

FROM PRISON INTO THE COMMUNITY: THE  
IMPACT OF RELEASE PLANNING ON SEXUAL  
RECIDIVISM FOR CHILD MOLESTERS

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## Abstract

Research on the factors underlying sex offender recidivism has not considered the importance of the reintegration process through which the offender rejoins the community after prison. This thesis reports findings from 3 empirical studies designed to explore whether poor release planning might contribute to sex offender recidivism. In Study 1, a coding protocol was developed to measure the comprehensiveness of release planning for child molesters, which included items relating to accommodation, employment, pro-social support, community-based treatment, and Good Lives Model (T. Ward & C.A. Stewart, 2003) secondary goods. The protocol was retrospectively applied to groups of recidivist and nonrecidivist graduates of a prison-based treatment programme, who were matched on static risk level and time since release. As predicted, overall release planning was significantly poorer for recidivists compared to nonrecidivists. Study 2 was a validation and extension of Study 1. The original coding protocol, and some revised items, were applied to matched groups of recidivists and nonrecidivists from a different treatment programme. Consistent with Study 1 findings, overall release planning was significantly poorer for recidivists. Data from Studies 1 and 2 were pooled (total  $N = 141$ ) and Cox regressions showed that accommodation, employment, and social support planning combined to best predict recidivism, with predictive accuracy comparable to that obtained using static risk models. Study 3 investigated whether release planning was associated with actual reintegration experiences, and additionally explored released child molesters' good lives plans. Release plans were rated for 16 child molesters, who were interviewed post-release about their reintegration experiences and good lives plans. As predicted, significant positive correlations were found between release planning and reintegration experiences 1 and

3 months following prison release, and results suggested that effective reintegration might help facilitate living a good life. Overall, results from the 3 studies suggest that poor release planning and subsequent reintegration experiences contribute to sex offender recidivism. Implications for researchers, clinicians, policy makers, and community members are discussed.

## INTRODUCTION

### Overview

Child sexual abuse is a major issue facing modern society, and may be the single most preventable contributor to child and adult mental illness (De Bellis, 2001). A review of 45 studies considering the impact of sexual abuse on children highlighted varied effects including post traumatic stress disorder, behavioural problems, sexualised behaviour, and poor self-esteem; and concluded that virtually no domain of symptomology had not been associated with a history of sexual abuse (Kendall-Tackett, Williams, & Finkelhor, 1993). Further, the links between childhood sexual abuse and adverse mental health and social problems in adulthood are well-documented (e.g., Colman & Widom, 2004; Fergusson, Boden, & Horwood, 2008; Roberts, O'Connor, Dunn, & Golding, 2004; Widom, 1999; Widom, Marmorstein, & Raskin White, 2006).

International lifespan prevalence estimates of childhood sexual abuse range from 7-36% amongst women and 3-29% amongst men (Finkelhor, 1994). New Zealand features especially poorly in these statistics: a recent cross-sectional study involving 2855 participants found that 23.5% of those living in an urban region and 28.2% of those living in a rural region reported having been sexually touched or coerced into doing something sexual they did not want to do prior to 15 years of age (Fanslow, Robinson, Crengle, & Perese, 2007). The extensive and sometimes profoundly damaging effects of sexual abuse and an unprecedented number of victims necessitate dedicated attention to prevention efforts. Primary prevention, increasing detection and reporting rates, and apprehending and prosecuting offenders are all important endeavours. Another important endeavour is reducing recidivism amongst convicted offenders, effectively preventing future victims. Prison-based treatment

programmes play a central role in attempts to reduce recidivism, however little is known about the needs of transitioning sex offenders, nor the impact of reintegration failures on recidivism.

Anecdotally, there is a widespread belief among clinicians and other professionals working in correctional settings that poor planning for the transition to living in the community after prison release can increase the likelihood of recidivism for sexual offenders. Difficulties that such offenders face with finding suitable housing and employment have been chronicled in newspaper articles (e.g., Haines, 2006) and portrayed in the popular media, including the critically well-received film, *The Woodsman*. Child molesters face particularly acute challenges in terms of community reintegration. In extreme cases, public fear evoked by such offenders has led to instances of public shunning, pickets, vigils, and evictions (Petrunik & Deutschmann, 2008). Forcing child molesters out of communities may reflect an attempt to eradicate the potential for further harm. The problem, however, is that child molesters do not return to prison when forced out of communities. Rather they are left potentially homeless or in unstable living conditions, which has been linked with recidivism for general offenders (Zamble & Quinsey, 1997). The effective reintegration of child molesters appears paramount in efforts to prevent them from reoffending.

This chapter reviews the literature relevant to sex offender rehabilitation, recidivism prediction, and community reintegration. In the context of this thesis *rehabilitation* concerns psychological treatment for sexual offending, while *recidivism* is defined as reconviction for sexual offending. *Reintegration* refers to the process of sex offenders rejoining the community following a period of incarceration. In the United States this process has been commonly referred to as *re-entry*, and researchers

in the United Kingdom have preferred the term *resettlement* (Ward & Maruna, 2007). Reintegration has, however, been used by researchers globally, including in the United States (e.g., Wormith et al., 2007), Canada (e.g., Johnson & Grant, 2001), Australia (e.g., Graffam, Shinkfield, Lavelle, & McPherson, 2004) and New Zealand (e.g., Ward, Day, & Casey, 2006), and was considered more broadly descriptive of the process that occurs upon prison release, in contrast to one aspect of prison release (e.g., shifting residence), hence its use in this thesis. Because different types of sex offenders (e.g., rapists and child molesters) are commonly collapsed into one group in the literature, the terms *sex offender* and *child molester* are used interchangeably, unless a distinction between the groups is otherwise indicated. While a growing body of literature exists on female perpetrators of sexual violence (e.g., Gannon, Rose, & Ward, 2008; Grayston & De Luca, 1999; Nathan & Ward, 2001), female sex offenders were not included as participants in the empirical chapters of this thesis. Accordingly, only research on male sex offenders is reviewed.

This chapter proceeds as follows: the sex offender rehabilitation literature will be reviewed, including, as an example, a description of current rehabilitative practices used at the two sites from which offenders were recruited for the empirical work reported in this thesis. In addition, the contemporary Good Lives Model (Ward & Stewart, 2003) of offender rehabilitation, which has particular relevance to prisoner reintegration (Ward, Day et al., 2006), is described. Next, research on predicting sex offender recidivism is reviewed. Static and dynamic risk factors, their incorporation into risk assessment tools and the predictive accuracy of such tools will be reviewed. The reintegration of sex offenders has heretofore received minimal attention in the research literature compared to sex offender rehabilitation and the prediction of recidivism. Consequently, current knowledge concerning prisoner reintegration for

general offenders is reviewed, with a focus on sex offenders when the research permits. The current chapter concludes with a rationale for the present research and an overview of the empirical chapters that follow.

### Sex Offender Rehabilitation

The question of whether or not offender rehabilitation is a worthwhile endeavour has been debated since Martinson's influential review in 1974 that concluded "nothing works" in efforts to rehabilitate offenders in general. Fortunately many criticised Martinson's conclusion, highlighting that it was premature and that evidence for the effectiveness of rehabilitation did exist (e.g., Gendreau & Ross, 1979). As a result, a continually growing body of theoretical and empirical research has developed that guides current rehabilitation practice. The purpose of this section is two-fold: first, to describe the predominant risk management approach to offender rehabilitation that grounds current treatment programmes for all types of offenders, to illustrate its specific application with sex offenders, including a description of the treatment programmes from which offenders were recruited for the empirical work reported in this thesis, and to review treatment efficacy. The second purpose is to address limitations of the risk management approach, and to introduce the Good Lives Model (Ward & Stewart, 2003), a contemporary strengths-based model of offender rehabilitation also designed to apply to all types of offenders, but which has been most extensively applied to sex offenders. The Good Lives Model has particular relevance to community reintegration, thus together with the predominant risk management

model, contributed to the theoretical grounding of the empirical chapters of this thesis<sup>1</sup>.

### *The Risk Management Approach*

The risk management approach to offender rehabilitation emerged from Andrews and Bonta's seminal book, now in its fourth edition, *The Psychology of Criminal Conduct* (PCC; 2006). The PCC sought to explain criminal behaviour through empirically derived predictors of recidivism using what Andrews and Bonta (2006) have termed a general personality and social psychology perspective. Through an emphasis on individual differences in criminal behaviour, the PCC has collated research findings on various factors associated with criminal behaviour. Andrews and Bonta summarised their findings into the *central eight* risk factors: history of antisocial behaviour, antisocial personality pattern, antisocial attitudes, antisocial associates, family or marital problems, education or employment difficulties, substance abuse, and leisure problems. The first four of these risk factors constitute the *big four*, the strongest predictors of recidivism (e.g., Bonta, Law, & Hanson, 1998; Gendreau, Little, & Goggin, 1996; Hanson & Morton-Bourgon, 2005; Lipsey & Derzon, 1998).

Based on these individual differences in criminal behaviour, the PCC provides three empirically based principles aimed at reducing offenders' risk of recidivism: *risk*, *need*, and *responsivity* (Andrews & Bonta, 2006; Andrews, Bonta, & Hoge, 1990), which are commonly referred to in the forensic psychology literature as the RNR model of offender rehabilitation. The RNR principles are central to the risk management approach, and a large body of research supports their efficacy (e.g.,

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<sup>1</sup> Desistance from crime is a related body of literature contributed mainly by criminologists and sociologists, relating to the cessation of criminal behaviour (Kruttschnitt, Uggen, & Shelton, 2000). Given that the psychological literature provided the theoretical grounding for the empirical chapters of this thesis, the desistance literature is not reviewed here.

Andrews et al., 1990; Andrews & Dowden, 2005; Cullen & Gendreau, 2000). A description of each principle follows.

The risk principle states that the dosage or intensity of interventions should match an offender's risk level, such that intensive interventions are directed at high risk offenders and less intense (or no) interventions are aimed at lower risk offenders. Research has demonstrated that directing intensive interventions to lower risk offenders is ineffective (see Andrews & Bonta, 2006, Table 9.5), or at worst, harmful (e.g., Bonta, Wallace-Capretta, & Rooney, 2000). Bonta et al. (2000) found that treatment decreased recidivism rates for high risk offenders but increased recidivism rates for low risk offenders. In explaining their results Bonta et al. suggested that association with high risk offenders in treatment programmes might negatively affect low risk offenders, possibly through exposure to criminal thinking and criminal modelling. Thus, treatment may be ineffective for low risk offenders, and harmful when coupled with association with high risk offenders.

The needs principle informs intervention targets, specifically that interventions should target criminogenic needs, also known as *dynamic risk factors*, which are those factors causally related to offending (e.g., from the central eight risk factors) that, for a given individual, are changeable. Dynamic risk factors specific to sexual offending include deviant sexual interests and self-regulation difficulties (e.g., Hanson & Morton-Bourgon, 2005). The aim of treatment is to reduce dynamic risk factors and, according to the needs principle, directing intervention efforts at noncriminogenic needs such as low self-esteem and a history of victimisation will prove ineffective, given they have not been linked with recidivism (Andrews & Bonta, 2006; Hanson & Morton-Bourgon, 2005).

Finally, the responsivity principle informs the actual delivery of interventions in order to maximise their efficacy. General responsivity advocates structured cognitive behaviour therapy (CBT) interventions, given their general acceptance as the best treatment currently available for both adult general offenders and sex offenders (e.g., Hanson et al., 2002)<sup>2</sup>. Such interventions address thoughts, feelings, and behaviours associated with sexual offending, and often include restructuring deviant sexual beliefs and reconditioning deviant sexual arousal, which are elaborated upon in the description of the Kia Marama and Te Piriti programmes to follow. Enhancing specific responsivity requires considering cognitive ability, learning style, personality profile, culture, and other characteristics of individual offenders, and delivering treatment accordingly. Culturally responsive treatment is of particular importance in New Zealand, given the overrepresentation of Māori in the criminal justice system, and their rights as *tangata whenua* (people of the land; indigenous people) to equality. As will be shown in the description of New Zealand sex offender treatment programmes to follow, programmes have either been adapted to respond to Māori specific needs (i.e., Kia Marama), or designed from the outset as a *kaupapa Māori* (based on Māori principles) treatment programme (i.e., Te Piriti).

#### *Current Sex Offender Treatment*

In line with the general responsivity principle, current sex offender treatment has adopted a cognitive-behavioural orientation. Relapse Prevention (RP; e.g., Laws, 1989) constitutes the predominant format for delivering CBT with sex offenders (McGrath, Cumming, & Burchard, 2003), and was adapted for use with sex offenders from the addictions treatment literature. RP was originally designed as a maintenance strategy following successful addictions treatment, rather than as a formal treatment

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<sup>2</sup> Hanson et al. (2002) found support for systemic therapy as the best treatment approach with adolescent offenders.

itself, focusing on teaching self-management strategies for dealing with threats to abstinence (Marlatt & Gordon, 1985). Although RP continues to be applied as a treatment maintenance strategy, it has also become a treatment in its own right, such as in sex offender treatment (Laws, Hudson, & Ward, 2000).

Applying RP to sex offenders, recidivism is believed to occur following a chain of sequential events. Seemingly innocent decisions (e.g., unintentionally driving past a playground) may lead a sex offender to put himself in to a high risk situation (e.g., by parking the vehicle outside the playground). Maladaptive or nonexistent coping responses to high risk situations (e.g., acute negative affect) may cause a lapse to occur (e.g., masturbating to fantasies about the children in the playground), potentially leading to experience of an abstinence violation effect, the recognition of violating a desire to abstain from offending. An individual's response to an abstinence violation effect determines whether a relapse (actual offending) will occur. Specifically, when an abstinence violation effect is attributed to external, controllable factors (e.g., admission of a mistake but a belief that continued coping will be successful), the likelihood of relapse will be low. By contrast, when an abstinence violation effect is attributed to internal and unavoidable factors, such as a lack of willpower, relapse potential is high (Laws, 2003). The underlying premise of RP-based treatment is that offence chains can be broken at any point prior to a relapse through CBT strategies, for example teaching adaptive coping strategies aimed at preventing offenders progressing from one event in their offence chains to the next. Over time, advancements have been made to the application of RP with sex offenders to account for heterogeneity in offence pathways (see Ward & Hudson, 2000), however the underlying premise that offenders can exit their offence chain through using adaptive coping strategies has not changed. RP with sex offenders is typically

delivered through group-based treatment programmes. Descriptions of two such programmes operating in New Zealand, the sites of the empirical chapters of this thesis, follow.

*Kia Marama.* *Kia Marama* (meaning *let there be light*) is a prison-based treatment programme for men convicted of sexually offending against children. Located within a medium-security 60-bed self-contained unit at Rolleston Prison near Christchurch, *Kia Marama* is a cognitive-behavioural group-based programme that utilises an RP framework. The content of the treatment programme has, and continues to, evolve with research advancements in the field of sex offender rehabilitation. The following overview, summarised from the detailed descriptions provided by Hudson, Marshall, Ward, Johnston, and Jones (1995) and Hudson, Wales, and Ward (1998), relates to programme content at *Kia Marama* for the period participants in the first empirical chapter of this thesis were receiving treatment (1990 – 2000).

The primary goal of the *Kia Marama* treatment programme is to reduce an offender's risk of recidivism after release back in to the community. In line with this aim, offenders voluntarily commence the *Kia Marama* programme toward the end of their sentences to facilitate a maximally seamless transition. The *Kia Marama* programme spans 33 weeks, inclusive of 2-week assessment periods prior to treatment commencing and again upon treatment completion. Groups of 10 men meet with a therapist three times per week for 2.5 hour-long sessions. Groups progress through seven modules, namely: norm building, understanding your offending, arousal reconditioning, victim impact and empathy, mood management, relationship skills, and relapse prevention. Between 1990 and 1993 bicultural practice was introduced at *Kia Marama*, whereby cultural variables were added to the existing programme, for

example the inclusion of Māori concepts and metaphors within treatment groups (Rutherford & Grace, 2004).

Rules of group conduct, including confidentiality and communication guidelines, are established collaboratively within the norm building module. Also included in norm building, offenders introduce themselves and discuss their reasons for entering treatment. The following understanding your offending module spans the largest number of sessions, whereby each man identifies his offence chain and presents it to the group. The aim of this module is that offenders will develop an understanding of the various events in their offence chain and the links between each event. The modules that follow are primarily concerned with addressing dynamic risk factors associated with sexual recidivism. For example, deviant sexual arousal, a well established dynamic risk factor for child molesters (Hanson & Morton-Bourgon, 2005), is addressed in the arousal reconditioning module. Behavioural strategies including covert sensitisation and directed masturbation are used, which aim to reduce deviant sexual arousal and strengthen arousal to appropriate thoughts and images. The relapse prevention module requires offenders to develop a comprehensive relapse prevention plan detailing risk factors inherent in their offence chains and the skills they have acquired in preceding modules to manage relapse issues. The relapse prevention module culminates in offenders presenting their relapse prevention plans by way of a personal statement to their Probation Officer and other identified support people.

Release planning is discussed and refined throughout the core treatment programme. A reintegration coordinator oversees this process for each inmate and facilitates liaison between the offender, the offender's support network, and relevant community agencies. Priority is given to finding accommodation and identifying

appropriate support people, that is, people able to support offenders in their goal of avoiding relapse. Upon an offender's release a report containing final release plans is sent to the Community Probation Service (CPS). Parole conditions typically include residing at an approved address, regular meetings with a Probation Officer from the CPS, and regular attendance at the monthly Kia Marama follow-up support group.

Since 2000, and during the period participants in the final empirical chapter of this thesis were receiving treatment, a sexuality module has been incorporated into the treatment programme. The sexuality module includes education about anatomy and function, sexual dysfunctions, and acceptable adult sexual relations. In addition, the module aims to assist men confused about their adult sexual orientation to clarify their self-concept (New Zealand Department of Corrections, 2002).

*Te Piriti.* Te Piriti (meaning *the crossing*) was established in 1994 in a self-contained unit at Auckland Prison, in response to the success of Kia Marama and to address an identified need for a more culturally-responsive treatment programme given the greater number of Māori in the Te Piriti catchment area, relative to that of Kia Marama (Larsen, Robertson, Hillman, & Hudson, 1998). The Te Piriti treatment programme was modelled on the Kia Marama programme, however greater emphasis was given to cultural responsiveness, for example the full-time employment of a cultural consultant and greater involvement of *whānau* (family), *hapu* (sub-tribe) and *iwi* (tribe) representatives. Involvement of such representatives reflects the fundamental importance of collective responsibility in Māori culture. Reintegrative practices at Te Piriti were modelled on those at Kia Marama, with a greater emphasis on cultural aspects of reintegration for Māori offenders. For example, efforts are made to facilitate reintegration to tribal region for Māori offenders. Consistent with practices at Kia Marama, upon an offender's release a report containing final release plans is

sent to the CPS. For further information about the Te Piriti programme see Larsen, Robertson, Hillman, and Hudson (1998).

### *Overview of Treatment Effectiveness*

The question of whether or not treatment works in reducing sexual recidivism informs the future of rehabilitative efforts. A recent meta-analysis of treatment effectiveness initiated by the Association for the Treatment of Sexual Abusers (ATSA Collaborative Study, Hanson et al., 2002) included 43 studies, with a combined sample size of 9,454 sex offenders. The overall recidivism rates for treated and non-treated offenders were 12% and 17% respectively, corresponding to treatment showing a small but significant effect. Considering only studies employing contemporary treatment approaches (CBT for adults or systemic therapy for adolescents) and randomly or incidentally assigned control groups (as opposed to groups confounded by treatment refusers), the sexual recidivism rate was 10% for treated offenders compared to 17% for non-treated offenders. More recently, the effectiveness of treatment and the particular robustness of CBT approaches were supported in a cross cultural meta-analysis (Lösel & Schmucker, 2005).

Included in Hanson et al.'s (2002) meta analyses was an evaluation of the Kia Marama programme (Bakker, Hudson, Wales, & Riley, 1998). Bakker et al. compared the sexual recidivism rate of the first 238 Kia Marama graduates with a comparison group comprising 281 child molesters released from New Zealand prisons prior to the establishment of Kia Marama. Reconviction rates for the Kia Marama graduates and the comparison group were 8% and 21% respectively, demonstrating a significant treatment effect, which remained when numbers of previous convictions and time at large were controlled for. In a more recent study, Rutherford and Grace (2004) compared recidivism rates prior to and after general improvements to the

treatment programme as well as the addition of cultural variables. They found a decrease in recidivism for both Māori and non-Māori offenders, with effects most pronounced for Māori. Specifically, prior to 1994, the Māori recidivism rate was 28%, significantly higher than the non-Māori rate of 15%. Post 1994, recidivism rates for both Māori and non-Māori were 4%. Controlling for the confounding variable of differing follow-up times in the pre-1994 and post-1994 comparison, a survival analysis confirmed a significantly lower reconviction rate for all men treated post-1994, suggesting improvements to the programme benefited both Māori and non-Māori. The most recent analysis of reconviction rates for Kia Marama graduates ( $N = 495$ ) found a 10% recidivism rate over a mean follow-up time of 5.8 years (Allan, Grace, Rutherford, & Hudson, 2007). Nathan, Wilson, and Hillman (2003) conducted an evaluation study of Te Piriti, and found a 5.5% recidivism rate over a mean follow-up time of 2.4 years. The authors used the same comparison group to that used in Bakker et al.'s (1998) Kia Marama evaluation, and found a significant treatment effect. Although the mean follow-up time was significantly longer for the comparison group, there was no significant difference in mean time to sexual reconviction between groups, suggesting that the difference in follow-up times did not confound the findings. Thus, New Zealand prison-based treatment programmes for child molesters have demonstrated effectiveness comparable to, or better than, findings reported in Hanson et al.'s (2002) meta-analysis of treatment effectiveness for all sex offenders. A recent report notes a general decline in sexual recidivism since the early 1990s, which may, in part, be due to the development of more effective treatment programmes, such as those at Kia Marama and Te Piriti, for sexual offenders during this time (Helmus, Hanson, & Thornton, 2009).

