the assessment.

I have been informed as to what the treatment involves and agree to participate fully.

The information which I disclose during therapy will be treated as confidential, except where there is threatened serious harm to myself or others. My therapist will write a final report based on my participation in the programme. The report may be included in my prison file, and presented to the Districts Prison's Board if required.

I understand that if I participate in the treatment programme that I will be as honest and open with the therapy staff as I am able,

Signed: _____ Date: _____

Psychologist: _____ Date: _____

APPENDIX 2.**OFFENCE CHAIN INFORMATION SHEET****Your Story**

Think back to the driving conviction you had before this one. I want you to write a story describing the first time you drove after that conviction. Make it **2 pages** long.

Write as if it were happening **right now**, for example, "I am at home and want to visit a friend" or "I am in the pub...".

1. Start by writing about how your life was before the offence

what work you are doing?
where are you living and with who?
how you get along with these people?
what is going on in your life?
how long is it since you last drove a car?

2. Next what was happening just before you started offending

what day is it?
where are you?
what are you doing?
who is with you?

3. Then describe the offence itself in as much detail as you can

where it happened?
whose car is it?
what are you doing?
where are you going?

4. Last write about what happened afterwards

where do you go?
what are you doing?

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