Although research findings offer promise for the effectiveness of sex offender treatment, many studies have been hampered by methodological limitations (Harkins & Beech, 2007; Rice & Harris, 2003). Reasons for these limitations include the ethical dilemma of including non-treated control groups, insufficient (too short) follow-up times, and the reliance on officially reported data to measure recidivism outcomes. Rice and Harris (2003) reanalysed data from the six evaluation studies included in Hanson et al.'s (2002) meta-analysis that they considered most methodologically robust (Borduin & Schaeffer, 2001; Lindsay & Smith, 1998; Marques, 1999; Quinsey, Khanna, & Malcolm, 1998; Rice, Quinsey, & Harris, 1991; Romero & Williams, 1983). In contrast to Hanson et al.'s findings, their analysis showed treatment to have no effect. Rather, treated sex offenders had a nonsignificantly higher reoffence rate than sex offenders in the comparison groups. Moreover, the most methodologically robust study to date found no treatment effect for a RP programme (Marques, Wiederanders, Day, Nelson, & van Ommeren, 2005).

In sum, the evidence for the effectiveness of current sex offender treatment programmes, although promising, remains mixed. That said, current treatment has been pivotal in maintaining faith in the potential for offender rehabilitation following Martinson's (1974) infamous claim that nothing works. Further, that sex offender treatment programmes continue to evolve suggests that those responsible for the allocation of correctional resources support the rehabilitation endeavour.

A growing body of research has highlighted that the RNR model and associated RP framework that constitute the risk management approach have limitations in their current application with sex offenders (e.g., Laws et al., 2000; Ward & Maruna, 2007). Recent theoretical advancements to sex offender rehabilitation, specifically the introduction of strengths-based approaches such as the

Good Lives Model (Ward & Stewart, 2003), offer potential for improvements to sex offender treatment programmes, through addressing limitations of current programmes such as their failure to address offender motivation for treatment, and their minimal consideration of release environments. The Good Lives Model gives particular emphasis to the environmental context to which sex offenders return, and thus together with the predominant risk management approach, contributed to the theoretical grounding for the empirical chapters of this thesis. An elaboration of the limitations associated with current treatment programmes and a description of the Good Lives Model follow.

#### *Limitations of Current Treatment Programmes*

The most extensively cited criticism of current treatment programmes is the difficulty motivating offenders to engage in the treatment process. Failure to address offender motivation for treatment results from the theoretical grounding of current treatment programmes in the risk management approach, rather than improving the lives of offenders (Ward & Maruna, 2007). RP was designed for clients motivated to change a problem behaviour (George & Marlatt, 1989), however, it has frequently been reported that sex offenders have poor motivation to change (e.g., Hanson, 2000). Jones, Pelissier, and Klein-Saffran (2006) found that a judge's recommendation for treatment significantly predicted whether sex offenders volunteered for treatment, suggesting that external motivators such as parole eligibility influence decisions to enter treatment. Moreover, attrition from sex offender treatment programmes is particularly high, with reported rates as high as 30-50% (e.g., Browne, Foreman, & Middleton, 1998; Moore, Bergman, & Knox, 1999; Ware & Bright, 2008). Consistent evidence shows that men who drop out of treatment are more likely to reoffend compared to treatment completers (e.g., Hanson et al., 2002; Marques et al., 2005) as

well as untreated comparison groups (Hanson et al., 2002). Without addressing the problem of treatment attrition, current treatment programmes fail to deliver to groups of sex offenders most requiring treatment (Beyko & Wong, 2005), and therefore fail to adhere to the RNR risk principle.

In their recent study Beyko and Wong (2005) identified two main clusters of attrition predictors that correctly classified 95.3% of sex offender treatment completers and dropouts: nonsexual criminogenic needs (e.g., aggression, rule violation) and poor treatment engagement (e.g., lack of motivation). Such findings suggest that some treatment programmes struggle to adhere well to the RNR principle of specific responsivity. It was once argued that predictors of treatment attrition should constitute exclusionary criteria for treatment programmes (e.g., Gully, Mitchell, Butter, & Harwood, 1990), however it has been increasingly advocated that treatment programmes address specific responsivity barriers in order to improve rehabilitative efforts (Beyko & Wong, 2005; Marshall et al., 2005; Ward & Maruna, 2007). Accordingly, recent research has focussed on how to maximise specific treatment responsivity, and in particular poor treatment engagement. Particular attention has been given to the therapeutic relationship between sex offenders and therapists, and the orientation of treatment goals.

Marshall and his colleagues (e.g., Marshall et al., 2003; Serran, Fernandez, Marshall, & Mann, 2003) investigated the impact of different therapeutic relationship styles on behaviour and attitude changes, through analysing tape recorded treatment sessions. Confrontational approaches were found to have a negative impact, whereas displays of empathy, warmth, encouragement, and some degree of directiveness facilitated treatment change - suggesting that careful attention to the therapeutic relationship might increase treatment engagement. Relatedly, it has been suggested

that attention to noncriminogenic needs such as those relating to enhanced wellbeing and quality of life may also benefit the therapeutic alliance and enhance treatment engagement (Ward & Maruna, 2007).

Mann (2000) highlighted that the goal of RP (i.e., avoiding relapse) with sex offenders was not conducive to treatment engagement, given it was enforced upon offenders rather than mutually agreed upon in therapy. She convincingly argued that the psychology of goal setting should inform RP. In her review of the goal setting literature Mann highlighted the distinction between approach and avoidance goals. Both can aim toward the same desired state: using the goal of weight loss as an example, healthy eating represents an approach goal, and avoiding junk food an avoidance goal. The orientation of the former, however, provides an individual with direction toward their goal, whilst the latter merely encourages constant hypervigilance to threats of goal attainment. It has been suggested that individuals driven by approach goals focus on positive outcomes and thus persevere longer than people driven by avoidance goals, who tend to focus on threats (e.g., Higgins, 1996). Supporting this claim, Higgins (1996) found that when feedback relating to an anagram task was framed with a positive-outcome focus (e.g., “right, you got that one” or “you didn’t get that one right”), participants were more accurate and persisted with the task longer than participants receiving feedback with a negative-outcome focus (e.g., “you didn’t miss that one” or “no, you missed that one”).

Relating the goal setting literature described above to RP, by definition RP focuses on avoidance goals through encouraging hypervigilance to threats of relapse. Reframing the goal of RP by way of approach goals may facilitate enhanced treatment engagement. For example, the overarching goal of treatment might be “to become someone who lives a satisfying life that is always respectful of others” (Mann, 2000,

p. 194). Such a goal remains consistent with avoiding relapse given it is incongruent with offending, and can be separated into personally meaningful sub-goals that provide sex offenders with direction in life, for example, increasing confidence in socialising with adult women. Thus, by using approach goals treatment can help offenders live a better life, not just a less harmful one, in ways that are personally meaningful and socially acceptable (Mann, 2000; Ward & Maruna, 2007).

Approach goals have been used for some time with intellectually disabled sex offenders, in Haaven, Little, and Petre-Miller's (1990) *new me* strategy. In Haaven et al.'s approach sex offenders are encouraged to conceptualise themselves as they were when offending, referred to as the *old me*, and as they would like to be in the future, known as the new me. New me conceptualisations must be realistic, however there are no other constraints, which results in offenders describing personally meaningful, approach-orientated goals. In a recent study, Mann, Webster, Schofield, and Marshall (2004) adopted this approach with non-intellectually disabled sex offenders, and randomly assigned 24 participants to a new me intervention and 23 participants to a traditional RP intervention. Participants in the new me intervention engaged better in treatment, as measured by homework compliance and willingness to disclose lapses.

Discussion on the limitations of current treatment programmes has thus far focussed on the difficulty of motivating offenders to engage in treatment. Another limitation of current treatment programmes is their minimal consideration given to the social environment that released sex offenders return to. According to ecological perspectives of human behaviour (e.g., Bronfenbrenner, 1979), interactions with environmental systems such as family, community and employment might be paramount in preventing sexual recidivism. More specifically, environmental factors have the potential to facilitate or impede the maintenance of treatment-related change

to dynamic risk factors. In a recent paper Ward and Nee (in press) argued that effective treatment generalisation requires an environment that supports and reinforces newly-learned concepts, such as the restructuring of offence-supportive beliefs. Associating with people endorsing such beliefs, for example, will likely not be conducive to maintaining treatment-induced restructured beliefs. Treatment generalisation requires that prison-based programmes equip offenders with the skills and resources necessary to live an offence-free life in their specific release environments (Ward & Stewart, 2003). Thus, release environments require consideration throughout sex offender treatment programmes.

In sum, critics argue that the risk management approach adopted by current sex offender treatment programmes constitutes a necessary but not sufficient foundation for effective interventions (Ellerby, Bedard, & Chartrand, 2000; Maruna, 2001; Ward & Maruna, 2007; Ward & Stewart, 2003). It has been convincingly argued that offender rehabilitation endeavours require a dual focus: reducing risk, but also promoting human needs and values through approach goals, thereby engaging offenders in the treatment process (Ward & Brown, 2004). A description of The Good Lives Model of offender rehabilitation, which accommodates this dual focus, follows.

#### *The Good Lives Model*

The Good Lives Model (GLM), first proposed by Ward and Stewart (2003) and advanced by Ward and colleagues (e.g., Ward & Gannon, 2006; Ward & Marshall, 2004), is an example of a positive psychology, or strengths-based approach, to offender rehabilitation. An underlying assumption of the GLM is that humans, by nature, seek out experiences consistent with their personal values, and experience high levels of well being in doing so. Criminal behaviour results when individuals lack the

internal and external resources necessary to satisfy their values using pro-social means. In other words, criminal behaviour represents a maladaptive attempt to meet life values (Ward & Stewart, 2003). Accordingly, treatment should equip offenders with the knowledge, skills, opportunities and resources necessary to live a good life - that is, one that is consistent with their values and is acceptable to wider society.

The aim of treatment according to the GLM is the promotion of *primary goods*, or human needs that, once met, enhance psychological well being (Ward & Brown, 2004). A basic premise of the GLM is that offenders, like all humans, hold a set of primary goods. The weightings or priorities given to specific primary goods reflect an offender's life values. Following an extensive review of psychological, biological, and anthropological research, Ward and colleagues (e.g., Ward & Brown, 2004; Ward & Marshall, 2004) first proposed nine classes of primary goods. In more recent work (e.g., Ward & Gannon, 2006; Ward, Mann, & Gannon, 2007) they separated the goods of friendship and community to produce ten classes of primary goods: (1) life (including healthy living and functioning), (2) knowledge, (3) excellence in play and work (including mastery experiences), (4) excellence in agency (i.e., autonomy and self-directedness), (5) inner peace (i.e., freedom from emotional turmoil and stress), (6) friendship (including intimate, romantic, and family relationships), (7) community, (8) spirituality (in the broad sense of finding meaning and purpose in life), (9) happiness, and (10) creativity (Ward & Gannon, 2006, p. 79).

Instrumental goods, or *secondary goods*, provide concrete means of securing primary goods and take the form of approach goals (Ward, Vess, Collie, & Gannon, 2006). For example, completing an apprenticeship might satisfy the primary goods of knowledge and excellence in work. Criminal behaviour, it is argued, results from attempts to secure primary goods using inappropriate secondary goods. For example,

sexual offending may be an attempt to gain intimacy, included in the primary good of friendship (e.g., Ward & Gannon, 2006; Ward & Marshall, 2004). Thus, offenders are encouraged to formulate personally meaningful pro-social secondary goods in order to meet their primary goods. Joining an adult sports team or cultural club, for example, represent appropriate secondary goods aimed at fulfilling the primary good of friendship. Such goals are incompatible with dynamic risk factors, meaning that avoidance goals are indirectly targeted through the GLM's focus on approach goals. Ward and colleagues (Ward & Gannon, 2006; Ward, Vess et al., 2006) argue that both avoidance and approach goals are necessary in sex offender rehabilitation. In contrast to the risk management approach that is primarily concerned with avoidance goals, the dual focus of the GLM likely enhances an offender's motivation for change, because the focus reflects the offender's priorities in life (Ward, Day et al., 2006).

In applying the GLM, assessment begins with mapping out an offender's good lives conceptualisation by identifying their primary goods, and culminates in identifying appropriate secondary goods which are translated into a good lives treatment plan (Ward et al., 2007). In identifying secondary goods, particular consideration is given to the environmental context to which sex offenders will return, given that secondary goods are dependent on particular external conditions, such as resources and social support (Ward & Gannon, 2006; Ward, Vess et al., 2006). Ward et al. (2007) outlined a group-based application of the GLM based on seven modules typical of current best-practice treatment programmes: establishing therapy norms, understanding offending and cognitive restructuring, dealing with deviant arousal, victim impact and empathy training, affect regulation, social skills training, and relapse prevention. They highlighted that most modules were associated with an overarching primary good, consistent with the notion that dynamic risk factors are

considered maladaptive means of securing primary goods. For example, an overarching good in the understanding offending and cognitive restructuring module is that of knowledge, attained through providing offenders with an understanding of how their thoughts, feelings, and actions led them to offend. The social skills training module is associated with the overarching goods of friendship, community, and excellence in agency. Offenders' individual good lives plans should inform the nature of interventions provided in this module. Some offenders, for example, may value other primary goods such as excellence in play and work over the good of friendship, thus basic social skills training will likely suffice. Other offenders however, may highly value intimate relationships, thus intensive therapeutic work on intimacy and relationships might be required.

Although it is too early to know the relative effectiveness of the GLM as a model of offender rehabilitation, an emerging body of research supports its utility in addressing key limitations of the risk management approach. Recent initiatives have incorporated principles of the GLM with RP-based treatment, with positive results. For example, Ware and Bright (2008) recently reported preliminary results following the incorporation of GLM principles into their sex offender treatment programme, concurrently with the introduction of open treatment groups, meaning offenders work through treatment modules at their own pace (in contrast to closed treatment groups whereby group members start and finish together). Since the implementation of these changes, the treatment attrition rate has reduced, and staff have reported feeling more effective and positive in their work, likely benefiting their therapeutic relationship with sex offenders, which has previously been shown to facilitate treatment change (e.g., Marshall et al., 2003; Serran et al., 2003). In another study, Lindsay, Ward, Morgan, and Wilson (2007) demonstrated the incorporation of GLM and RP

principles with sex offenders using two case examples. They reported the dual focus on improving quality of life as well as managing risk enhanced treatment engagement and provided offenders with a pro-social and personally meaningful life focus. Both offenders remained offence-free 5 years following their referral for treatment.

Consistent with reports of the GLM's effectiveness with sex offenders, the GLM has also been successfully applied with a high-risk violent offender (Whitehead, Ward, & Collie, 2007). Whitehead et al. reported that the implementation of GLM principles facilitated treatment readiness, and promoted long-term reintegration goals.

Thus, the GLM has demonstrated preliminary effectiveness in addressing key limitations of the risk management approach to sex offender treatment, most notably treatment engagement and consideration of the environment to which incarcerated sex offenders return. The GLM provides a theoretical rationale for considering the impact of reintegration variables on sex offender recidivism: living a life consistent with one's set of primary goods requires an environmental context that facilitates attainment of secondary goods. A review of research on the prediction of sexual recidivism follows.

### Recidivism Risk Prediction

Assessment of sex offenders' risk for recidivism is an important task for clinicians working in criminal justice settings, whose clients are not only the offenders but also the wider community. Outcomes of risk assessments inform the delicate balance between community safety and offender rights. Offenders judged to be at low risk for reoffending may get paroled earlier in their sentence with minimal parole conditions. Conversely, offenders assessed at high risk for reoffending may be subject to longer periods of incarceration, extended community-based supervision,

and/or stringent parole conditions, depending on the state or country. The costs of mistakes in risk assessment are large: overestimating risk (i.e., a high rate of false positives) may jeopardise offender rights, whereas underestimating risk (i.e., a high rate of false negatives) may endanger community safety and compromise community trust in the justice system.

One difficulty with predicting sexual recidivism is that the base rate of reconviction for sexual offending is relatively low for the population of offenders as a whole. The observed sexual recidivism rate in a recent meta-analysis based on 73 studies and 19,267 male sex offenders was 13.7%, over an average follow-up time of 5 – 6 years (Hanson & Morton-Bourgon, 2005). Even with a follow-up period spanning 25 years, and including charges (as well as reconvictions) in their definition of recidivism, Prentky, Lee, Knight, and Cerce (1997) reported recidivism rates of 26% and 32% for rapists and child molesters, respectively. It is of note that these findings likely underestimate the true recidivism rate, which remains unknown given researchers' reliance on official reports of recidivism (Janus & Meehl, 1997). Indeed, it has been reported that unofficial sources (e.g., police and child protection agencies' unofficial files) show up to 5.3 times more reoffences than do official sources (Falshaw, Friendship, & Bates, 2003; Marshall & Barbaree, 1990b), meaning only a fraction of sexual reoffences result in reconviction. Thus, the importance of accurate risk predictions and consequent decisions relating to community supervision of sex offenders exceeds that suggested by low reconviction rates. In addition, certain subgroups of sex offenders, such as those with histories of offending against stranger victims, have higher base rates of reoffending (Hanson & Bussière, 1998), which further underscores the importance of accurate risk assessments.

Initial attempts to predict recidivism risk, termed *first generation offender risk assessment*, did not differentiate offender types, and were based on unstructured professional judgements (Andrews & Bonta, 2006). This method tended to overestimate recidivism risk (e.g., Hood, Shute, Feilzer, & Wilcox, 2002), and yielded poor predictive accuracy (Grove & Meehl, 1996; Hanson & Bussière, 1998). Consequently, a growing body of empirical research on risk factors for recidivism developed, summarised by Andrews and Bonta (2006) into the central eight and big four risk factors. It became apparent that some of these variables were valid predictors for sexual recidivism, and that additional unique predictors of sexual recidivism existed (Hanson & Bussière, 1998). Sections on empirically derived risk factors for sexual recidivism and their translation into the subsequent generations of sex offender risk assessment practice follow.

#### *Risk Factors for Sexual Recidivism*

Risk factors for recidivism among sexual offenders have been categorised into *static* and *dynamic* factors. By definition, static risk factors are unchangeable, often historical factors, described as markers for long-term propensities towards sexual offending (Hanson, 1998). In their meta-analysis of sex offender recidivism studies, Hanson and Bussière (1998) identified several factors that were more prevalent among recidivists than nonrecidivists across at least four studies: recidivists were more likely to be of younger age and of single marital status at first offence (including nonsexual offences) than nonrecidivists; recidivists were more likely to have an antisocial personality disorder; recidivists had a higher number of offences prior to incarceration, including prior sexual offences; victims of recidivists were more likely to be strangers and/or male; recidivists had an earlier onset of sexual offending; and a more diverse history of sexual offending than nonrecidivists. Although useful in

predicting recidivism, static factors do not allow for possible change in risk level following change in an offender (e.g., as a consequence of treatment) or the impact of environmental factors (e.g., access to potential victims). It follows that additional variables warrant consideration in predicting recidivism risk.

Dynamic risk factors represent the broad range of potentially changeable predictors of recidivism unrelated to offence history. Hanson (1998) distinguished between those that are *stable* versus *acute*. Stable dynamic risk factors reflect relatively enduring tendencies that are amenable to change through treatment such as pro-offending attitudes, intimacy deficits, deviant sexual interests and general self-regulation difficulties, each of which has been consistently linked with recidivism across studies (Craissati & Beech, 2003). Deviant sexual interests, as measured by phallometric assessment, was the single strongest predictor of sexual recidivism in Hanson and Bussière's (1998) meta-analysis described earlier, which featured predominantly static risk factors. Thus, consideration of dynamic risk factors can increase predictive validity beyond that obtained using static risk factors. In light of greater research attention to dynamic risk factors, Hanson and Morton-Bourgon (2005) conducted an updated meta-analysis considering only variables that had either not been included, or that had produced mixed findings, in Hanson and Bussière's meta-analysis. Variables most strongly predictive of sexual recidivism were stable dynamic risk factors related to sexual deviancy and antisocial orientation, the latter including employment instability. In addition, sexual attitudes and intimacy deficits, also stable dynamic factors, were significant predictors of sexual recidivism; whereas general psychological problems and clinical presentation, both stable dynamic risk factors, and an adverse childhood environment, a static risk factor, were unrelated to sexual recidivism. Taken together, Hanson and Morton-Bourgon's findings showed

that several stable dynamic risk factors significantly predicted sexual recidivism, meaning that rehabilitation efforts targeting these risk factors may reduce sex offender recidivism risk.

Acute dynamic risk factors, by contrast, are those that can change rapidly and precipitate immediate recidivism, such as substance intoxication and low mood. Given the speed at which acute dynamic risk factors change, their accurate measurement in recidivism studies is difficult, and hence they have been less-extensively studied relative to static and stable dynamic risk factors. In interviews with community supervision officers, Hanson and Harris (2000) found that recidivists' mood significantly decreased, and anger, substance abuse, and victim access significantly increased in the month immediately prior to their reoffending, compared to a matched group of nonrecidivists. Although Hanson and Harris's (2000) findings were based on retrospective reports, a recent study using a prospective design produced similar results. Hanson, Harris, Scott, and Helmus (2007) found that victim access and emotional collapse within 45 days of reoffence significantly predicted sexual recidivism, whilst substance abuse predicted any sexual or violent recidivism.

Static, stable dynamic, and acute dynamic risk factors have been recently redefined in Beech and Ward's aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004) in an attempt to integrate risk assessment with major aetiological theories of sexual offending (e.g., Marshall & Barbaree, 1990a; Ward & Siegert, 2002). Specifically, stable dynamic risk factors are conceptualised as psychological vulnerabilities or traits for sexual offending, which result from developmental experiences such as the formation of an insecure attachment style. Static risk factors are considered to represent historical markers of such traits, whereas

acute dynamic risk factors are the state expression of such traits, which result from a specific triggering event or context. For example, for a vulnerable individual, being in the presence of a child might act as a trigger for acute deviant sexual thoughts and fantasies, which increase the likelihood of sexual offending. Thus, those risk factors commonly identified in the literature as acute dynamic are conceptualised within the aetiological model of risk as environmental triggers, and acute dynamic risk factors represent the state form of stable dynamic risk factors (i.e., psychological vulnerabilities). Within this framework, release planning for sex offenders should aim to minimise the likelihood for activation of triggering events, and thus reduce the incidence of acute dynamic risk factors and hence the risk of reoffending.

#### *Assessment of Recidivism Risk*

Effect sizes and correlations of individual static and dynamic risk factors with sexual recidivism have consistently been small (e.g., Hanson & Bussière, 1998; Hanson & Morton-Bourgon, 2005), suggesting that consideration of risk factors separately is of limited use. Thus, the actuarial method which aims to maximise predictive validity for recidivism by combining known risk factors to yield an overall estimate of recidivism risk has been employed. Prior to describing developments in the actuarial method, the measurement of predictive validity warrants explanation. Receiver operating characteristics (ROC) Area Under the Curve Analysis (AUC) has increasingly been used as the statistic of choice for measuring the predictive validity of actuarial scales (Craig, Browne, Stringer, & Beech, 2004) because it is independent of recidivism base rates, unlike correlations and other commonly used measures (Rice & Harris, 1995). The ROC curve plots the proportion of recidivists who are predicted to reoffend (i.e., true positives; hit rate) against the proportion of nonrecidivists predicted to reoffend (i.e., false positives; false alarm rate), for a range of decision

cutoffs. For example, if scores on an instrument range from 0 to 10, with higher scores indicating greater risk for reoffending, then for each possible cutoff score (0-10) the hit rate and false alarm rate are calculated and plotted. The resulting AUC value ranges from .5, indicating prediction no better than chance, to 1, indicating perfect prediction. An overview of the evolution of the actuarial method including the predictive accuracy attainable using actuarial instruments follows.

The first actuarial instruments for predicting sex offender recidivism were based on static risk factors only. One of the earlier instruments disseminated in North America was The Rapid Risk Assessment for Sex Offender Recidivism (RRASOR; Hanson, 1997), which was based on findings from Hanson and Bussière's (1998) original meta-analysis. Several other instruments have since been developed, notably the Static-99 (Hanson & Thornton, 1999), which is the most widely-used and validated measure of static risk for sexual offenders (Ducro & Pham, 2006; Hanson & Thornton, 2000; Looman, 2006). The Static-99 incorporates items of the RRASOR and a measure developed in the United Kingdom, the Structured Anchored Clinical Judgement – Minimum version (Thornton, 1997, as cited in Grubin, 1998), to produce a 10-item static risk scale.

Barbaree, Seto, Langton, and Peacock (2001) and Harris et al. (2003) evaluated the comparative predictive validity of three common static risk measures: the RRASOR, Static-99 and the Sex Offender Risk Appraisal Guide (SORAG; Quinsey, Harris, Rice, & Cormier, 1998), which is based on the Violence Risk Appraisal Guide (VRAG; Harris, Rice, & Quinsey, 1993). Each instrument reliably predicted sexual recidivism across both studies, at a level greater than chance with AUC values ranging from .59 to .77, and there were no statistically significant differences in predictive validity between measures. Seto (2008) highlighted that the

absence of significant difference in the predictive accuracy of static risk scales was likely due to their similar item content.

Although static actuarial instruments represented clear advances to risk assessment practice based on unstructured professional judgement, their exclusion of dynamic risk factors potentially limits their predictive validity and clinical utility. Consideration of dynamic risk factors should produce increased predictive validity, as well as identify treatment targets that, once changed, reduce recidivism risk (Andrews & Bonta, 2006).

The first approach to assess for level of dynamic risk employed psychometric test batteries, which typically included tests designed to measure stable dynamic factors such as sexual interests, pro-offending attitudes, emotional functioning, and social functioning. Beech (1998) differentiated two groups in a sample of 140 child molesters based on their psychometric profiles, which he labelled high deviancy and low deviancy groups. Several years later, Beech, Friendship, Erikson, and Hanson (2002) reported that this high and low deviancy classification contributed significant variance in predicting sexual recidivism beyond the Static-99, demonstrating the utility of dynamic factors in enhancing predictive validity beyond that yielded from static scores alone. Thornton (2002) administered a psychometric battery to 117 child molesters, and assigned deviancy ratings (high, medium, or low) based on offenders' scores across four domains (sexual interests, distorted attitudes, socioaffective functioning, and self management) relative to the sample mean. The deviance classifications performed well in predicting recidivism ( $AUC = .78$ ), and consistent with Beech et al.'s findings, contributed significant variance beyond the Static-99. Recently in New Zealand, data obtained from a psychometric battery administered to 492 child molesters who had completed the Kia Marama programme were used to

develop a framework for assessing dynamic risk factors (Allan et al., 2007). Factor analysis identified a four-factor structure, and these factors were labelled Social Inadequacy, Sexual Interests, Anger/Hostility, and Pro-Offending Attitudes. An Overall Deviance score was also calculated which combined factor scores, and this demonstrated predictive validity of recidivism comparable to Thornton's deviance classifications (AUC = .76). Overall Deviance, Sexual Interests, and Pro-Offending Attitudes each contributed significant variance in predicting recidivism beyond the Static-99. In sum, consideration of stable dynamic risk factors has consistently contributed significant variance in recidivism prediction after controlling for static risk factors (Allan et al., 2007; Beech et al., 2002; Thornton, 2002).

Systematic and objective measurement of stable dynamic risk factors distinguished third generation risk assessment from previous generations (Andrews & Bonta, 2006) and led to the development of a number of new measures of risk assessment. Hanson and Harris (2001) developed the Sex Offender Need Assessment Rating (SONAR), based on the dynamic risk factors identified in their earlier study (Hanson & Harris, 2000). The SONAR consists of five stable factors: intimacy deficits, negative social influences, attitudes tolerant of sexual offending, sexual self-regulation, general self-regulation; and four acute factors: substance abuse, negative mood, anger, and victim access; all designed to be rated by community supervision officers on a simple 3-point likert-type scale. In its development study, the SONAR demonstrated comparable predictive validity to static risk instruments (AUC = .74), but also continued to differentiate recidivists and nonrecidivists after controlling for age, IQ, Static-99 and VRAG scores (Hanson & Harris, 2001). The authors encouraged caution in interpreting results, however, given that data were collected

retrospectively from interviews with community supervision officers who were aware of participants' recidivism status.

Hanson, Harris, Scott, and Helmus (2007) then produced two new instruments based on the SONAR, the STABLE-2007 and ACUTE-2007 (that measure stable dynamic risk factors and acute dynamic risk factors respectively), designed for scoring by either clinicians or community supervision officers. Items included in the STABLE-2007 relate to social influences, intimacy deficits, general self-regulation, sexual self-regulation, and cooperation with supervision. The ACUTE-2007 includes items pertaining to victim access, hostility, sexual pre-occupation, and rejection of supervision. Both instruments, together with the Static-99, are incorporated into an easy to use hierarchical risk assessment protocol for the initial evaluation and long-term supervision of sex offenders: scores on the Static-99 and STABLE-2007 are combined to produce an overall initial risk estimate, which when considered with scores on the ACUTE-2007, indicates supervision priority (low, moderate, or high). In their longitudinal Dynamic Supervision Project involving 997 sex offenders across 16 jurisdictions in North America, Hanson et al. (2007) found that the STABLE-2007 and ACUTE-2007 provided significant incremental validity in predicting sexual recidivism after controlling for Static-99 scores. The AUC value for risk estimates based on combined Static-99 and STABLE-2007 scores was .76. In addition, they found that the ACUTE-2007 provided significant incremental validity after controlling for risk estimates based on combined Static-99 and STABLE-2007 scores. Although the most recent ACUTE-2007 rating was a significant predictor of recidivism in Hanson et al.'s (2007) study, the average ACUTE-2007 rating over the last 6 months was a better predictor. Interpreting this finding, Hanson et al. proposed that consistent failures relating to acute factors might reflect greater risk than inflation

of acute factors on a single occasion. The development of the STABLE-2007 and ACUTE-2007 represent a significant milestone in sex offender risk assessment, and their use has been adopted internationally, including in New Zealand.

Although effective in enhancing predictive validity, third generation offender risk assessment has its limitations. Theoretically, amelioration of dynamic risk factors should be associated with decreases in recidivism, however little evidence supports this claim. Hanson et al. (2007) reported that ratings on the STABLE-2007 at 6-month intervals changed little, and that change was unrelated to recidivism. That is, consideration of dynamic factors increased predictive validity of recidivism above that of considering only static factors but change in dynamic factors did not further enhance predictive validity. In addition, pre-treatment assessment of stable dynamic risk factors has predicted recidivism after follow-up periods spanning several years despite treatment aimed at reducing these factors (e.g., Allan et al., 2007; Beech et al., 2002). This then raises questions about whether the third generation risk assessment instruments are able to measure change in dynamic factors over time, as well as questions about the active components of empirically supported treatment programmes and whether offenders' dynamic risk factors do indeed change over time in response to treatment (or other) interventions. The central aim in the development of the fourth generation of offender risk assessment was to identify changes in risk level following reductions in dynamic risk factors.

The Violence Risk Scale: Sex Offender version (VRS:SO; Olver, Wong, Nicholaichuk, & Gordon, 2007; based on the Violence Risk Scale, VRS; Wong & Gordon, 2006) represents the only published fourth generation instrument, which was designed to incorporate treatment change into sex offender risk assessment. Included are clinician-rated static and stable dynamic risk scales, and change in each of the

dynamic domains is measured using a modified application of the transtheoretical model of change (Prochaska, DiClemente, & Norcross, 1992). Post-treatment prosocial change was significantly related to reductions in sexual recidivism after controlling for static risk, pre-treatment dynamic scores and follow-up time (Olver et al., 2007). The VRS:SO appears a promising measure of treatment related change, addressing the key limitation of third generation risk assessment instruments, however further research is needed to support its use.

With the exception of the VRS:SO finding, and results from a recent doctoral thesis dissertation (Beggs, 2008) which validated Olver et al.'s (2007) findings with an independent sample of offenders, there is little empirical support that reductions in stable dynamic risk correspond with reductions in recidivism risk. Consequently, change in stable dynamic risk factors was not considered in the empirical sections of this thesis. However, given their well-documented relationship with recidivism, static risk and stable dynamic risk factors (as measured pre-treatment) were both considered, using a New Zealand variant of the Static-99 (Skelton, Riley, Wales, & Vess, 2006), and the Allan et al. (2007) factor scores and STABLE-2007 scores, respectively. Sufficient information was not available to measure acute dynamic risk factors, however. Of primary concern in the empirical chapters of this thesis is the impact of release planning on sex offender recidivism. Thus, a review of the prisoner reintegration literature follows.

### Prisoner Reintegration

Returning from prison to the community presents vast challenges to all offenders (e.g., Graffam et al., 2004), especially child molesters: the fear evoked by such offenders returning to communities from prison has led to instances of public

shunning, pickets, vigils, and evictions (Petrunik & Deutschmann, 2008). Recently in New Zealand, residents successfully drove a sex offender out of their neighbourhood after displaying placards outside his house reading “get out of town freak, MOVE” and “do us a favour and kill yourself” (Ansley, 2005). Not long afterwards, a convicted sex offender’s sister was under siege by vigilantes after information was leaked through a pamphlet drop that her brother might get paroled to her house. Community members gathered outside her house yelling abuse and throwing rocks, resulting in her landlord threatening eviction if her brother was to move in with her (Thomas, 2005).

Such negative community responses to released sex offenders and the legislation they have inspired (Levenson & Cotter, 2005a) impact on sex offender reintegration, and differ according to country on an exclusion-inclusion spectrum (Petrunik & Deutschmann, 2008). The United States sits at the exclusion end of the spectrum, prioritising formalised community protection measures that promote retributive justice and sex offenders’ exclusion from normal community life, using such tools as community notification, residency restrictions, and civil commitment of offenders assessed as Sexually Violent Predators. By contrast, recent initiatives in Canada sit more toward the inclusion end of the spectrum, such as Sentencing Circles, Restorative Justice Options to Parole Suspension, and Circles of Support and Accountability (Wilson, Huculak, & McWhinnie, 2002). Such initiatives are grounded in principles of restorative justice, which emphasise reparation and rehabilitation rather than singling out and/or punishment (Beven, Hall, Froyland, Steels, & Goulding, 2005; Koss, Bachar, & Hopkins, 2003). The Circles of Support and Accountability initiative relates specifically to high-risk sex offenders, and is elaborated upon in the *Pro-Social Support* subsection to follow.

New Zealand has adopted a position somewhere in the middle of the exclusion-inclusion spectrum (Petrunik & Deutschmann, 2008). New Zealand has not formally enacted community notification or residency restriction legislation, however there have been numerous occasions where police and/or media have reported to the community the whereabouts of recently released child molesters, including in the two examples described earlier (Ansley, 2005; Thomas, 2005). In addition, journalist Deborah Coddington has published New Zealand and Australian indices of convicted child sex offenders (Ronken & Lincoln, 2001), and New Zealand's Sensible Sentencing Trust, a volunteer-driven community organisation, maintains a database listing all known paedophiles and sexual offenders, including their current location (McVicar, 2001). Moreover, in New Zealand, although not mandated by law, parole is unlikely to be granted if a sex offender's proposed residence is within 500 metres of a school, park, or any other area that children frequent (C.M. Bourke, personal communication, 8 October 2008). Paradoxically, New Zealand and Australia are world leaders in restorative justice initiatives, predominantly through the use of family group conferences with juvenile justice cases (Daly, 2000). Recently in New Zealand, Project Restore was launched that aims to provide a restorative justice avenue to specifically address non-stranger sexual assault cases, and at the time of writing 10 cases have been successfully addressed (Fisher, 2008).

Research comparing restorative and retributive justice approaches amongst offenders in general has consistently found restorative approaches more effective in terms of greater offender and victim satisfaction, and reduced rates of recidivism (see Latimer, Dowden, & Muise, 2005). A growing body of research has considered the effects of specific legislative responses to released sex offenders, namely community notification and residency restrictions. Originally enacted to enhance community

safety and reduce sex offender recidivism, such legislation may actually increase the same risk they intended to deter. Job loss, housing disruption, social isolation, and stress have been associated with community notification (Burchfield & Mingus, 2008; Levenson & Cotter, 2005b; Levenson, D'Amora, & Hern, 2007), and many of these factors have also been linked with sex offender recidivism (e.g., Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005). Not surprisingly, then, there is little empirical evidence that community notification contributes to a reduction in sexual recidivism (Levenson et al., 2007). Likewise, residency restrictions have been shown to prevent sex offenders living with supportive family members and to increase social isolation (Levenson & Cotter, 2005a). A recent study found no significant differences in distances lived from schools and day-care centres between matched groups ( $N = 330$ ) of recidivists and nonrecidivists in Florida (Levenson, Zandbergen, & Hart, 2008). Although community notification and residency restriction legislation is not enacted in New Zealand, negative community responses to released sex offenders have produced comparable effects (e.g., Ansley, 2005; Thomas, 2005), severely impacting sex offenders' experiences of reintegration.

Despite the controversy surrounding sex offender reintegration, and moreover, its potential to impact on recidivism risk, sex offender reintegration has received limited research attention. In order to consider the impact of reintegration failures on recidivism, the conditions necessary for successful reintegration warrant consideration. Aside from anecdotal evidence, little is known about the needs of transitioning sex offenders, and only a handful of studies have considered reintegration needs of general offenders. Identifying needs of soon-to-be released sex offenders informs the practice of release planning, which when carried out effectively, might, in turn, reduce future victimisation of children.

The remainder of this section draws on research using general offender populations, with a particular emphasis on sex offenders wherever possible. A review of the literature (Graffam et al., 2004; Hammett, Roberts, & Kennedy, 2001; Maruna, 2001; Petersilia, 2003; Seiter & Kadela, 2003; Shinkfield & Graffam, 2009; Taxman, Young, & Byrne, 2002; Wormith et al., 2007) uncovered the following variables fundamental to successful community reintegration: (a) accommodation, (b) pro-social support, (c) employment, and, when implicated, (d) treatment for physical and mental health problems. Research findings pertaining to each of these variables are reviewed in the subsections that follow. In addition, parallels will be drawn between each reintegration variable and the attainment of GLM primary goods.

#### *Accommodation*

Unstable living conditions have been linked with recidivism amongst general offenders (Zamble & Quinsey, 1997), and it has been widely acknowledged that accommodation is crucial in order for other reintegration needs to be addressed. In their review of health-related issues in reintegration, Hammett et al. (2001) suggested that housing, together with other basic needs such as food and clothing, likely takes precedence over addressing other needs such as treatment for mental health problems, amongst general offenders. Likewise, Hirsch et al. (2002) discussed the necessity of stable housing in order to find and maintain employment. Various GLM primary goods might also rely on stable housing, most notably life and excellence in play and work. Stable housing might also be implicated in fulfilling the primary goods of creativity, happiness, and agency.

Graffam et al. (2004) surveyed general offenders and professionals working with them, and found that eligibility restrictions often prevented offenders accessing accommodation, and that affordable housing was generally limited to neighbourhoods

with high rates of crime and drug use. A recent study surveyed landlord attitudes towards released general offenders in the United States and found that the majority of landlords (66.08%) did not accept applicants with criminal histories (Clark, 2007). Moreover, applicants with convictions for sexual offences or drug dealing were least likely to be accepted. Together with widely enforced residency restrictions and/or negative community responses to released sex offenders, Clark's (2007) findings demonstrate that sex offenders face particular difficulties finding accommodation. Thus, securing housing reflects a key reintegrative need for released sex offenders.

### *Pro-Social Support*

Association with antisocial peers has consistently been linked with general recidivism (e.g., Andrews, Bonta, & Wormith, 2006; Gendreau et al., 1996), however only two studies were found that considered effects of antisocial associates on sex offender recidivism. In Hanson and Harris's (2000) retrospective study, community supervision officers in Canada were asked to list all important people in a sex offender's life, excluding professionals, and to rate the influence of these people on the offender as positive, negative, or neutral. Results showed that recidivists had significantly fewer positive influences and more negative influences than nonrecidivists. Although community supervision officers were not blind to recidivism outcomes, similar findings have been reported elsewhere. In the United States, Hepburn and Griffin (2004) conducted a prospective study and found that the presence of positive social bonds with friends or family significantly affected successful adjustment to probation amongst child molesters, measured by time to a probation revocation petition (a statement to the court that a probationer is not abiding by the conditions of supervision) and time to an unsuccessful probation termination (return to prison). Child molesters with positive bonds with either family or friends

adjusted better to probation compared to those with no positive social bonds. In addition, child molesters with support from both family and friends adjusted better to probation than child molesters with support from either only family or only friends, however this difference was not statistically significant. Findings from Hanson and Harris's (2000) and Hepburn and Griffin's (2004) studies offer support for the proposition that pro-social support might reduce sex offender recidivism risk. In relation to the GLM, pro-social support reflects an external condition necessary to fulfil the primary goods of friendship and community. Given the nature of their offending, however, establishing support networks presents a tremendous challenge for released sex offenders.

The Circles of Support and Accountability (COSA) model was developed in response to the difficulties released sex offenders faced forming pro-social support networks. COSA began in Canada in 1994 with a group of churchgoers who gathered around a child molester and assisted him to reintegrate into their community, and the programme has since been disseminated internationally (Wilson et al., 2002). A recent evaluation found that all key stake holders including offenders, community volunteers, affiliated professionals, and community members with no involvement in COSA responded favourably to COSA. More specifically, the majority of offenders reported that COSA helped them adjust to the community, build positive relationships, and remain crime free; and community members reported increases in perceived community safety (Wilson, Picheca, & Prinzo, 2007a). In a separate paper, Wilson, Picheca, and Prinzo (2007b) reported a comparison of recidivism rates for 60 men involved in COSA and a matched control group. COSA participants had a significantly lower recidivism rate over 4 – 5 years compared to the control group (5% vs. 16.7%). Thus, it seems that pro-social support in general, regardless of its

source – from friends, family, or in the case of COSA, volunteers – represents another important reintegrative need.

### *Employment*

Relative to other reintegrative needs, employment has received greater research attention in the sex offender literature, with employment instability identified as a significant predictor of sexual recidivism in Hanson and Morton-Bourgon's (2005) recent meta-analysis. Employment might also fulfil several GLM primary goods, including excellence in play and work, agency, community, knowledge, and creativity. Consistent with difficulties obtaining accommodation and social support however, sex offenders face particular challenges finding appropriate employment. Unlike many general offenders, for whom limited educational achievement and poor employment histories represent key barriers to employment (Rakis, 2005), child molesters are more likely to be well educated and have stable employment histories pre-incarceration (Seleznov, 2002; Sullivan & Beech, 2002). Although some released sex offenders have relevant educational backgrounds and work experience, the nature of their offending impairs their chances of securing employment.

Schaefer and colleagues (2004) interviewed eight convicted child sex offenders about their work experiences following disclosure of their offending. Conditions of parole, such as restricting the geographical location of employment and preventing employment in occupations with potential access to children, created considerable barriers to employment (Schaefer et al., 2004). Moreover, most participants reported that the stigma experienced as a result of their offending meant a loss of career status. Consistent with offender reports of stigma, a survey of employers found that sex offenders were discriminated against to a greater degree than general offenders (Albright & Denq, 1996). Given its established relationship

with sex offender recidivism (Hanson & Morton-Bourgon, 2005), employment represents another key reintegrative need.

### *Treatment*

The overrepresentation of physical and mental health problems, including substance abuse, has been consistently reported in prison populations (e.g., Graffam et al., 2004; Hammett et al., 2001). A recent review also highlighted a high prevalence of psychiatric disorders in sex offender populations, including mood, anxiety, substance abuse, and personality disorders (Marshall, 2007). Marshall highlighted the importance of specific treatment for psychiatric disorders amongst sex offenders, given the common overlap between some disorders and the commission of sexual offences, notably mood and substance abuse disorders. Abracen, Looman, DiFazio, Kelly, and Stripe (2006) found that lifetime alcohol abuse was significantly more prevalent amongst incarcerated sex offenders than a comparison group of incarcerated nonsexual violent offenders, and that substance abuse treatment significantly reduced any type of recidivism amongst sex offenders. In addition, a high prevalence of childhood sexual abuse has been reported amongst sex offenders, nearing 50% in some studies (e.g., Craissati, McClurg, & Browne, 2002). Craissati et al. highlighted that therapy addressing sex offenders' own abuse experiences, something not commonly addressed in prison-based treatment programmes, might represent another treatment need. Addressing physical and mental health concerns might be fundamental to securing the GLM primary goods of life and inner peace.

It has been reported in the United States that only ex-prisoners with serious physical and mental health needs receive appropriate treatment post-release (Hammett et al., 2001; Lurigio, Rollins, & Fallon, 2004), and that some ex-prisoners deliberately return to prison because they believe they can obtain better care in correctional

facilities than in the community (Hammett et al., 2001). Access to community-based treatment for sex offenders with alcohol abuse and other mental health problems thus represents an important reintegrative need. In practical terms, this translates to organising initial appointments with relevant agencies prior to an offender's release from prison (Hammett et al., 2001).

Consistent with anecdotal evidence, the available research highlights that efforts to reduce recidivism amongst transitioning child molesters must address post-release accommodation, pro-social support, employment, and, when implicated, treatment. Comprehensive pre-release planning addressing such needs has been advocated by several researchers (e.g., Graffam et al., 2004; Hammett et al., 2001; Petersilia, 2003; Seiter & Kadela, 2003; Taxman, 2004), and is considered of particular pertinence to child molesters given the heightened difficulties they face reintegrating into the community.

Ward and Beech's (2004) aetiology of risk model suggests that environmental triggers push stable dynamic risk factors (defined as psychological vulnerabilities for sexual offending) into states, increasing recidivism risk. Accordingly, comprehensive release planning might minimise the occurrence of environmental triggers, in turn reducing sex offender recidivism risk. Although no studies have systematically investigated effects of release planning on recidivism, there is evidence that release planning has the potential to impact established risk factors in several ways. Specific stable dynamic risk factors, namely employment instability and association with negative peer influences, directly map onto two key reintegrative needs: employment and social support. That is, employment instability and association with negative peer influences increase sex offenders' recidivism risk, however both risk factors might be

ameliorated through careful release planning. Moreover, specific release environments are likely to trigger several acute dynamic risk factors: victim access and substance abuse require environments with access to drugs, alcohol, and/or victims. In addition, mood-related acute dynamic risk factors such as anger and low mood may be aggravated by reintegration challenges such as housing disruption and negative community responses. Reintegration challenges offer one explanation for Hanson et al.'s (2007) finding that the average ACUTE-2007 rating over the past 6 months better predicted recidivism than did the most recent rating. More specifically, poor reintegration creates conditions in which multiple acute dynamic risk factors may be aggravated over time, with the accumulation of acute factors causing greater impact on recidivism than their aggravation following a single stressor. The activation of such acute dynamic risk factors might too be minimised through careful release planning. Comprehensive release planning might also facilitate the promotion of GLM primary goods, or life values. This comes as no surprise, given the links made between release planning and dynamic risk factors, and earlier, between dynamic risk factors and the attainment of primary goods in the Rehabilitation section of this chapter.

Given the fundamental role of the environmental context in ameliorating both stable and acute dynamic risk factors, it follows that comprehensive release planning for sex offenders returning to the community from prison might contribute to reductions in recidivism risk. In other words, successful planning should facilitate the offender's re-entry to environments in which the impact of several dynamic risk factors would be minimised. Moreover, comprehensive release planning ensures the attainment of basic human needs required for treatment generalisation or, from a GLM perspective, provides the external conditions necessary for offenders to pursue

meaningful pro-social goals in order to live a life that is consistent with their values, and socially acceptable.

### Overview of Empirical Chapters

Sex offenders face profound difficulties reintegrating into the community from prison, and comprehensive release planning is of paramount importance. From a risk management perspective, comprehensive release planning has the potential to prevent aggravation of both stable and acute dynamic risk factors. From a GLM perspective, effective release planning enables the external conditions necessary for released offenders to pursue personally meaningful and socially acceptable goals incompatible with future offending. There has been no systematic investigation to date on the effect of release planning on sex offender recidivism. If poor release planning increases sex offender recidivism risk, correctional staff and relevant community agencies may be in a position to reduce reoffending through more effective reintegration of sex offenders from prison into the community.

The overall aim of the present research was to explore the effects of release planning on sex offender recidivism. The empirical chapters of this thesis report the findings of three studies. In the first study a coding protocol was developed to rate the quality and comprehensiveness of release plans among offenders released from Kia Marama, which included items relating to planning for community-based treatment, accommodation, social support, employment, and GLM secondary goods. The coding protocol was applied retrospectively to matched groups of recidivist and nonrecidivist child molesters, and it was hypothesised that recidivists would have poorer release planning than nonrecidivists. The aim of the second study was to validate results of the first study using a sample of child molesters from a different correctional facility

(Te Piriti) and to compute additional analyses on the pooled data from Studies One and Two (assuming that the findings from Study One were indeed replicated in Study Two) to determine whether poor planning was associated with a reduced time to reoffend. If release planning is a contributing factor to recidivism, then poor planning should be associated with an increased rate of reoffending and a decreased time to re-offence. Analyses were also planned to identify the subset of items that comprised the best predictive model for recidivism, and to estimate the strength of the relationship between planning quality and recidivism.

The third study was designed to test whether release planning was correlated with actual reintegration experiences of child molesters. A positive correlation between release planning and reintegration experiences would provide further support for an important role of release planning in predicting, and reducing, sex offender recidivism. Release plans were rated for consenting men released from Kia Marama and Te Piriti during the course of the study, and men were interviewed at 1 and 3 months post-release, using a semi-structured interview designed to capture reintegration experiences. An additional aim of this prospective study was to assess systematically child molesters' good lives plans and explore their capabilities, including environmental opportunities, resources, and supports, for living a good life.

## STUDY ONE

The goal of Study One was to investigate systematically the quality of release planning and determine whether poor planning might represent a risk factor for sexual recidivism. Participants were graduates of the Kia Marama treatment programme. The sample consisted of all the recidivists from Kia Marama for whom files were available plus a group of nonrecidivists, matched with the recidivists for static risk level and release date. A coding protocol for release planning was developed that included items relating to accommodation, social support, employment, community-based treatment, and GLM secondary goods (which were defined, as detailed previously, as socially acceptable and personally meaningful approach goals). The protocol was applied retrospectively to all cases in the sample. It was hypothesised that recidivists would have poorer release planning than nonrecidivists. As IQ scores and Allan et al.'s (2007) stable dynamic risk factor scores were available for each participant, additional analyses were planned to see whether the hypothesised difference between recidivists and nonrecidivists would remain significant after controlling for these factors.

### Method

#### *Participants*

The sample was drawn from males who completed the Kia Marama prison-based treatment programme between 1990 and 2000. All men had provided written consent for their file information to be used for research and evaluation purposes. The recidivist group was drawn from all males who had been reconvicted of a sexual offence (as of February, 2001) since leaving Kia Marama ( $n = 49$ ). An equal number of nonrecidivists that best matched the recidivists were selected to form the

comparison group (total  $N = 98$ ). Nonrecidivists were matched with recidivists on static risk level and time at risk (i.e., time since release). Sufficient file information was unavailable for some participants ( $n = 12$ ), and other participants were transferred to another prison prior to their release, hence their release planning was not conducted at Kia Marama ( $n = 5$ ). These cases were omitted from the study. Thus, the final sample comprised  $n = 39$  for the recidivist group and  $n = 42$  for the nonrecidivist group.

### *Measures*

*Static risk level.* The Automated Sexual Recidivism Scale (ASRS; Skelton et al., 2006) was used to measure static risk. The ASRS is based on the Static-99 (Hanson & Thornton, 2000), which is the most widely-used and validated measure of static risk for sexual offenders (Ducro & Pham, 2006; Hanson & Thornton, 2000; Looman, 2006). The ASRS is scored by a computer from information stored in the database maintained by the New Zealand Department of Corrections and includes 7 of the 10 items from the Static-99 (excluded were Item 6, any unrelated victim; Item 7, any stranger victim; and Item 10, single or ever lived with a lover for at least 2 years, as this information is not recorded). The overall ASRS score is divided into four risk bands, which correspond closely to those associated with the Static-99 (ASRS: 0 = *low*, 1 or 2 = *medium-low*, 3 or 4 = *medium-high*, 5+ = *high*). Skelton et al. showed that the ASRS had comparable predictive validity to the Static-99 for sexual recidivism in a sample of male sex offenders ( $N = 1133$ ), with AUCs ranging from .70 to .78. They also found that when offenders were sorted into risk bands, survival curves were very similar to those of the Static-99 reported by Hanson and Thornton (2000). The ASRS was used rather than the Static-99 because plans for Study Two

included pooling data from the present study with Te Piriti data, for which Static-99 scores were not available for all participants.

*Time at risk.* Time at risk was measured from the date participants were released from Kia Marama until criminal history records were obtained in February 2001. Thus, men who commenced treatment near the inception of the Kia Marama treatment programme had spent a longer time at risk in the community compared to those who completed the programme more recently.

*Recidivism.* Criminal history information was obtained from the computer database maintained by the New Zealand Department of Corrections as of February 1, 2001. Any convictions for sexual, violent, or general offences that occurred post-release were noted. Sexual recidivism was defined as Category A offences according to the Static-99 scoring criteria (Harris, Phenix, Hanson, & Thornton, 2003), that is, an offence with an identifiable victim (e.g., incest, sexual assault, exhibitionism). Category B offences (i.e., no identifiable victim) were excluded, except for possession of child pornography. Violent recidivism was recorded when the offender had been convicted for a nonsexual offence against a person (e.g., assault, robbery, kidnapping). General recidivism was defined as an offence that was neither sexual nor violent (e.g., possession of cannabis). The time at large prior to each reconviction, or to the end of the follow-up period, was calculated for each offender.

*Release planning.* A coding protocol was developed to measure aspects of release planning, based on the available research on needs of released prisoners. The research on prisoner reintegration, reviewed in the Introduction chapter of this thesis, identified the following variables as potentially imposing barriers to successful reintegration: (a) accommodation needs, (b) social needs, (c) employment needs, and, when implicated (d) treatment needs (e.g., Graffam et al., 2004; Petersilia, 2003).

GLM secondary goods were also considered relevant to successful reintegration. All variables were incorporated into a coding protocol that was piloted on a random selection of reports written by Kia Marama staff to the Community Probation Service (CPS) upon an offender's release that were not rated in the current study, and was adjusted accordingly depending on the information typically available.

Reports contained details relating to the offender's conviction, a summary of assessment findings and treatment outcomes, an indication of current risk level, a list of high risk situations and warning signs of relapse, an outline of release plans (including accommodation, social support, employment, and leisure planning), and recommendations for community-based treatment. High risk situations and warning signs of relapse were extracted from offenders' offence chains, with the former representing variables in an offender's environment that might increase his risk for reoffending, and the latter representing internal variables that might increase his risk, such as mood instability. Accordingly, an *idiosyncratic risk factors* item was devised for the coding protocol, to address whether attempts had been made to minimise high risk situations and warning signs of relapse through release planning, for example by referral to appropriate community-based treatment services.

Accommodation, social support, and employment planning were all reasonably straight-forward to quantify based on information contained in reports. In terms of accommodation planning, residential addresses were provided when offenders' post-release living arrangements had been confirmed. For offenders with no confirmed accommodation, potential accommodation options were sometimes detailed. Members of an offender's social support network were listed, with some offenders having multiple support people and others relying on the support of their Probation Officer. Occasionally potential support people were listed for offenders

with no support other than from professionals. Given Hepburn and Griffin's (2004) finding, although not significant, that support from multiple systems (e.g., friends and family) was associated with better adjustment to probation, offenders with support from one system compared to those with support from multiple systems were differentiated in the coding protocol. When offenders had made employment plans, these were detailed in reports, and ranged from identifying potential job options, to having made contact with potential employers, to having secured work.

In relation to the GLM, secondary goods were identified in report sections relating to social support, employment, and leisure planning. Sufficient information was unavailable to rate good lives plans in any detail, thus a dichotomous item indicating whether or not secondary goods were mentioned in release plans was included in the coding protocol. Lastly, reports often contained a statement indicating an offender's motivation to follow through with his post-release plans, as stated by the therapist. Accordingly, motivation was included as a dichotomous item.

In addition to computing scores relating to the extent of release planning for each variable, qualitative aspects of release planning were also recorded, namely accommodation type, and the best-fitting primary goods targeted through GLM secondary goods. The final items of the coding protocol are presented in Table 1.

Table 1

*Release Planning Coding Protocol*

Item	Score			
	0	1	2	3
Accommodation	Accommodation post-release is not indicated in release plan.	Accommodation post-release is suggested (e.g., hostel in the Christchurch area), but no specific details (e.g., address or name of the hostel) are given.	Accommodation post-release is planned. Specific details (e.g., address) are given.	N/A
Social support	Social support network is not indicated in release plan, or comprises of Corrections staff only.	Potential social support network is suggested, but not confirmed (e.g., prisoner to make contact with church or old friends upon release).	Established support network (contact has been made between prisoner and support network, support network aware of offending) of one system (i.e. volunteers, friends, or family – do not include Corrections staff or other professionals). If someone is listed as a support person this implies “established” unless comments negate.	Established support network (contact has been made between prisoner and support network, support network aware of offending) of more than one system (not including Corrections staff or other professionals). If someone is listed as a support person this implies “established” unless comments negate.
Idiosyncratic risk factors	No high-risk situations and/or warning signs are indicated in release plan.	High-risk situations and/or warning signs are indicated, but not connected with release planning.	Some high-risk situations and/or warning signs are connected with release planning through conditions of parole, or recommendations to the CPS.	All high-risk situations and/or warning signs are connected with release planning. (NB: Specific release planning may relate to multiple high-risk situations/warning signs e.g., contact with a psychologist.)

Item	Score			
	0	1	2	3
Employment	Employment options are not indicated in release plan.	Potential employment options are suggested, but no steps have been made toward securing employment.	Steps toward securing employment have been made, such as contact with potential employers.	Employment needs following release have been addressed and are confirmed, e.g., prisoner returning to previous job.
GLM secondary goods	Secondary goods are not outlined in release plan. (NB: Secondary or instrumental goods provide concrete ways of securing primary goods.)	Secondary goods are outlined in release plan (differentiate from “lifestyle balance” - secondary good must be related to a primary good or a link has been made between a secondary good and a primary good).	N/A	N/A
Motivation	Not motivated to continue with post-release plans, or other comments (e.g., not motivated to address needs with a psychologist) contradict general comments.	Motivated to continue with post-release plans. (NB: code 0 if other comments contradict general comments.)	N/A	N/A

*Dynamic risk level.* Dynamic risk level was measured using the Allan et al. (2007) factor scores, as detailed in the Introduction chapter: Social Inadequacy, Sexual Interests, Anger/Hostility, and Pro-Offending Attitudes. Standardised scores were calculated for variables loading on each factor using the means and standard deviations from Allan et al.'s sample, then standardised scores for each factor were averaged to produce a factor score. An estimate of overall dynamic risk level was calculated using Overall Deviance scores, which combined factor scores, giving double weight to Sexual Interests and Pro-Offending Attitudes (see Allan et al., 2007, Equation 1). Higher scores on each factor represent a higher dynamic risk level.

*IQ.* IQ was measured using a four-subtest short version (Picture Completion, Block Design, Information, and Arithmetic) of the Wechsler Adult Intelligence Scale-Revised (Reynolds, Willson, & Clark, 1983), which has demonstrated good reliability and validity in estimating Full Scale IQ scores (Reynolds et al., 1983).

#### *Procedure*

Files held by the Department of Corrections Psychological Service were sourced for each participant, and the report for each participant written by Kia Marama staff to the CPS upon release was rated using the coding protocol developed for this study. All reports contained sufficient information to rate each item of the coding protocol, except for the motivation item. When an offender's motivation to continue with his post-release plans was not mentioned, N/A was recorded against this item.

The author coded all files and a research assistant (a postgraduate clinical psychology student) coded approximately 30% of these to obtain a measure of inter-rater reliability. The research assistance was trained by coding four randomly selected reports not included in the study sample with the author. The data coders were blind

to the recidivism outcome for each participant and rated release plans independently of each other. For each report, data coders were instructed to

1. read the report in its entirety before conducting any ratings,
2. re-read the report and record ratings (coders were instructed to be conservative in any event of uncertainty), and
3. ensure all ratings and comments relating to qualitative aspects of release planning had been recorded.

All disagreements between coders were resolved by discussion to reach a consensus. Data analyses were conducted using SPSS (Version 14.0). All significance tests used the .05 level. This research was conducted after review and approval by the University of Canterbury Human Ethics Committee and the New Zealand Department of Corrections.

## Results

### *Sample Characteristics*

The final sample consisted of 39 recidivists and 42 nonrecidivists. Relevant group characteristics are summarised in Table 2. The groups were matched on static risk level as measured by the ASRS (recidivists  $M = 2.67$ ,  $SD = 1.94$ ; nonrecidivists  $M = 2.88$ ,  $SD = 1.99$ ),  $t(79) = .49$ , *ns*, and time since release (recidivists  $M = 7.05$  years,  $SD = 2.18$ ; nonrecidivists  $M = 6.50$  years,  $SD = 2.26$ ),  $t(79) = 1.12$ , *ns*. The mean ASRS scores for recidivists and nonrecidivists corresponded to a risk level between medium-low and medium-high. As expected, Static-99 scores did not differ between recidivists ( $M = 3.62$ ,  $SD = 2.35$ ) and nonrecidivists ( $M = 3.62$ ,  $SD = 2.41$ ),

$t(79) = .01$ , *ns*, and these scores also indicated an overall risk level between medium-low and medium-high.

Table 2

*Group Characteristics for Recidivists and Nonrecidivists*

Characteristic	Recidivists ( <i>n</i> = 39)	Nonrecidivists ( <i>n</i> = 42)
Mean age at programme entry	36.05	39.12
Percentage extrafamilial offenders	56.4	45.2
Mean time at risk (years)	7.05	6.50
Mean ASRS score	2.67	2.88
Mean IQ score	93.36	101.32
Mean Overall Deviance score	4.37	2.98
Percentage new nonsexual offences	51.28	28.57

In terms of ethnicity, 77% of participants identified as New Zealand European, 22% as New Zealand Māori, and 1% as Cook Island Māori. There was no statistically significant difference in ethnic composition between the recidivist and nonrecidivist groups,  $\chi^2(2) = 1.69$ , *ns*. The average age of the recidivist group at treatment intake ( $M = 36.05$ ,  $SD = 11.74$ ) was not significantly different from the average age of the nonrecidivist group ( $M = 39.12$ ,  $SD = 13.27$ ),  $t(79) = 1.10$ , *ns*. There was no significant difference between the groups in terms of the percentage of extrafamilial offenders, that is, offenders with at least one nonrelated victim: recidivist group 56.4%, nonrecidivist group 45.2%,  $\chi^2(1) = 1.01$ , *ns*. There was a significant difference in nonsexual recidivism between the groups: 51.3% of the recidivists were convicted for a new nonsexual offence compared with 28.6% for the nonrecidivists,  $\chi^2(1) = 4.36$ ,  $p < .05$ .

The average IQ score was significantly lower for the recidivists ( $M = 93.36$ ,  $SD = 15.27$ ) than for the nonrecidivists ( $M = 101.32$ ,  $SD = 15.12$ ),  $t(78) = 2.34$ ,  $p < .05$ . There was no significant difference in level of educational attainment between

recidivists and nonrecidivists,  $t(79) = 1.58$ , *ns*, with both groups having an average of 3 years of high school education.

For the Allan et al. (2007) dynamic risk factors the recidivist group had significantly higher scores than the nonrecidivist group on Sexual Interests (recidivists  $M = 0.43$ ,  $SD = 0.72$ ; nonrecidivists  $M = -0.08$ ,  $SD = 0.81$ ),  $t(77) = 2.55$ ,  $p < .05$ , and Pro-Offending Attitudes (recidivists  $M = 0.61$ ,  $SD = 0.82$ ; nonrecidivists  $M = 0.13$ ,  $SD = 0.81$ ),  $t(79) = 2.64$ ,  $p < .01$ . There was no significant between-group difference for Social Inadequacy (recidivists  $M = 0.29$ ,  $SD = 0.63$ ; nonrecidivists  $M = 0.18$ ,  $SD = 0.77$ ),  $t(78) = 0.69$ , *ns*, or for Anger/Hostility (recidivists  $M = 0.13$ ,  $SD = 0.60$ ; nonrecidivists  $M = 0.03$ ,  $SD = 0.65$ ),  $t(70) = 0.73$ , *ns*. Overall Deviance was significantly greater for the recidivist group ( $M = 4.37$ ,  $SD = 1.74$ ) compared with the nonrecidivist group ( $M = 2.98$ ,  $SD = 2.00$ ),  $t(79) = 3.33$ ,  $p < .01$ .

#### *Properties of the Release Planning Coding Protocol*

To assess the inter-rater reliability of the coding protocol, release planning for a randomly selected 30% of cases ( $n = 27$ ) was assessed independently by two data coders. Overall, the coding protocol demonstrated adequate reliability, with an average Cohen's kappa of .83. Obtained Cohen's kappa values for all items and the total score of the coding protocol are listed in Table 3.

Table 3

#### *Obtained Kappa Values for the Coding Protocol*

Item	$\kappa$
Accommodation	.74
Social Support	.84
Idiosyncratic risk factors	.72
Employment	1.00
Good Lives Model secondary goods	.78
Motivation	.90
Total score <sup>a</sup>	.74

<sup>a</sup>Derived for each participant by adding ratings for each item.

Correlations between items and the total score of the release planning coding protocol are provided in Table 4. Of the 21 correlations, 13 were significant, and all of these were positive. The only item that was not significantly correlated with any of the others was idiosyncratic risk factors. Overall, these correlations suggest that if release planning is effective, then positive scores are generally obtained for most dimensions including accommodation, employment, social support, and GLM secondary goods.

Table 4

*Correlations between Items and the Total Score for the Coding Protocol*

Coding protocol item	1	2	3	4	5	6	7
1. Accommodation	–	.28*	.07	.11	.22*	.05	.49**
2. Social support		–	.16	.24*	.42**	.27*	.75**
3. Idiosyncratic risk factors			–	-.01	.02	-.02	.33**
4. Employment				–	.27**	.15	.63**
5. GLM secondary goods					–	.38**	.63**
6. Motivation						–	.49**
7. Total planning score							–

\* $p < .05$ . \*\* $p < .01$ .

*Release Planning Comparisons between Recidivists and Nonrecidivists*

Mean scores and standard deviations for each item of the coding protocol, and the total score, are shown separately for intrafamilial recidivists and nonrecidivists, extrafamilial recidivists and nonrecidivists, and total recidivists and nonrecidivists in Table 5. To determine whether release planning scores were different depending on recidivism status and offender type (intra- vs. extrafamilial offender), a two-way ANOVA was conducted for each item and the total score with group (recidivist vs. nonrecidivist) and offender type as factors. There were no significant effects for offender type, or significant Group X Offender Type interactions. Thus, Table 5 shows the  $F$  ratios for the main effect of group for each item and the total score.

Mean scores for all items except idiosyncratic risk factors were higher for the nonrecidivist group. Mean scores for accommodation, employment, and GLM secondary goods, as well as the release planning total score, were significantly greater for the nonrecidivist group. The difference for social support approached significance,  $F(1, 77) = 2.95, p < .10$ . Thus, the overall quality of release planning was significantly better for nonrecidivists than recidivists but did not differ between intrafamilial and extrafamilial offenders.

Table 5

*Coding Protocol Mean Ratings for Recidivists and Nonrecidivists According to Offender Type, and Overall Mean Ratings and F ratios for Recidivists and Nonrecidivists*

Item	Recidivists		Nonrecidivists		Total recidivists	Total nonrecidivists	$F^a$
	Intrafamilial $n = 17$	Extrafamilial $n = 22$	Intrafamilial $n = 23$	Extrafamilial $n = 19$			
Accommodation	1.82 (0.53)	1.64 (0.73)	2.00 (0.00)	2.00 (0.00)	1.72 (0.65)	2.00 (0.00)	7.20**
Social support	1.82 (0.73)	1.77 (0.87)	2.22 (0.67)	2.00 (0.94)	1.79 (0.80)	2.12 (0.80)	2.95
Idiosyncratic risk factors	2.00 (0.35)	2.00 (0.31)	1.96 (0.37)	1.74 (0.73)	2.00 (0.32)	1.86 (0.57)	2.17
Employment	0.35 (0.79)	0.41 (0.67)	0.70 (0.97)	0.89 (0.99)	0.38 (0.71)	0.79 (0.98)	4.56*
GLM secondary goods	0.41 (0.51)	0.41 (0.50)	0.74 (0.45)	0.63 (0.50)	0.41 (0.50)	0.69 (0.47)	6.35*
Motivation	0.83 (0.39)	0.71 (0.47)	0.90 (0.30)	0.88 (0.34)	0.76 (0.44)	0.89 (0.31)	1.62
Total score	7.00 (2.06)	6.77 (2.14)	8.43 (1.70)	8.00 (2.40)	6.87 (2.08)	8.24 (2.03)	8.21**

*Note.* Standard deviations in parentheses.

<sup>a</sup> $F$ -ratios are for the overall comparison of recidivists and nonrecidivists.  $df_{\text{Total}} = 80$  for all items except motivation,  $df_{\text{Total}} = 65$ .

\* $p < .05$ . \*\* $p < .01$ .

*Analyses of Potential Confounding Variables*

Next, correlations between release planning scores and Allan et al. (2007) dynamic risk factor scores and IQ were examined. These correlations are shown in Table 6. In general, correlations between release planning items and dynamic risk factors were negative. Overall Deviance was negatively correlated with social support, employment, GLM secondary goods, and the release planning total score. This suggests that offenders who were more deviant in terms of the self-report psychometric battery tended to have poorer release planning. By contrast, IQ was not significantly correlated with any release planning items, although the correlation between IQ and employment approached significance  $r = 0.21, p < .07$ .

Table 6

*Correlations of the Coding Protocol with Dynamic Risk Factors and IQ*

Coding protocol	Dynamic risk factors					IQ
	Social Inadequacy	Sexual Interests	Anger/ Hostility	Pro-Offending Attitudes	Overall Deviance	
Accommodation	.02	-.04	-.14	-.17	-.15	.08
Social support	-.19	-.17	.08	-.37**	-.25*	.05
Idiosyncratic risk factors	-.16	-.21	-.10	-.05	-.19	-.18
Employment	-.29**	-.26*	-.15	-.32**	-.32**	.21
GLM secondary goods	-.18	-.28*	-.15	-.33**	-.32**	.13
Motivation	-.01	-.24	-.04	-.12	-.10	.14
Total score	-.26*	-.34**	-.15	-.44**	-.41**	.15

\* $p < .05$ . \*\* $p < .01$ .

Analyses of covariance (ANCOVAs) were conducted to determine whether the difference in release planning scores between recidivists and nonrecidivists would remain significant after controlling for IQ and Overall Deviance. Because IQ and Overall Deviance scores were significantly different between recidivists and nonrecidivists, if levels of IQ or Overall Deviance were linked to release planning,

then the difference in release planning scores might be attributable to differences in IQ or Overall Deviance.

With IQ as a covariate, the item scores for accommodation and GLM secondary goods remained significantly higher for nonrecidivists than recidivists,  $F(2, 76) = 4.22, p < .05$ , and  $F(1, 77) = 5.14, p < .05$ . However, differences in employment and the release planning total score were no longer significant when IQ was a covariate,  $F(3, 75) = 0.91, ns$ , and  $F(10, 68) = 1.09, ns$ .

When Overall Deviance was included as a covariate, the mean score for accommodation remained significantly higher for the recidivist group,  $F(2, 77) = 3.24, p < .05$ , and the mean score for GLM secondary goods approached significance,  $F(1, 78) = 2.98, p < .09$ . The between-group differences for employment and the release planning total score were no longer significant.

Finally, an ANCOVA was performed with both IQ and Overall Deviance as covariates. The mean score for accommodation remained significantly higher for nonrecidivists than for recidivists,  $F(2, 75) = 3.19, p < .05$ . None of the other items or the total release planning score remained significantly different between the two groups.

### *Item Analyses*

*Accommodation.* Six different types of accommodation were recorded for participants who received the highest rating for this item ( $n = 75$ ). The most common accommodation type was with a support person (62.7%), followed by hostel (i.e., temporary, often supported accommodation for recently-released offenders while they look for a permanent place to live, 17.3%), with another person known to the participant but not an identified support person (9.3%), independent (5.3%), residential treatment programme (2.7%), and with another person unknown to the

participant (2.7%). A chi-square test was used to compare accommodation type between recidivists and nonrecidivists. Observed and expected frequencies are provided in Table 7. There was no significant difference in accommodation type between recidivists and nonrecidivists,  $\chi^2(5, N = 75) = 4.39, ns$ .

Table 7

*Accommodation Type: Observed Frequencies for Recidivists and Nonrecidivists Receiving the Maximum Accommodation Rating*

Accommodation type	Recidivists	Nonrecidivists
Hostel	7	6
Independent	1	3
Residential treatment programme	2	0
With support person	20	27
With known other	2	5
With unknown other	1	1
Total	33	42

*GLM secondary goods.* The best fitting primary good (or goods) targeted were recorded for participants who received the highest rating for this item ( $n = 45$ ). Relatedness was the most common primary good (60%), followed by knowledge (20%), excellence in play and work (13%), life (8%), spirituality (4%), excellence in agency (2%) and inner peace (2%). Percentages exceed 100 percent because some participants had two primary goods recorded ( $n = 4$ ), and one participant had three primary goods recorded. The breakdown of primary goods between recidivists and nonrecidivists is given in Table 8. Chi-square analyses revealed no significant differences between the groups.

Table 8

*Primary Goods: Observed Frequencies for Recidivists and Nonrecidivists when Secondary Goods Were Present*

Primary good	Recidivists	Nonrecidivists
Relatedness	10	17
Knowledge	4	5
Excellence in play and work	1	5
Life	2	2
Spirituality	0	3
Inner peace	1	0
Excellence in agency	0	1
Total	18	33

#### *Other Types of Recidivism*

Additional analyses were performed to investigate whether quality of release planning affected the likelihood of other types of recidivism. Of the sample, 22.2% (18 out of 81) were convicted for a new violent offence, 33.3% (27 out of 81) were convicted for a new general offence (i.e., a new offence that was neither sexual nor violent), and 63% (51 out of 81) had received a new conviction of any type (i.e., a new offence that was sexual, violent, general, or a combination of these).

Correlations between release planning quality scores and different types of recidivism are shown in Table 9. None of the release planning scores were significantly related to violent or general recidivism, although the correlation for GLM secondary goods and general recidivism approached significance,  $r = -.21, p < .06$ .

Table 9

*Correlations between Release Planning Scores and Different Recidivism Outcomes*

Coding protocol item	Recidivism type			
	Sexual	Violent	General	Any
1. Accommodation	-.30**	.09	-.08	-.22*
2. Social support	-.20	-.05	-.10	-.13
3. Idiosyncratic risk factors	.15	-.04	.00	.10
4. Employment	-.23*	.08	.00	-.09
5. GLM secondary goods	-.28*	-.12	-.21	-.33**
6. Motivation	-.18	-.13	-.09	-.11
7. Total planning score	-.32**	-.05	-.16	-.22*

Note. Recidivist = 1; nonrecidivist = 0.

\* $p < .05$ . \*\* $p < .01$ .

When any recidivism was used as an outcome variable, all release planning items except for idiosyncratic risk factors were negatively correlated with recidivism. Correlations between the release planning total score and the accommodation and GLM secondary goods items were significant. The average IQ score was significantly lower for the recidivist group ( $M = 93.94$ ,  $SD = 14.20$ ) than for the nonrecidivist group ( $M = 103.59$ ,  $SD = 16.32$ ),  $t(78) = 2.77$ ,  $p < .01$ . Furthermore, Overall Deviance was significantly higher for the recidivist group ( $M = 4.16$ ,  $SD = 1.81$ ) than for the nonrecidivist group ( $M = 2.77$ ,  $SD = 2.02$ ),  $t(79) = 3.19$ ,  $p < .01$ . ANCOVAs were performed with IQ and Overall Deviance as covariates. GLM secondary goods remained significant when IQ was a covariate  $F(1, 77) = 7.18$ ,  $p < .01$ , but accommodation was no longer significant. Furthermore, when Overall Deviance was a covariate, GLM secondary goods remained significant,  $F(1, 78) = 4.98$ ,  $p < .05$ . Finally, when IQ and Overall Deviance were simultaneously held as covariates, GLM secondary goods remained significant,  $F(1, 76) = 4.08$ ,  $p < .05$ .

## Discussion

The major goal of the present study was to investigate whether the quality of release planning for child molesters was related to sexual recidivism. Overall, compared to nonrecidivists, the quality of release planning was poorer for the recidivists, who had significantly lower scores for accommodation, employment, and GLM secondary goods, as well as for the total release planning score.

Results suggest that poor planning for community reintegration is a risk factor for sexual recidivism. However, recidivists had lower IQ and higher Overall Deviance scores, the latter an estimate of overall stable dynamic risk level, meaning differences in release planning were confounded with differences in IQ and deviance. It was possible that IQ or deviance could influence the quality of release planning, thus analyses were conducted controlling for both variables. When IQ was used as a covariate, the accommodation and GLM secondary goods items, but not employment, remained significantly worse for recidivists. It was not surprising that the employment item no longer differentiated recidivists and nonrecidivists, because its correlation with IQ was positive and approached significance. When Overall Deviance was used as a covariate, the accommodation item remained significant and the GLM secondary goods item approached significance. When Overall Deviance and IQ were simultaneously controlled for, only accommodation remained significant. These results suggest that accommodation was the aspect of release planning that was most strongly linked to recidivism. All nonrecidivists received the maximum score for the accommodation item, indicating that planning for post-release accommodation was necessary but not sufficient to prevent sexual recidivism.

It should be reiterated that the Allan et al. (2007) factor scores were calculated by averaging standardised scores for variables loading on each factor, using means

and standard deviations from the same sample of child molesters from which the current sample was derived. The Allan et al. factor scores have not been validated on an independent sample of child molesters. Accordingly, to ascertain the relative impact of release planning on recidivism compared to that of stable dynamic risk factors, a validation study is needed that applies both the release planning coding protocol developed in the present study and the Allan et al. factor scores to a different sample of released child molesters.

When any recidivism served as the outcome variable, GLM secondary goods remained significantly higher for nonrecidivists when IQ and Overall Deviance were simultaneously controlled for. This finding suggests that the presence of GLM secondary goods could represent a protective factor against any recidivism. This is consistent with the holistic and strengths-based nature of the GLM (e.g., Ward, Day et al., 2006). With respect to GLM primary goods, relatedness (including intimate, friendship, and family relationships) was the most common primary good targeted through release plans. This is a positive finding given that the absence of relatedness (and agency and inner peace) appears to be more strongly related to sexual offending than other primary goods are (Ward & Mann, 2004). Further research is warranted investigating the impact of GLM principles on recidivism outcomes, and the influence of reintegration experiences on goods attainment. Due to insufficient file information, offenders' good lives plans were unable to be rated in their entirety, that is, which primary goods had been met, which had been addressed through secondary goods in release planning, and which remained outstanding. Developing a reliable and valid way to measure the degree to which GLM primary goods are met remains a challenge for future research, and will be considered further in Study Three.

The limited research on offender reintegration has focussed largely on the needs of general offenders (e.g., Graffam et al., 2004). Sex offenders likely have specific needs above and beyond these, including ongoing therapy. The idiosyncratic risk factors item was included in the coding protocol in an attempt to address whether such needs had been considered. It was expected that when idiosyncratic risk factors (e.g., substance abuse, anger problems) were followed up through referral to appropriate community-based services, risk of recidivism would be reduced. However, scores on this item did not significantly differ between recidivists and nonrecidivists, and the majority (85.2%) of participants scored 2 (on a 0 – 3 scale) on this item, meaning idiosyncratic risk factors had been documented and some, but not all, had been connected with release planning through referral to community agencies. The main reason participants did not score 3 (meaning all idiosyncratic risk factors had been connected with release planning), was because no attempt had been made to minimise exposure to the high-risk situation of unsupervised access to children. A revised item that better captures the variance in planning for community-based treatment is warranted, and will be tested in Study Two.

Planning for social support was poorer for recidivists compared to nonrecidivists, however this difference did not reach statistical significance. Variability was observed amongst offenders scoring 2 on the social support item, corresponding to an established support network of one system. Specifically, some offenders only had one support person whereas others had multiple support people. A revised social support item that differentiates offenders with one support person compared to those with multiple support people from the same system is warranted, and will be tested in Study Two.

Although the causal status of poor release planning as a risk factor for sexual recidivism could not be tested using the present research design, these results do suggest that release planning is linked to recidivism and further that accommodation was the aspect of release planning that was most strongly linked to recidivism. Limitations of the current study are addressed in Study Two, a validation study using a different sample of child molesters.

## STUDY TWO

The major goal of Study Two was to validate the findings from Study One that showed poor release planning to be a risk factor for sexual recidivism with an independent sample of child molesters. A secondary aim was to improve the coding protocol for release planning by including revised items relating to social support and community-based treatment planning, which did not differentiate between recidivists and nonrecidivists in Study One. The response scale for the revised social support item was expanded in order to isolate offenders with only one person in their planned support network. In terms of community-based treatment planning, the frequency and types of community-based treatment referrals were examined. If poor community-based treatment planning was a risk factor for recidivism, recidivists should have fewer referrals than nonrecidivists. Details of these revised items are described in the Method section that follows.

The sample for Study Two comprised of 60 sexual offenders against children released from Te Piriti. All the recidivists for whom file data was available ( $n = 30$ ) were included, plus a group of nonrecidivists who were individually matched with the recidivists for static risk level and release date ( $n = 30$ ). The Study One coding protocol and revised items were applied to all men in the sample. It was hypothesised that recidivists would have poorer release planning than the nonrecidivists, and provided this was true, analyses were planned to see whether this difference remained significant after controlling for potential confounding variables, including the Allan et al. (2007) dynamic risk factors and IQ. In addition, assuming release planning was not confounded by other variables, survival analyses were planned using pooled data from Study One and the present study to determine whether poor planning was associated with a reduced time to reoffend, to identify the subset of items that

comprised the best predictive model for recidivism, and to estimate the strength of the relationship between planning quality and recidivism.

## Method

### *Participants*

The sample for Study Two was drawn from males who completed the Te Piriti prison-based treatment programme between 1994 and 2000. All men had provided written consent for their file information to be used for research and evaluation purposes. The recidivist group was drawn from all males who had been reconvicted of a sexual offence (as of December, 2007) since leaving Te Piriti ( $n = 35$ ). Sufficient file information was available for 30 of these men. An equal number of nonrecidivists were selected to form the comparison group (total  $N = 60$ ). Nonrecidivists were individually matched on static risk level and time at risk with the recidivist group.

### *Measures*

*Static risk level.* The ASRS (Skelton et al., 2006) was used to measure static risk. A description of this instrument was provided in the Method section of Study One.

*Time at risk.* Time at risk was measured from the date participants were released from Te Piriti until criminal history records were obtained in December, 2007.

*Recidivism.* Criminal history information was obtained from the National Intelligence Application (NIA) computer database maintained by the New Zealand Police in December 2007. Any convictions for sexual, violent, or general offences that occurred post-release were noted, as defined in the Method section of Study One.

*Release planning.* Five of the six items of the coding protocol developed for Study One were used to rate release planning. These were accommodation planning, social support planning, employment planning, idiosyncratic risk factors, and motivation (see Table 1). The structure of Te Piriti reports meant that insufficient information was available to rate the GLM secondary goods item, so this item was omitted.

Revised items were included in an attempt to improve the release planning coding protocol. In Study One, planning for social support was rated on a 4-point scale: 0 = *no planned social support network*, 1 = *suggested social support network (not confirmed)*, 2 = *confirmed social support network from one system (friends, family, or volunteers)*, and 3 = *confirmed social support network from more than one system (e.g., friends and family)*. More than half (53.1%) of participants received a rating of 2 for the social support item, however some of these participants had only one confirmed person in their support network, whereas others had multiple people (but all from the same system). The current study included a revised social support item with a 5-point scale to differentiate participants with only one confirmed support person.

The idiosyncratic risk factors item of the Study One coding protocol was designed to investigate whether high risk situations and warning signs of relapse for individual offenders had been documented, and whether an attempt had been made to minimise these through community-based treatment planning. It was expected that when idiosyncratic risk factors (e.g., substance abuse, anger problems) were followed up through referrals to appropriate services, recidivism risk would be reduced. However, scores on this item did not significantly differ between recidivists and nonrecidivists, and the majority (85.2%) of participants scored 2 (on a 0 – 3 scale) on

this item, meaning idiosyncratic risk factors had been documented and some, but not all, had been connected with release planning through referral to community agencies. The main reason participants did not score a 3 (meaning all idiosyncratic risk factors had been connected with release planning), was because no attempt had been made to minimise exposure to the high-risk situation of unsupervised access to children. As this could not be readily accomplished through community-based treatment referrals, in the current study a separate item was included that rated whether or not any attempt had been made to minimise unsupervised access to children. To determine whether poor planning for community-based treatment was a risk factor for recidivism, community-based treatment referrals were recorded separately for each participant, and grouped according to whether they were conditional (e.g., at the request of an offender's Probation Officer), or unconditional (e.g., as a condition of parole). Community-based treatment referrals were further grouped according to four broad areas of dynamic risk (social inadequacy, sexual interests, lifestyle impulsivity, and emotional functioning). The revised items were piloted on a random selection of reports written by Te Piriti staff nearing an offender's release, and adjusted accordingly depending on the information typically available. The final revised items are provided in Table 10.

Table 10

*Revised Release Planning Items*

Item	Score				
	0	1	2	3	4
Social support (give <i>N</i> of established support network)	Social support network is not indicated in release plan, or comprises of Corrections staff only.	Potential social support network is suggested, but not confirmed (e.g. prisoner to make contact with church or old friends upon release).	Established support network of one person (contact has been made between prisoner and support person and support person aware of offending). Does not include Corrections staff or other professionals. If someone is listed as a support person this implies “established” unless comments negate.	Established support network of more than one person, all from one system (i.e., volunteers, friends, or family).	Established support network of more than one system.
Unsupervised access to children (Specify plans made)	No attempt made to minimise unsupervised access to children.	Some attempt made to minimise unsupervised access to children.	N/A	N/A	N/A
Community-based treatment referrals	Identify all referral types (generic, social inadequacy, emotional functioning, sexual interests, lifestyle impulsivity), specifying whether they are conditional (community-based treatment to be made available should problems arise) or unconditional (community-based treatment recommended immediately following release).				

*Dynamic risk level.* Dynamic risk level was measured using the Allan et al. (2007) factor scores and Overall Deviance score, as described in the Method section of Study One.

*IQ.* IQ was measured using a four-subtest short version of the Wechsler Adult Intelligence Scale-Revised (Reynolds et al., 1983), the same measure used in Study One.

### *Procedure*

Files held by the Department of Corrections Psychological Service were sourced for each participant, and the report written for each participant by Te Piriti staff to the Parole Board or Community Probation Service (CPS) nearing release was rated for release planning. All reports contained sufficient information to rate all items described, except for the motivation item. When an offender's motivation to continue with his post-release plans was not indicated, this item was coded as missing data.

The author rated all files and a research assistant rated 45% of these, to obtain a measure of inter-rater reliability. Data coders were blind to the recidivism outcome for each participant, and rated release plans independently of each other. For each report, data coders were instructed to

1. read the report in its entirety, before conducting any ratings,
2. re-read the report, and record ratings (coders were instructed to be conservative in any event of uncertainty), and
3. ensure all ratings and comments relating to qualitative aspects of release planning have been recorded.

All discrepancies between coders were resolved through discussion. Data analyses were conducted using SPSS (Version 14.0). Two sets of analyses were planned: a validation of the Study One findings, and an extension of results combining the Kia Marama and Te Piriti data to explore whether release planning predicted time to reoffend, to identify the best release planning model for predicting sexual recidivism, and to determine its accuracy in terms of AUC.

All significance tests used the .05 level, unless otherwise indicated. This research was conducted after review and approval by the University of Canterbury Human Ethics Committee and the New Zealand Department of Corrections.

## Results

### *Sample Characteristics*

Relevant group characteristics are summarised in Table 11. Recidivists ( $n = 30$ ) and nonrecidivists ( $n = 30$ ) were matched on static risk level as measured by the ASRS (recidivists  $M = 2.38$ ,  $SD = 1.74$ ; nonrecidivists  $M = 2.13$ ,  $SD = 1.50$ ;  $t(57) = .58$ , *ns*) and time from release until December 2007 (when reconviction information was obtained; recidivists  $M = 10.50$  years,  $SD = 1.96$ ; nonrecidivists  $M = 10.53$  years,  $SD = 1.87$ ;  $t(58) = -.07$ , *ns*, range: 7 – 13 years). The mean ASRS scores corresponded to a risk level between medium-low and medium-high. For recidivists, the average time to reoffence was 4.23 years (range: 3 months – 12.05 years).

Table 11

*Group Characteristics for Recidivists and Nonrecidivists*

Characteristic	Recidivists ( <i>n</i> = 30)	Nonrecidivists ( <i>n</i> = 30)
Mean age at programme entry	37.00	36.27
Percentage extrafamilial offenders	63.3	46.7
Mean time at risk (years)	10.50	10.53
Mean ASRS score	2.38	2.13
Percentage new nonsexual offences	70	36.67
Mean IQ score	95.67	96.00
Mean Social Inadequacy score	0.11	-0.02
Mean Sexual Interests score	0.32	0.04
Mean Anger/Hostility score	0.09	-0.16
Mean Pro-Offending Attitudes score	-0.01	-0.04
Mean Overall Deviance score	3.11	2.34

In terms of ethnicity, 61.67% of participants identified as New Zealand European, 18.33% as New Zealand Māori, 1.67% as New Zealand European and New Zealand Māori, and 1.67% as Samoan. Ethnicity data were not available for the remaining 16.67% of participants. There was no statistically significant difference in ethnic composition between the recidivists and nonrecidivists,  $\chi^2(3) = 2.04$ , *ns*. The average age of the recidivists at treatment intake ( $M = 37.00$ ,  $SD = 11.18$ ) was not significantly different from nonrecidivists ( $M = 36.27$ ,  $SD = 11.54$ ),  $t(58) = 0.25$ , *ns*. There was no significant difference between the groups in terms of the percentage of extrafamilial offenders (i.e., offenders with at least one unrelated victim): 73.1% (19 of 26) and 58.3% (14 of 24) for the recidivists and nonrecidivists, respectively,  $\chi^2(1) = 1.21$ , *ns*. There was a significant difference in nonsexual recidivism: 70% (21 of 30) of the recidivists were convicted for a new nonsexual offence during follow-up, compared with 36.67% (11 of 30) for the nonrecidivists,  $\chi^2(1) = 6.70$ ,  $p < .05$ .

IQ scores were available for 25 out of 60 cases (15 recidivists and 10 nonrecidivists). The average IQ score did not significantly differ between recidivists ( $M = 95.67, SD = 21.94$ ) and nonrecidivists ( $M = 96.00, SD = 16.35$ ),  $t(23) = 0.04, ns$ . These scores approximated the averages of all Te Piriti graduates for whom data were available ( $N = 288$ , recidivists  $M = 95.67, SD = 21.94$ , nonrecidivists  $M = 94.92, SD = 15.71$ ). There was no significant difference in level of educational attainment between recidivists and nonrecidivists,  $t(48) = 0.03, ns$ , with both groups having an average of 3 years of high school education.

Allan et al. (2007) dynamic risk factor mean scores were all greater for the recidivists than for the nonrecidivists, as shown in Table 11, but no differences were significant. The Anger/Hostility factor approached significance (recidivists  $M = 0.09, SD = 0.56$ , nonrecidivists  $M = -0.16, SD = 0.30$ ),  $t(49) = 1.98, p < .06$ . Overall Deviance did not significantly differ between recidivists and nonrecidivists ( $M = 3.11, SD = 1.90$  and  $M = 2.34, SD = 1.82$  respectively),  $t(57) = 1.58, ns$ .

#### *Properties of the Release Planning Coding Protocol*

To measure the inter-rater reliability of the coding protocol items, release planning scores for a randomly selected 45% of cases ( $n = 27$ ) were assessed independently by two data coders. All items returned a Cohen's kappa value greater than .60, with an average of .78 for the original items and .77 for the revised items, demonstrating adequate reliability. Cohen's kappa values for all items are listed in Table 12. Overall, inter-rater reliability was similar to that reported in Study One, in which the average Cohen's kappa was .83. Compared to that study, reliability values in Table 12 for accommodation and social support were higher, whereas those for employment and idiosyncratic risk factors were lower.

Table 12

*Obtained Kappa Values for the Original and Revised Items*

Item	$\kappa$
Original items	
Accommodation	.83
Social support	.80
Idiosyncratic risk factors	.62
Employment	.79
Motivation	.85
Revised items	
Social support	.88
Social support <i>N</i>	.95
Unsupervised access to children	.62
Conditional treatment referrals	
Social inadequacy	.65
Sexual interests	.65
Emotional functioning	.66
Lifestyle impulsivity	.79
Other	.87
Generic	1.00
Unconditional treatment referrals	
Social inadequacy	.76
Sexual interests	.83
Emotional functioning	.76
Lifestyle impulsivity	.79
Other	.77
Generic	.61

Correlations between original and revised items, and between original items and the total score are listed in Table 13. The total score was calculated by summing original items, and for cases with missing motivation scores, the average value from the remaining scores was imputed. Of the 33 correlations, 17 were statistically significant, and all of these were positive. Item-total correlations calculated for original items were all significant except for motivation.

Table 13

*Correlations between Release Planning Items and the Total Score*

Release planning item	1	2	3	4	5	6	7	8	9
Original items									
1. Accommodation	–	.56**	.10	.24	.30	.60**	.56**	.32*	-.02
2. Social support		–	.39**	.43**	.11	.80**	.95**	.52**	.04
3. Idiosyncratic risk factors			–	.26*	-.05	.57**	.34**	.22	.39**
4. Employment				–	-.01	.76**	.45**	.39**	.02
5. Motivation					–	.24	.15	.12	-.24
6. Total score						–	–	–	–
Revised items									
7. Social support							–	.59**	-.00
8. Social support <i>N</i>								–	.01
9. Unsupervised access to children									–

\* $p < .05$ . \*\* $p < .01$ .

*Release Planning Comparisons between Recidivists and Nonrecidivists*

To compare release planning scores for recidivists and nonrecidivists, a multivariate analysis of variance (MANOVA) was conducted. The overall Wilks's lambda was significant (Wilks's  $\Lambda = .57$ ,  $F(1, 28) = 2.63$ ,  $p < .05$ ), therefore univariate analyses were used to determine which variables were significantly different between recidivists and nonrecidivists. Group means,  $F$  ratios, and effect sizes for each item and the total score are given in Table 14. Mean scores for the original and revised social support items, the employment item, and the release planning total score, were significantly greater for the nonrecidivist group. Effect sizes were large (Cohen's  $d > 0.80$ ) for both social support items and the total score, and the effect size for employment planning approached the cutoff for a large effect size ( $d = 0.79$ ). These results confirm that the overall quality of release planning was significantly worse for recidivists compared to nonrecidivists.

Table 14

*Comparison of Mean Release Planning Scores for Recidivists and Nonrecidivists*

Item	Recidivists ( <i>n</i> = 30)	Nonrecidivists ( <i>n</i> = 30)	<i>F</i> <sup>a</sup>	<i>d</i>
Original items				
Accommodation	1.67 (0.66)	1.80 (0.41)	0.89	0.25
Social support	1.60 (0.81)	2.43 (0.50)	22.74**	1.25**
Idiosyncratic risk factors	1.80 (0.66)	2.07 (0.52)	2.99	0.45
Employment	0.63 (0.93)	1.43 (1.14)	8.93**	0.79**
Motivation	0.94 (0.24)	0.85 (0.37)	0.77	0.30
Total score	6.83 (2.36)	8.93 (2.04)	13.61**	0.97**
Revised items				
Social support	2.10 (1.19)	3.33 (0.66)	24.80**	1.31**
Social support <i>N</i>	2.10 (2.19)	3.23 (2.65)	3.27	0.48
Unsupervised access to children	0.27 (0.45)	0.20 (0.41)	0.36	0.16

*Note.* Standard deviations in parentheses.

<sup>a</sup>*df*<sub>Total</sub> = 59 for all items except motivation, *df*<sub>Total</sub> = 36.

\*\**p* < .01.

To determine whether differences in release planning scores may have varied between intra- and extrafamilial offenders, a two-way analysis of variance (ANOVA) was conducted for each item and the total score with group (recidivist vs. nonrecidivist) and offender type as factors. The significant group effects reported in Table 14 remained significant. There were no significant effects of offender type, however there was one significant Group X Offender Type interaction: extrafamilial nonrecidivists received the highest ratings for employment planning and extrafamilial recidivists received the lowest ratings, whereas employment planning ratings for intrafamilial recidivists and nonrecidivists were similar,  $F(1, 46) = 7.03, p < .05$ . Post hoc tests (Tukey,  $p < .05$ ) showed that employment planning for extrafamilial nonrecidivists ( $M = 1.86$ ) was significantly greater than for extrafamilial recidivists ( $M = 0.37$ ), but did not differ as a function of group for the intrafamilial offenders.

Overall, these results indicate that release planning was worse for recidivists than nonrecidivists, and varied little between intra- and extrafamilial offenders.

#### *Analyses of Potential Confounding Variables*

To assess whether between-group differences in release planning may have been confounded with other variables that might be linked to recidivism, such as dynamic risk factors or IQ, correlations between all reintegration items, the Allan et al. (2007) dynamic risk factor scores, and IQ were examined. As Table 15 shows, reintegration items were generally negatively correlated with dynamic risk, but of the 45 correlations, only three reached statistical significance: Pro-Offending Attitudes and accommodation ( $r = -.35, p < .01$ ), Anger/Hostility and employment ( $r = -.29, p < .05$ ), and Sexual Interests and unsupervised access to children ( $r = .30, p < .05$ ). IQ was not correlated with any release planning items. Given the expected rate of Type 1 error, that few correlations were significant suggests that differences in release planning between recidivists and nonrecidivists were not confounded with dynamic risk and IQ.

Table 15

*Correlations of the Coding Protocol Items with Dynamic Risk Factors and IQ*

Coding protocol item	Dynamic risk factors					IQ
	Social Inadequacy	Sexual Interests	Anger/Hostility	Pro-Offending Attitudes	Overall Deviance	
Original items						
Accommodation	-.19	-.00	-.13	-.35**	-.25	-.05
Social support	-.14	.07	-.22	-.10	-.06	-.15
Idiosyncratic risk factors	.04	.25	.03	-.01	-.04	.09
Employment	-.04	-.27	-.29*	.18	-.08	.05
Motivation	-.22	-.01	-.03	-.30	-.03	<sup>a</sup>
Total score	-.04	-.03	-.27	-.05	-.01	-.05
Revised items						
Social support	-.19	.03	-.18	-.05	-.07	-.18
Social support <i>N</i>	-.23	.08	-.17	-.05	-.10	-.09
Unsupervised access to children	.03	.30*	.17	.00	.10	.10

<sup>a</sup>Could not be computed due to missing data for both variables.\* $p < .05$ . \*\* $p < .01$ .

In a further attempt to identify possible confounding variables, multiple pairwise comparisons were conducted on all additional information available for the sample. This information was obtained from the demographic questionnaire that is included as part of the Te Piriti intake assessment. Eighty-three variables were tested, including offence characteristics (e.g., use of threats, weapons), characteristics of participants' upbringing (e.g., abuse, adoption, stability of family of origin), adult social history (e.g., marital status, work history, alcohol and drug problems), and each of the individual psychometric tests used in the Allan et al. (2007) battery, measured both pre- and post-treatment. The  $p < .01$  significance level was used to reduce the likelihood of Type I error. No significant differences between recidivists and nonrecidivists were found (see Appendices A, B, and C).

To determine whether the quality of release planning was related to static risk level, correlations were calculated between the protocol items and ASRS scores. Results are shown in Table 16. Correlations were generally negative, but none were statistically significant.

Table 16

*Correlations between Release Planning and ASRS Scores*

Item	Kia Marama	Te Piriti	Pooled sample
Accommodation	-.20	-.08	-.12
Social support	-.04	-.00	-.03
Idiosyncratic risk factors	-.20	-.02	-.11
Employment	-.15	.05	-.09
Motivation	-.07	.02	-.05
GLM secondary goods	-.05	—	—
Total score <sup>a</sup>	-.21	-.00	-.13

<sup>a</sup>Excludes GLM secondary goods for the Kia Marama sample.

*Item Analyses*

*Accommodation.* Four different types of accommodation were recorded for participants who received the highest rating for this item ( $n = 47$ ). The most common accommodation type was with a support person (82.98%), followed by hostel (i.e., temporary, often supported accommodation for recently-released offenders while they look for a permanent place to live, 10.64%), with another person known to the participant but not an identified support person (4.26%), and motor camp (i.e., camping ground or trailer park, 2.13%). There was no significant difference in accommodation type between recidivists and nonrecidivists,  $\chi^2(3) = 3.82, ns$ .

*Community-based treatment referrals.* All participants were referred for some form of community-based treatment, either as required by Probation Officers (conditional referral), or commencing within a certain time frame post-release (unconditional referral). Referrals were further defined by the targeted dynamic risk factor(s): social inadequacy, deviant sexual interests, emotional functioning, lifestyle impulsivity, or other. Referrals were defined as generic when specific dynamic risk factors were not mentioned. Table 17 gives frequencies of each referral type for recidivists and nonrecidivists, and for the total sample. There were no significant differences between groups across referral type. The unconditional other referral type occurred most frequently, with 41.7% of participants receiving this referral, mainly for therapy to address participants' own abusive experiences (25% of such referrals). Unconditional referrals for deviant sexual interests followed, with 38.3% of participants receiving this type of referral. Next was unconditional generic (31.7%), followed by unconditional emotional functioning (28.3%), unconditional social inadequacy (23.3%), and unconditional and conditional lifestyle impulsivity (both

16.7%). A smaller percentage of participants received referrals for all remaining types.

Table 17

*Community-Based Treatment Referral Frequencies*

Referral type	Recidivists	Nonrecidivists	Total
<b>Conditional referrals</b>			
Social inadequacy	3.3%	3.3%	3.3%
Sexual interests	3.3%	0%	1.7%
Emotional functioning	20%	6.7%	13.3%
Lifestyle impulsivity	20%	13.3%	16.7%
Other	13.3%	16.7%	15%
Generic	6.7%	3.3%	5%
<b>Unconditional referrals</b>			
Social inadequacy	16.7%	30%	23.3%
Sexual interests	33.3%	43.3%	38.3%
Emotional functioning	26.7%	30%	28.3%
Lifestyle impulsivity	23.3%	10%	16.7%
Other	36.7%	46.7%	41.7%
Generic	33.3%	30%	31.7%

*Other Types of Recidivism*

A final consideration was whether release planning was related to the likelihood of violent or general recidivism. Of the sample, 23.3% (14 of 60) were convicted for a new violent offence, 46.7% (28 of 60) were convicted for a new general offence (i.e., a new offence that was neither sexual nor violent), and 68.3% (41 of 60) had received a new conviction of any type (i.e., a new offence that was sexual, violent, general, or a combination of these). Correlations between release planning scores and different types of recidivism are shown in Table 18. No release planning scores were significantly related to either violent or general recidivism.

Table 18

*Correlations between Release Planning and Different Recidivism Outcomes*

Item	Recidivism type			
	Sexual	Violent	General	Any
Original items				
Accommodation	-.12	.13	.21	-.00
Social support	-.53**	.04	-.15	-.44**
Idiosyncratic risk factors	-.22	.06	-.23	-.19
Employment	-.37**	.02	-.15	-.34**
Motivation	.15	.02	-.20	.13
Total planning score	-.44**	.04	-.16	-.38**
Revised items				
Social support	-.55**	.03	-.12	-.43**
Social support <i>N</i>	-.23	.04	-.20	-.28*
Unsupervised access to children	.08	-.03	-.04	-.05

*Note.* Recidivist = 1, nonrecidivist = 0.

\* $p < .05$ . \*\* $p < .01$ .

*Study One Validation Summary*

Results support findings from Study One that release planning was poorer for recidivists than nonrecidivists, controlling for static risk level and follow-up time. Findings with respect to employment planning and the total release planning score were validated with the Te Piriti sample, and the social support item (which approached significance in Study One) was also significantly poorer for recidivists. Moreover, differences in release planning between recidivists and nonrecidivists were not confounded with differences in stable dynamic risk factors, nor demographic variables.

*Time-Based Analyses*

Results thus far have provided additional support for the reliability and predictive validity of the measure developed in Study One, confirming that quality of release planning is related to the presence versus absence of sexual recidivism. Although the present study does not provide a basis for inferring causality, if release planning is a causal factor for recidivism, then poor planning should be associated

with an increased rate of reoffending (i.e., a decreased time to offence). To test this hypothesis, survival analyses (Cox regressions) were conducted in which items from the release planning coding protocol were used to predict rate of reoffending. Odds ratios were computed as an effect size for individual items, which describe the change in the relative rate of reoffending for a one unit increase in the item score. Analyses were performed with the Kia Marama and Te Piriti samples individually, as well as with the pooled sample (total  $N = 141$ ). Results are shown in Table 19.

Table 19

*Release Planning Odds Ratios for Sexual Recidivism*

Item	Kia Marama exp $\beta$		Te Piriti exp $\beta$		Pooled exp $\beta$	
	M	95% CI	M	95% CI	M	95% CI
Original items						
Accommodation	0.54*	0.33-0.87	0.52*	0.27-0.98	0.55**	0.37-0.81
Social support	0.71	0.49-1.03	0.25**	0.16-0.39	0.50**	0.38-0.66
Idiosyncratic risk factors	1.73	0.76-3.93	0.55*	0.33-0.89	0.83	0.54-1.29
Employment	0.68	0.42-1.09	0.60**	0.41-0.88	0.63**	0.47-0.84
Motivation	0.42*	0.18-0.99	2.05	0.27-15.52	0.62	0.29-1.33
GLM secondary goods	0.46*	0.24-0.87	–	–	–	–
Total score <sup>a</sup>	0.82*	0.69-0.98	0.68**	0.58-0.80	0.76**	0.67-0.85
Revised items						
Social support			0.39**	0.28-0.54		
Social support <i>N</i>			0.79	0.61-1.03		
Unsupervised access to children			1.29	0.57-2.90		

<sup>a</sup>Excludes GLM secondary goods for the Kia Marama sample.

\* $p < .05$ . \*\* $p < .01$ .

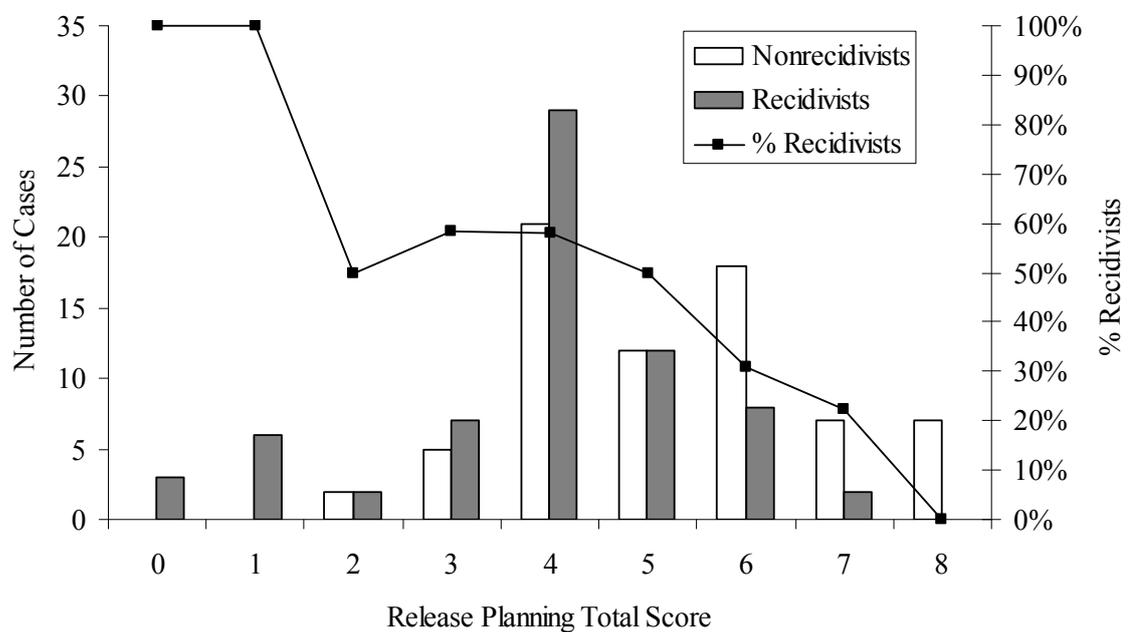
For the Kia Marama sample, accommodation, GLM secondary goods, motivation, and the total score all significantly predicted recidivism, with odds ratios  $< 1$ , indicating that decreases on these items were associated with increases in the rate of reoffending. For the Te Piriti sample, accommodation, both the original and revised social support items, idiosyncratic risk factors, employment, and the total score were significant predictors, again with odds ratios  $< 1$ . For the pooled sample, odds ratios for accommodation, social support, and employment planning were significant. Taken together, these results provide additional evidence that poor release planning is associated with sexual recidivism.

A series of Cox regressions were conducted to identify the best release planning model for predicting recidivism. For each sample, items with significant odds ratios were entered into the regression together and the AUC for the combined model was calculated. Next, items were removed one by one and the resulting AUC was calculated to check whether the inclusion of any items significantly reduced the AUC value. Finally, items with nonsignificant odds ratios were entered individually to determine whether these items increased the AUC value. AUCs for the final (best predictive) model are reported below. Preliminary analyses confirmed there was no advantage of using standardised item scores, therefore raw scores were used to produce the best-fitting model.

The combined social support, employment, GLM secondary goods, and accommodation items produced the best predictive model for the Kia Marama data, with an AUC of .71. The revised social support item, together with the accommodation and employment items, produced the best predictive model for the Te Piriti data, with an AUC of .78. Consistent with the Kia Marama and Te Piriti models, the accommodation, employment, and social support items combined to

produce the best predictive model for the pooled data. The AUC value for the pooled data was .71.

Summing the accommodation, employment, and social support scores provides an overall scale of release planning quality that ranges from 0 – 8. Figure 1 shows the distribution of scores for recidivists and nonrecidivists using the pooled data, as well as the percentage of recidivists who received each score.



*Figure 1.* Distribution of overall release planning scores for recidivists (dark bars) and nonrecidivists (light bars). The line graph (plotted on the right-hand axis) shows the percentage of cases that were recidivists for each score.

The distributions for both groups were approximately normal, but the degree of non-overlap was such that the percentage of recidivists decreased steadily from 100% to 0%. Figure 1 suggests that there are three broad risk classes, corresponding to different score ranges: 0 – 1 (*poor quality*), in which 9 of 9 cases reoffended (100%); 2 – 5 (*average quality*), in which 50 of 90 cases reoffended (56%); and 6 – 8 (*good quality*), in which 10 of 42 cases reoffended (24%).

## Discussion

The primary goals of Study Two were to determine whether poor planning for community reintegration was related to sex offender recidivism, and to estimate the strength of the relationship between planning quality and reoffending. Consistent with Study One results, the overall quality of release planning was poorer for child molesters who were released from prison and who subsequently reoffended, compared with a matched group who did not reoffend. In addition to the total release planning score, planning for both employment and social support were significantly worse for recidivists. These differences in release planning were not confounded with differences in static risk level, or in dynamic risk as assessed by a psychometric battery. Thus the present data confirm and strengthen Study One results with an independent sample of child molesters released from a different treatment unit (Te Piriti).

Pooling data from both Study One and the current study, planning for accommodation, employment, and social support combined to give the best predictive model for predicting sex offender recidivism. The accuracy of this model in predicting recidivism ( $AUC = .71$ ) was in the same range to that obtained using static risk models (e.g., Barbaree et al., 2001; G. T. Harris et al., 2003). Given static risk was controlled for in the present study, this suggests that release planning and static models may predict reoffending with equal accuracy. Moreover, because there were no significant correlations between release planning and static risk scores, results suggest that assessment of release planning may represent an independent and equally valid source of predictive validity for recidivism.

The best predictive model of release planning yielded a scale of planning quality that ranged from 0 – 8, which discriminated well between recidivists and

nonrecidivists (see Figure 1). The percentage of recidivists decreased steadily with increases in planning quality, and results indicated that there were three approximate ranges: poor quality (0 – 1), average quality (2 – 5), and good quality (6 – 8), which differed in terms of their risk for recidivism. Although the percentages of recidivists across the ranges were inflated because the recidivism base rate was artificially set at 50%, this suggests that the total release planning score may have practical utility in terms of risk assessment as an adjunct to static models.

Revised items were investigated in an attempt to improve the release planning coding protocol developed in Study One. The revised social support item, together with the accommodation and employment items, produced the best-predictive model of recidivism for the Te Piriti data. The AUC value for this model was .78 – compared to .74 when the original social support item was used. As predicted, having multiple people from one support system (i.e., friends, family, or volunteers) was superior to having only one person in a support network. The revised item and the original item were both superior to the number of people in a planned social support network, indicating that having support from different systems or groups was more important than the number of people involved. Using the revised item to measure community-based treatment referrals, there were no differences between the frequency of referrals for recidivists and nonrecidivists, suggesting that poor planning for community-based treatment was not a risk factor for sexual recidivism.

Results of the present study confirm, strengthen, and extend those of Study One. Specifically, overall release planning was poorer for recidivists compared to a matched group of nonrecidivists; findings were not confounded by differences in the Allan et al. (2007) stable dynamic risk factors; and using the pooled Study One and Two data, the predictive accuracy of the combined accommodation, social support,

and employment items was equal to that of static risk measures. Results suggest that release planning might have practical utility in risk assessments, and that improvements in release planning might decrease recidivism amongst child molesters.

The exclusive focus on release planning, however, limits the conclusions that can be made from Studies One and Two: whether offenders were successful at implementing their release plans remains unknown. A prospective study which examines the relationship between planning and experiences of reintegration could provide stronger evidence of a causal link between poor planning and recidivism. A prospective study would also allow a detailed assessment of offenders' good lives plans, and investigation into the relationship between reintegration experiences and attainment of primary goods. Accordingly, Study Three employs a prospective research design to investigate the relationships between release planning and reintegration experiences, and between reintegration experiences and attainment of GLM primary goods.

## STUDY THREE

The overall goal of the present study was to investigate whether release planning was related to actual reintegration experiences amongst recently released child molesters. An additional aim was to assess systematically participants' good lives plans, and to examine the relationship between reintegration experiences and the attainment of primary goods.

The sample for Study Three consisted of 16 child molesters who had completed either the Kia Marama or Te Piriti treatment programme. Release planning was rated for all men in the sample, using the items shown to best predict recidivism in Study Two: accommodation, social support, and employment planning. Participants were interviewed 1 month post-release about their experiences of community reintegration – with particular attention given to accommodation, social support, and employment – and their good lives plans. Ratings were given for reintegration experiences and the attainment of GLM primary goods. A subsample of participants were re-interviewed 3 months post-release, to investigate the stability of reintegration experiences. Correlational analyses were used to examine the relationship between release planning and reintegration experiences, and between reintegration experiences and attainment of GLM primary goods. Given the consistent findings of poor release planning predicting recidivism in Studies One and Two, and the links identified between problematic experiences of reintegration and sex offender recidivism in the Introduction chapter, it was hypothesised that release planning would correlate positively with actual reintegration experiences. Given the short follow-up time and small sample size, sexual recidivism amongst participants was not expected, however if recidivism was to occur, it was predicted to be in the context of poor release planning (and subsequent poor reintegration experiences). In

addition, it was hypothesised that GLM ratings would correlate positively with reintegration experiences, because successful community reintegration should provide the external conditions necessary to facilitate the attainment of primary goods.

Measures of static and stable dynamic risk were available for all men in the sample. Based on Study Two findings it was hypothesised that static risk level would not correlate with reintegration scores, however given the inclusion of social influences in the dynamic risk measure (STABLE-2007), a negative correlation was expected between dynamic risk level and reintegration scores.

## Method

### *Participants*

Participants were 16 men who had completed either the Kia Marama or the Te Piriti treatment programme, and who were released into the community from their respective unit between July 2008 and December 2008. Of the 21 men released from Kia Marama during the study period, 13 consented to participate and of the 12 men released from Te Piriti, 3 consented to participate. All participants were interviewed 1 month post-release, and 10 were re-interviewed 3 months post release.

### *Measures*

*Release planning.* Release planning items that best predicted recidivism in Study Two were used to rate release planning – the accommodation and employment items from the original coding protocol, and the revised social support item. These items are shown in Table 20.

Table 20

*Best Predictive Release Planning Items*

Item	Score				
	0	1	2	3	4
Accommodation	Accommodation post release is not indicated in release plan.	Accommodation post release is suggested (e.g., hostel in the Christchurch area), but no specific details (e.g., address or name of the hostel) are given.	Accommodation post release is planned. Specific details (e.g., address) are given.	N/A	N/A
Employment	Employment options are not indicated in release plan.	Potential employment options are suggested, but no steps have been made toward securing employment.	Steps toward securing employment have been made, such as contact with potential employers.	Employment needs following release have been addressed and are confirmed, e.g., prisoner returning to previous job.	N/A
Social support	Social support network is not indicated in release plan, or comprises of Corrections staff only.	Potential social support network is suggested, but not confirmed (e.g. prisoner to make contact with church or old friends upon release).	Established support network of one person (contact has been made between prisoner and support person and support person aware of offending). Does not include Corrections staff or other professionals	Established support network of more than one person, all from one system (i.e., volunteers, friends, or family).	Established support network of more than one system.

*Reintegration experiences and good lives plans.* A semi-structured interview was developed to enable ratings of reintegration experiences and good lives plans at 1 and 3 months post-release (see Appendix D and Appendix E for 1 and 3 month interview templates, respectively). Each interview was divided into two parts. Questions in part one focussed on the three aspects of release planning found to best predict recidivism in Study Two: accommodation, employment, and social support. Participants were given a rating at each time interval that depicted their experiences on each reintegration variable. Accommodation and social support experiences were rated using the same criteria as set out in the release planning coding protocol (see Table 20). For example, if a participant was receiving support from two or more family members, a rating of 3 was recorded for social support. A modified scale was used to rate employment experiences because there was less variability in employment experiences compared to employment planning. Specifically, employment experiences were rated on a 0 – 2 scale, where 0 = *not working nor looking for work*, 1 = *actively looking for work*, and 2 = *in permanent part-time or full-time work*.

Questions in part two focussed on participants' good lives plans, that is, their unique set of primary goods and the extent to which these were attained through instrumental or secondary goods. The development of these questions was influenced by two recently developed GLM assessment protocols (Griffin, Price, & Print, 2008; Yates, Kingston, & Ward, 2009), and through consultation with Tony Ward (personal communication, July 2008). Participants were first asked to rate the importance (high, moderate, or low) of each of the 10 primary goods proposed by Ward and colleagues (e.g., Ward & Gannon, 2006; Ward et al., 2007) and described in the Introduction chapter. Some primary goods were re-named to assist participants' comprehension,

thus the list used for the current study was as follows: (1) health, (2) knowledge, (3) achievement, (4) independence, (5) inner peace, (6) relationships, (7) belonging, (8) spirituality, (9) happiness, and (10) creativity (see Appendix D for the wording used to describe each primary good to participants).

Next, participants were asked a series of questions relating to each of the primary goods they rated of moderate or high importance. For each primary good, participants were asked to describe how that good was attained in their current day-to-day life (i.e., relevant secondary goods), any future goals they had relating to that good, and any challenges they had experienced in attempting to realise it. When participants struggled to identify secondary goods examples given by Yates et al. (2009) were provided by the author as suggestions. Each primary good was given a 0 – 2 rating, where 0 = *primary good not fulfilled, and participant has no future goals relating to good fulfilment*; 1 = *primary good not fulfilled but participant has future goals related to good fulfilment, or primary good only partially fulfilled*; and 2 = *primary good largely fulfilled*. An average rating of primary goods attainment was calculated for each participant.

The interview protocol was piloted on four non-offender volunteers for comprehension and flow, and was revised accordingly. The templates provided in Appendices D and E detail the content covered in each interview, however the exact wording of questions was often deviated from to enhance the flow of conversation.

*Static risk level.* The ASRS (Skelton et al., 2006) was used to measure static risk. A description of this instrument was provided in the Method section of Study One.

*Dynamic risk level.* Post-treatment scores on the STABLE-2007 (Hanson et al., 2007) were used to measure dynamic risk level. STABLE-2007 scores had not

been available for participants in Studies One and Two but, as described in the Introduction chapter, provide a more empirically grounded measure of dynamic risk level than the Allan et al. (2007) factor scores used in the previous studies. Further, the Allan et al. factor scores did not significantly differ between recidivists and nonrecidivists with the Te Piriti sample in Study Two. The STABLE-2007 includes 13 items that span five domains of dynamic risk: significant social influences (1 item), intimacy deficits (5 items), general self-regulation (3 items), sexual self-regulation (3 items), and co-operation with supervision (1 item). Each item is clinician-rated using a 0 – 2 point scale. Resulting scores range from 0 – 26, and have been divided into three risk bands: 0 – 3 = *low*, 4 – 11 = *moderate*, and 12+ = *high*. This is the first known study to report STABLE-2007 scores for a New Zealand sample.

### *Procedure*

Principal Psychologists of the Kia Marama and Te Piriti treatment units were briefed about the current study and asked to distribute information sheets detailing the aims of the study (see Appendix F), and consent forms (see Appendix G), to potential participants. At Kia Marama, information sheets and consent forms were given to all members of the graduates' group. Te Piriti clinicians approached potential participants individually. Consenting participants returned their signed consent form to the unit's Executive Officer, who then notified the author.

Community Probation Service (CPS) or Parole Board reports containing release plans were sourced for consenting participants, and rated for quality of release planning. Upon participants' release, their Probation Officers were contacted and briefed about the study, and asked to provide the author with participants' contact telephone numbers. Participants were contacted by telephone approximately 1 month following their release from prison, and interviewed about their reintegration

experiences and good lives plans. The author transcribed information collected during the phone interviews, and conducted ratings afterwards. Interviews lasted between 20 and 40 minutes, and at their conclusion, participants were posted a \$15 grocery voucher in appreciation of their participation in the study. Attempts were made to re-interview participants 3 months post-release, at which time Probation Officers were contacted to obtain up-to-date contact phone numbers for participants. Participants were mailed a debriefing sheet (see Appendix H) following their final interview<sup>3</sup>.

Data analyses were conducted using SPSS (Version 15.0). All significance tests used the .01 level to reduce the likelihood of Type I error. Given low statistical power however, nonsignificant correlations corresponding to a large effect size according to Cohen's (1988) conventions were also interpreted. This research was conducted after review and approval by the University of Canterbury Human Ethics Committee and the New Zealand Department of Corrections.

## Results

### *Sample Characteristics*

The final sample consisted of 16 participants, all of whom were interviewed 1 month post-release. Thirteen of the original 16 participants had been released for a period of 3 months during the time period allocated for data collection. Two of these participants had been recalled to prison, and 1 was not contactable by telephone, thus 10 participants were re-interviewed 3 months post-release.

Participants ranged in age from 20 – 79 years ( $M = 45.19$ ,  $SD = 17.92$ ).

Participants' mean ASRS score ( $M = 1.13$ ,  $SD = 1.41$ ) corresponded to a static risk

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<sup>3</sup> As a continuation of this research it has been decided that participants will also be followed up at 6 months post-release.

level of medium-low, and their mean STABLE-2007 score ( $M = 11.81$ ,  $SD = 5.05$ ) corresponded to a dynamic risk level of moderate. Qualitative descriptions of release planning and participants' post-release experiences of accommodation, social support, and employment follow.

### *Accommodation*

All participants received the maximum score for accommodation planning, meaning their post-release living arrangements were confirmed prior to their release from prison. One month post-release, 8 participants (50%) were residing in temporary supported accommodation, typically a one-bedroom apartment that was available for up to 3 months post-release, provided by the Salvation Army, the New Zealand Prisoners' Aid and Rehabilitation Society, or Anglican Action; 6 (37.5%) were residing with support people, 1 (6.3%) with a friend, and another 1 (6.3%) in rental accommodation<sup>4</sup>.

Only participants in supported accommodation 1 month post-release had shifted residence when re-interviewed 3 months post-release. Of these 5 participants, 2 had moved into rental accommodation, and 1 was living with a support person. The remaining 2 had been unable to secure permanent accommodation within 3 months of prison release, and both cited this was because of the 500 metre rule imposed by the CPS. One participant stated he had enquired about more than 40 properties, however none were suitable because they were located within a 500 metre radius of areas that children frequent such as parks and schools. For both men unable to secure permanent accommodation within 3 months following prison release, supported accommodation providers had allowed them to stay until appropriate accommodation could be found.

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<sup>4</sup> All participants except 2 were residing in the accommodation specified in their release planning. In both exceptions, participants' plans did not eventuate however their Probation Officers immediately found them alternative accommodation, meaning they were never without accommodation.

*Social Support*

There was variation in planning for social support amongst participants. One participant (6.3%) had no planned support network and was reliant on the support of professionals, and another 1 participant (6.3%) had identified potential support people but had no confirmed support. One participant (6.3%) had confirmed support from one person, 9 participants (56.3%) had confirmed support from multiple people within the same system (i.e., family or friends), and the remaining 4 participants (25%) had confirmed support from multiple people across more than one system.

One month post-release there was a slight trend towards participants extending their social support networks. One participant (6.3%) remained reliant on professional support and another participant (6.3%) had yet to approach potential support people, thus was also reliant on professional support. Eight participants (50%) were receiving support from multiple people within one system, and the remaining 5 (37.5%) were receiving support from people across multiple systems. All participants reported that their support networks were either helpful or very helpful.

A similar pattern was observed amongst the subsample of participants interviewed 3 months post-release. Experiences either stayed the same or changed for the better, with 1 participant (10%) relying on professional support, 3 participants (30%) receiving support from multiple people within one system, and 6 participants (60%) receiving support from people across multiple systems.

*Employment*

There was very little variability in employment planning. Ten participants (62.5%) had no employment plans pre-release, and the remaining 6 participants (37.5%) had identified potential employment options, but had not taken any steps towards securing employment.

One month post-release, 6 participants (37.5%) were not working or looking for work, 8 participants (50%) were actively looking for work, and the remaining 2 participants (12.5%) were in permanent work. Common barriers to securing employment were reported, specifically requirements of parole and disclosing their prior offending to potential employers. Parole requirements that were reported as interfering with securing work were reporting to the CPS, attending psychologist appointments, and not having access to the internet.

Of participants re-interviewed 3 months post-release, 3 (30%) were not working nor looking for work, 4 (40%) were actively looking for work, and 3 (30%) were in permanent work. Employment experiences remained the same or changed for the better for all participants except for 1 participant who was actively looking for work 1 month post-release but not looking for work 3 months post-release, reportedly because mandatory psychologist appointments interfered with him looking for work.

#### *Correlations between Release Planning and Reintegration Experiences*

Standardised item scores for social support and employment were summed to derive total scores for release planning and for reintegration experiences 1 month (time 1) and 3 months (time 2) post-release. Accommodation planning and experiences were not included given there was no variance in ratings thus correlations could not be computed. Total scores for release planning ranged from 2 – 7 ( $M = 5.25$ ,  $SD = 1.24$ ), and total time 1 and time 2 experience scores both ranged from 3 – 8 ( $M = 5.81$ ,  $SD = 1.28$ ;  $M = 6.30$ ,  $SD = 1.57$ ).

Table 21 shows correlations of release planning with reintegration experiences at 1 and 3 months post-release, and with ASRS and STABLE-2007 scores. There were significant positive correlations between release planning and reintegration experiences 1 month post-release ( $r = .72$ ,  $p < .01$ ), and 3 months post-release ( $r =$

.81,  $p < .01$ ). In addition, significant positive correlations were found between time 1 and time 2 scores for social support ( $r = .97$ ) and reintegration experience total scores ( $r = .96$ ). Although the correlation between employment time 1 and time 2 scores ( $r = .74$ ) did not reach significance ( $p = .02$ ), it did correspond to a large effect size using Cohen's (1988) conventions. There were no significant correlations between release planning and ASRS scores. The STABLE-2007 correlated negatively with planning for social support ( $r = -.60$ ) and the total release planning score ( $r = -.55$ ), and although these correlations did not reach significance, both corresponded to a large effect size using Cohen's (1988) conventions.

Table 21

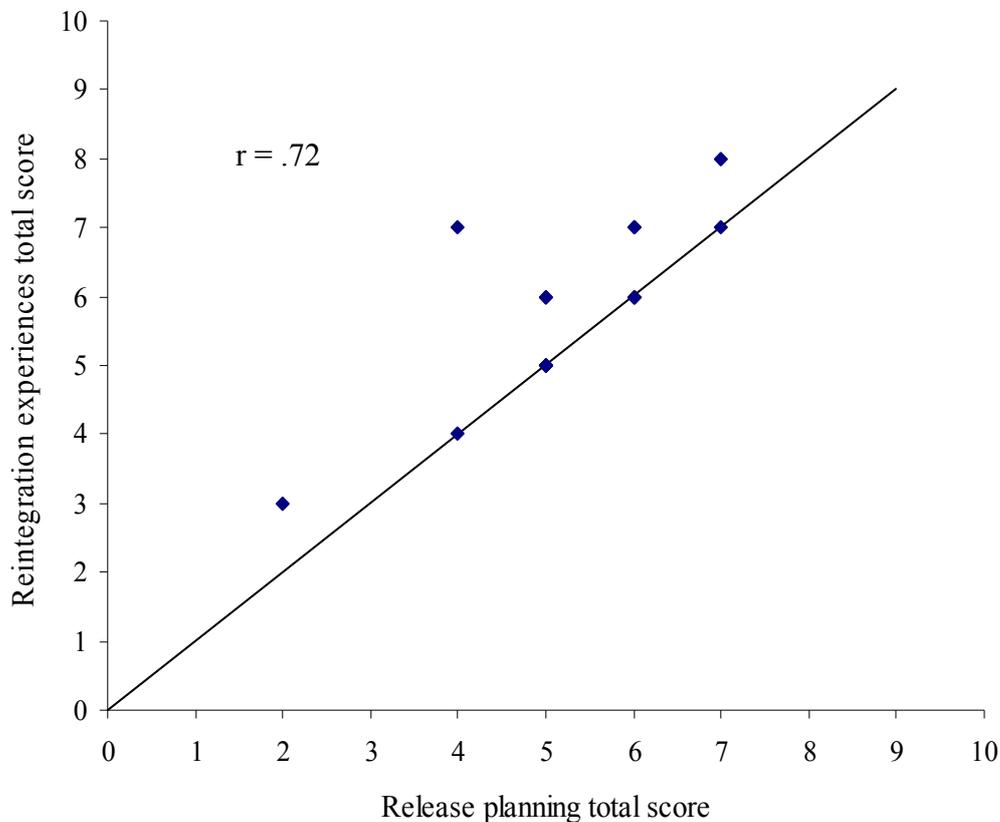
*Release Planning Correlations with Reintegration Experiences and Static and Dynamic Risk Level*

Release planning item	Reintegration experiences						ASRS	STABLE-2007
	Social support		Employment		Total experience score			
	Time 1	Time 2	Time 1	Time 2	Time 1	Time 2		
Social support	.83*	.84*	-.05	.11	.57	.64	-.42	-.60
Employment	.19	.31	.49	.79*	.50	.74	.02	-.05
Total planning score	.69*	.69	.30	.52	.72*	.81*	-.27	-.55

*Note.* Time 1 = 1 month post-release. Time 2 = 3 months post-release.

\* $p < .01$ .

A scatterplot is provided in Figure 2 that shows the relationship between release planning and 1 month post-release reintegration experiences. The diagonal line indicates the locus of points for which release planning and reintegration experiences were equal. Figure 2 shows that there was a strong positive correlation between planning and actual reintegration experiences ( $r = .72$ ). In addition, all of the points fell on or above the major diagonal, indicating that total reintegration experience scores were equal to, or better than, release planning total scores.



*Figure 2.* Reintegration experiences 1 month post-release as a function of release planning. Note: some points represent more than 1 participant as some participants had the same scores for both release planning and reintegration experiences. Specifically, 4 participants scored 5 for both planning and experiences, and 3 participants scored 6 for both planning and experiences

Although only a sample of 2, it is noteworthy that the release planning scores for both of the participants recalled to prison between times 1 and 2 were below the

mean for the sample. Further, reintegration experience scores at time 1 were below the mean for 1 participant and just above the mean for the other participant. Both participants had breached their parole conditions, and 1 faced potential charges for new offending, however the nature of this was not known at the time of writing. These observations support the argument that poorer release planning might increase the risk of recidivism.

#### *Other Reintegration Experiences*

Fifty percent ( $n = 8$ ) of participants identified other challenges to community reintegration 1 month post-release in addition to those directly asked about in the interviews. The following challenges were reported by 2 or more participants: anxiety going out in public because of a fear of being recognised, relationship conflict with family members or ex-partners (including difficulties organising contact with their children), and difficulties organising financial support. Relationship conflict with family members or ex-partners was the only additional challenge that remained amongst participants re-interviewed 3 months post-release, affecting 2 (20%) of those participants.

#### *GLM Ratings*

All participants rated between eight and ten of the GLM primary goods as being of moderate or high importance to them. Three of the primary goods were not considered to be of moderate or high importance by all of the participants: spirituality ( $n = 8$ ), belonging ( $n = 1$ ), and creativity ( $n = 2$ ). Of participants re-interviewed 3 months post-release, there were no changes in their importance ratings of the primary goods.

Table 22 shows the average attainment ratings for each primary good across participants, at 1 and 3 months post-release. All participants received the highest

rating for independence 1 month post-release, and most ( $n = 15$ ) received the highest rating for inner peace. These goods were commonly attained through making basic daily decisions associated with living in the community (e.g., what to have for dinner), and applying skills learnt in prison, respectively. The primary goods of achievement and belonging were least fulfilled amongst participants. Difficulty finding employment was commonly reported as a barrier towards fulfilling the primary good of achievement, and many participants stated that joining cultural, sporting, or other groups to fulfil the good of belonging were long term goals, but other goals such as securing permanent housing and employment took precedence. Of participants re-interviewed 3 months post-release, attainment ratings increased for all primary goods except for knowledge, independence, and inner peace.

Table 22

*Mean Attainment Ratings of GLM Primary Goods*

Primary good	Mean rating time 1	Mean rating time 2
Health	1.81 (0.40)	2.00 (0.00)
Knowledge	1.75 (0.45)	1.50 (0.71)
Achievement	1.38 (0.62)	1.90 (0.32)
Independence	2.00 (0.00)	1.80 (0.42)
Inner peace	1.94 (0.25)	1.90 (0.32)
Relationships	1.56 (0.51)	1.80 (0.42)
Belonging	1.40 (0.74)	1.60 (0.52)
Spirituality	1.75 (0.71)	1.86 (0.38)
Happiness	1.88 (0.34)	1.90 (0.32)
Creativity	1.86 (0.36)	1.89 (0.33)

*Note.* Standard deviations in parentheses. Time 1 = 1 month post-release. Time 2 = 3 months post-release.

*Correlations between GLM Ratings and Reintegration Experiences*

Participants' mean GLM ratings 1 month post-release ranged from 1.3 – 2 ( $M = 1.73$ ,  $SD = 0.20$ ), and at 3 months post-release ranged from 1.6 – 2 ( $M = 1.82$ ,  $SD = 0.13$ ), meaning that on average participants either had future goals relating to primary

goods fulfilment, or primary goods were largely fulfilled. There were positive, although not significant, correlations between mean GLM ratings and total reintegration experience scores at both 1 month ( $r = .26, ns$ ) and 3 months ( $r = .37, ns$ ) post-release. The difference in the magnitude of the correlation between time 1 and time 2 did not reach significance.

### Discussion

The primary aim of Study Three was to determine whether release planning correlated with actual reintegration experiences amongst recently released child molesters. As expected, a significant positive correlation was found between overall release planning and overall reintegration experiences at both 1 and 3 months post-release. All participants had accommodation organised prior to their release, and all were in permanent or temporary accommodation 1 and 3 months post-release, suggesting that accommodation planning predicted actual accommodation experiences. Participants with planned social support networks were all in receipt of support from their support people 1 month post-release, and support networks either remained unchanged or increased in numbers 3 months post-release. Likewise, participants with no confirmed support network prior to their release were reliant on support from professionals 1 and 3 months post-release, thus planning for social support was associated with actual experiences in the 3 months following release from prison. Although employment planning did not significantly correlate with employment experiences 1 month post-release, there was a significant correlation between employment planning and employment experiences 3 months post-release. Given the time commitment associated with pursuing employment plans, it was not surprising that the correlation between employment planning and experiences did not

reach significance at 1 month post-release. Thus, overall, and on each individual item, release planning correlated with actual reintegration experiences in the 3 months following release from prison. Moreover, reintegration experiences tended to improve from 1 to 3 months post-release. It must be acknowledged, however, that the 2 participants recalled to prison between the 1 and 3 month follow-ups both had lower than average release planning scores, and their omission from the data pool may have contributed to the overall improvement in reintegration experiences from 1 to 3 months post-release. Whether a positive progression would also be observed amongst offenders not involved in a planning process is not known as only offenders who had completed release planning prior to release were included in the present study. However, the correlations reported in the current study suggest that progression is enhanced by the release planning process.

An additional aim of the present study was to assess systematically participants' good lives plans, and investigate the relationship between reintegration experiences and the fulfilment of GLM primary goods. As expected, attainment of primary goods was positively correlated with overall reintegration experiences 1 and 3 months post-release, although neither correlation was significant. Correlations did increase in magnitude from 1 month to 3 months post-release, and it is possible that effective reintegration might facilitate goods attainment over time. Indeed, participants reported prioritising attainment of some primary goods over others in the early stages following prison release, and that they had future goals relating to the attainment of those not currently prioritised. Accordingly, correlations between reintegration experiences and goods attainment might strengthen over a longer follow-up period. The planned longer term follow-up of the participants in this study will provide information pertaining to this issue. It is also noteworthy that the small

sample of the present study meant that statistical power was low, thus detection of significant correlations was unlikely. Future research investigating reintegration experiences and the attainment of GLM primary goods using a larger sample size and spanning a longer follow-up period is warranted. Further, constraints of the present study meant that assessment of good lives plans relied solely on questioning participants about the importance of each primary good. Yates et al. (2009) advocate that assessment of good lives plans should also include questions that specifically address the primary goods implicated through an individual's criminogenic needs. Identification of those primary goods previously pursued through offending behaviour may indicate the types of primary goods prioritised by offenders and also the types of goods for which the development of appropriate secondary goods is essential.

There was less variance in planning for accommodation and employment in the current study compared to that observed in Studies One and Two. Specifically, no variation was observed in accommodation planning scores, with all participants receiving the highest rating for accommodation planning. Such a finding is likely due to improvements to reintegrative practices at Kia Marama and Te Piriti since the early and mid 1990s, when participants in Studies One and Two were released from prison. Little variation was observed in employment planning scores due to a parole requirement imposed on all men released around the time of the current study that any employment required approval by Probation Officers. This parole requirement was not routinely imposed for participants in Studies One and Two. Future research might benefit from an updated coding protocol that better captures the variance in current release planning. Consistent with Study Two findings, there was no significant correlation between release planning and static risk level.

Participation rates in the current study were low, especially for Te Piriti graduates, and the possibility that some meaningful difference existed between men who did and did not consent to participate cannot be ruled out. Importantly, however, the current sample showed variation in static and stable dynamic risk scores, as well as in overall release planning scores, suggesting that findings should generalise across child molesters, at least to those who have completed a specialist treatment programme. The present results showed a strong link between release planning and reintegration experiences, enabling stronger conclusions to be drawn from Studies One and Two. Specifically, it can be assumed that reintegration experiences differed significantly between recidivists and nonrecidivists in Studies One and Two, and accordingly that positive reintegration experiences contributed to reductions in sex offender recidivism.

## GENERAL DISCUSSION

## Summary of Empirical Findings

The present research sought to examine the effects of release planning on sexual recidivism amongst child molesters. Studies One and Two retrospectively identified variables in release planning and investigated their association with recidivism, whereas Study Three used a prospective design to evaluate the relationship between release planning and reintegration experiences.

In Study One, a coding protocol was developed to measure key aspects of release planning, and then applied to recidivist and nonrecidivist graduates of the Kia Marama programme who were matched for static risk level and time since release. As predicted, overall release planning was significantly poorer for the recidivists than for the nonrecidivists. Results were confounded, however, by a between-group difference in stable dynamic risk factors, as assessed using Allan et al.'s (2007) factor scores. Specifically, recidivists' Sexual Interests, Pro-Offending Attitudes, and Overall Deviance scores were significantly higher than nonrecidivists' scores. However, because the Allan et al. dynamic risk factors were developed based on those psychometric variables that were most predictive of recidivism using the same sample from which the Study One sample was derived, it would be anticipated that recidivists would score higher on those dynamic risk factors. Thus it was important to consider whether factor scores would differ between recidivists and nonrecidivists in an independent sample of sex offenders. Moreover, it was important to consider whether the difference in release planning scores shown between recidivists and nonrecidivists as measured by the coding protocol would be replicated in an independent sample. Accordingly, Study Two was a validation study using groups of recidivist and nonrecidivist graduates of the Te Piriti treatment programme who were matched for

static risk level and time since release. Consistent with Study One results, overall release planning was poorer for recidivists than nonrecidivists, but in this study there were no between-group differences on the Allan et al. (2007) factor scores. Indeed comparisons between recidivists and nonrecidivists on each of the psychometric tests that comprise the Allan et al. battery revealed no significant differences, suggesting that differences in release planning were not confounded by differences in stable dynamic risk factors. Taken together, Studies One and Two provided consistent evidence that poorer release planning was more likely amongst recidivist than nonrecidivist sex offenders.

Data from the Kia Marama and Te Piriti samples from Studies One and Two were pooled and additional analyses conducted to investigate whether release planning predicted time to reoffending, and to determine the best predictive model of release planning variables for recidivism. As predicted, poorer release planning was associated with shorter time to reoffence, providing further support for the premise that release planning is a contributing factor to recidivism. In combination, the accommodation, employment, and social support planning items produced the best predictive model for recidivism, which demonstrated accuracy in the same range as that commonly obtained using static risk models (e.g., Barbaree et al., 2001; G. T. Harris et al., 2003). Given that the control (nonrecidivist) offenders in the present study were matched on static risk with the recidivists, and further that static risk was not significantly correlated with release planning, results suggest that assessment of release planning may represent an additional, equally strong, and independent source of predictive validity for recidivism. Importantly, release planning is changeable, unlike static risk factors. Given the predictive utility of release planning for recidivism, it is likely that improvements to release planning would contribute

towards a lower risk of sex offender recidivism. Accordingly, assessment of release planning may provide a useful contribution to risk assessments, in particular for making adjustments to risk level based on static-only assessments.

The role of stable dynamic risk factors in predicting recidivism for participants in Studies One and Two is less clear. Differences in dynamic risk factors, as measured by the Allan et al. (2007) factors, were seen between recidivists and nonrecidivists in Study One but not in Study Two. Given that the Allan et al. factors were developed from the psychometric profiles of the same sample of offenders from which Study One participants were drawn, it is unclear whether there was no link between stable dynamic risk factors and recidivism in Study Two, or whether there was such a link but that it was not detected using the Allan et al. factor scores. The latter case would suggest that the utility of the Allan et al. factor scores may be limited to the development sample. Alternatively, no difference may have been obtained in Study Two because of low statistical power. Further research on the utility of Allan et al.'s measure is therefore needed.

Studies One and Two only considered offenders' release planning and not their reintegration experiences and the extent to which they were successful at implementing their release plans. Accordingly, Study Three investigated whether release planning was correlated with actual reintegration experiences amongst a sample of graduates from the Kia Marama and Te Piriti treatment programmes. As expected, significant positive correlations were found between release planning and actual reintegration experiences at both 1 and 3 months following prison release. This result supports the contention that the reintegration experiences of the recidivist and nonrecidivist participants in Studies One and Two differed, and this may have contributed to the differences in sexual recidivism. It should be acknowledged,

however, that release planning only covered basic, and immediate, reintegrative needs. It is likely that with increasing time post-release, the challenges that arise for released offenders become more plentiful and complex. Once immediate needs have been met (e.g., finding accommodation, establishing a support network), more challenging needs (e.g., addressing relationship difficulties) are likely to emerge. Whether the short term effects of good release planning are also evident after longer periods post-release remains to be seen. It is likely, however, that the more positive reintegration experiences of those offenders in Study Three with good release planning will provide a strong platform for successful longer term reintegration and dealing with more complex challenges.

An additional aim of Study Three was to assess systematically good lives plans for Kia Marama and Te Piriti graduates, and further to examine the relationship between attainment of GLM primary goods and reintegration experiences. Consistent with the conception of primary goods representing a set of values commonly pursued by all humans (e.g., Ward & Brown, 2004; Ward & Marshall, 2004), participants in Study Three endorsed between 80% and 100% of the identified goods with moderate to high importance. As expected, the overall attainment of primary goods was positively correlated with reintegration experiences, and although this correlation did not reach statistical significance, it remains possible that effective reintegration might facilitate goods attainment over time. This hypothesis will be further tested through follow-up interviews with the participants in Study Three 6 months post-release, as part of the continuation of this research.

In sum, the hypothesis that poor release planning contributed to sex offender recidivism was supported in Studies One and Two, whereas Study Three showed that release planning correlated with actual reintegration experiences, and also suggested

that successful reintegration might help facilitate the attainment of GLM primary goods. The present research makes an important contribution to the literature because it represents the first known attempt to assess systematically release planning and to examine its impact on recidivism outcomes. That poor release planning was associated with sex offender recidivism suggests that improvements in release planning will contribute to a reduced incidence of sexual abuse against children, and the associated wide-ranging adversities on child and adult mental health (e.g., Fergusson et al., 2008; Kendall-Tackett et al., 1993; Roberts et al., 2004). Study Three also adds to a growing number of empirical studies that have applied aspects of the GLM with child molesters. This was the first such study to consider how experiences of reintegration might have facilitated primary goods attainment, and the positive findings, although tentative because of the limited sample size, support the future application of the GLM with child molesters.

It should be acknowledged that results of the present research do not provide a basis for inferring a causal link between reintegration variables and sex offender recidivism. Although groups were matched in terms of static risk and no consistent significant differences in stable dynamic risk were found, the possibility that some other confounding variable might have influenced the results cannot be ruled out. For example, the impact of environmental triggers, or traditionally defined acute dynamic risk factors, could not be directly tested in the present research. In addition, poor treatment engagement might have negatively impacted release planning and hence recidivism outcomes. Thus risk factors associated with recidivism are varied and complex, and accordingly, the impact of release planning, and specific components thereof, is difficult to establish. Ideally, the utility of release planning would be tested using an experimental research design in which offenders are randomly assigned to

receive or not release planning. However, given the present findings demonstrating a strong link between release planning and recidivism, to withhold release planning from offenders in a control group raises ethical issues. In sum, although results did not show a causal relationship between release planning and recidivism directly, they provided convincing evidence that such a relationship exists.

The following section considers the mechanisms through which release planning and subsequent experiences of reintegration might have influenced sex offender recidivism.

#### Mechanisms through Which Reintegration Variables Might Impact Recidivism

Understanding how release planning impacted sex offender recidivism in the present research should inform how these results might best be utilised in rehabilitative efforts. The reported research does not provide direct evidence of such mechanisms but it is noteworthy that the reported findings are consistent with those mechanisms proposed in both the risk management and strengths-based approaches to offender rehabilitation. To reiterate from the Introduction chapter, the risk management approach centres around the RNR model (Andrews & Bonta, 2006), and is concerned with the identification of factors that predict future recidivism, and directly intervening with such factors. The strengths-based approach is concerned with identifying and strengthening those factors that promote living an offence-free life, for example the GLM (Ward & Stewart, 2003).

#### *Risk Management Approach*

Drawing on Beech and Ward's aetiological model of risk (Beech & Ward, 2004; Ward & Beech, 2004), findings of the present research advocate that effective release planning should minimise the likelihood for activation of triggering events, in

order to reduce the incidence of the state expression of stable dynamic risk factors and hence the risk of reoffending. Although release planning as rated in this research did not specifically aim to identify and manage potential triggering events for each offender, it is possible that the planning did indeed reduce the occurrence of triggering events (i.e., acute dynamic risk factors), such as victim access and substance abuse (Hanson & Harris, 2000). For example, carefully planned accommodation might have minimised the likelihood of participants being in the presence of children post-release, and planned pro-social support might have minimised the likelihood of substance abuse amongst participants. In addition release planning may also have impacted two empirically-identified stable dynamic risk factors, namely association with negative peer influences, and employment instability (e.g., Hanson & Harris, 2000; Hanson & Morton-Bourgon, 2005). Specifically, establishing a pro-social support network prior to prison release likely reduced the chance of participants associating with antisocial peers post-release, and employment planning likely decreased chances of employment instability. The present research findings are, then, consistent with the risk management approach to offender rehabilitation. Future research might look more systematically at whether identification and minimisation of specific potential triggering events for each offender, within release planning, increases the effectiveness of that planning; and further, whether quality release planning does minimise the occurrence of triggering events. Attempts will be made to examine the latter in the continuation of the present research, by examining participants' ratings on the ACUTE-2007.

### *Strengths-Based Approach*

Strengths-based approaches such as the GLM advocate for the promotion of human needs and values that are not conducive with offending behaviour. The

present research did not directly test whether the attainment of GLM primary goods protected against recidivism, but the findings are consistent with such a premise. Recidivists were less likely to show the presence of GLM secondary goods in their release planning in Study One, and successful reintegration, which was associated with stronger release planning in Study Three, may have helped to facilitate goods attainment. For example, stable accommodation might have helped fulfil the primary goods of life and agency, pro-social support might have helped fulfil the good of friendship, and employment might have helped fulfil several goods including excellence in play and work, knowledge, and agency (see Ward & Stewart, 2003). The reported findings are, then, consistent with the GLM's claim that the attainment of primary goods through socially acceptable and personally meaningful means (i.e., secondary goods) protects against recidivism. Again, further research is needed to investigate the links between release planning, primary goods attainment, and recidivism.

As has been demonstrated, the use of release planning in attempts to reduce recidivism is consistent with both the risk management and strengths-based approaches to offender rehabilitation. Offenders' good lives conceptualisations might provide further direction to rehabilitative efforts, especially in terms of release planning, over and above what is currently provided using a risk management approach to offender rehabilitation. Thus the present results support the incorporation of both approaches to sex offender rehabilitation, which can be readily achieved as outlined by Ward et al. (2007).

### Implications of the Present Research

Findings from the present research have implications for researchers, clinicians, policy makers, and community members, as follows.

#### *Future Research Implications*

Participants in the present research were all graduates of specialist child molester treatment programmes. Accordingly, whether release planning on its own is effective at reducing recidivism or whether release planning only predicts recidivism for treatment graduates is unclear. Future research in which release planning is used with child molesters not in prison-based treatment programmes would address this question and indicate whether release planning might be considered an additional form of treatment independent of specialist programmes.

As previously highlighted, results of the present research suggested that release planning may provide an independent source of predictive validity for risk assessments. Future research should address whether the quality of release planning produces significant increments in predictive accuracy above static risk measures. Such analyses were not possible in the present research because the matching procedure used to obtain the nonrecidivist groups in the present research ensured that there was no correlation between static risk and recidivism. The large effect size for the correlation between release planning and stable dynamic risk factors (as measured by the STABLE-2007) in Study Three suggests that quality of release planning is associated with stable dynamic risk factors. Whether release planning contributes independent predictive validity from that of stable dynamic risk factors is an important consideration for future research. If release planning is found to provide significant increments in predictive accuracy above that obtained using established risk factors, its inclusion in pre-release risk assessments should increase their

predictive accuracy. Frequent assessment of acute dynamic risk factors post-release might further enhance predictive validity, as found in Hanson et al.'s (2007) study, and further research investigating their utility is also warranted.

The coding protocol developed for the present research was based on the limited body of literature on general reintegrative needs of offenders. Māori offenders represented a subsample of participants who may have had additional cultural-specific reintegration needs not captured by the release planning coding protocol. The research designs employed in the present research were not conducive to investigating such needs, thus future research on reintegrative needs of Māori offenders in consultation with Māori researchers is warranted. For some Māori offenders, reconnections with iwi and involvement in te ao Māori (*things Māori*) might represent additional reintegrative needs.

Finally, findings from the present research have implications for research on treatment-related change to stable dynamic risk factors, such as sexual deviance and pro-offending attitudes. With two known exceptions (Beggs, 2008; Olver et al., 2007), there has been little support that treatment-related change is associated with reductions in sex offender recidivism (e.g., Hanson et al., 2007). Variation in the quality of release planning may have been a confounding variable in studies attempting to detect a link between treatment-related change and recidivism. For example, poor release planning might have interfered with treatment generalisation for offenders who demonstrated treatment-induced change on stable dynamic risk factors measured pre- and post-treatment. Thus, to the extent that variation in release planning may have been associated with recidivism in previous studies, any correlation between treatment change and recidivism may have been attenuated.

Accordingly, controlling for the potential impact of release planning on recidivism might enable better detection of effects of treatment-related change.

### *Clinical Implications*

Results of the present research suggest that release planning should be given considerable attention in prison-based treatment programmes for child molesters. The method adopted by Kia Marama and Te Piriti, in which a reintegration coordinator liaises between relevant people and agencies to develop and refine release plans throughout treatment, provides one example (Hudson et al., 1998; Larsen et al., 1998). To ensure that release plans are implemented effectively, it would seem imperative that community-based treatment providers who work with offenders post-release are familiarised with these plans. Accordingly, incorporating a systems-based framework may increase the effectiveness of sex offender reintegration. Such a framework would involve close linkages between all people and organisations involved with released sex offenders. An excellent example is provided by the Circles of Support and Accountability (COSA) model of professionally-facilitated volunteerism in the community-based management of sex offenders (Wilson et al., 2002), however the future of such initiatives is dependent on community support. Finally, as previously highlighted, findings support the incorporation of both risk management and strengths-based approaches to rehabilitation in treatment programmes for child molesters.

### *Policy Implications*

Findings of the present research have implications for policy relating to released sex offenders. Although residency restrictions are not a part of New Zealand legislation, Probation Officers enact a 500 metre rule stipulating that released sex offenders cannot live within a 500 metre radius of areas that children commonly

frequent such as playgrounds and schools (C.M. Bourke, personal communication, 8 October 2008). Similarly, community notification is not legislated in New Zealand, however in many cases the whereabouts of released sex offenders is made public through the media and New Zealand's volunteer-driven Sensible Sentencing Trust. Accordingly, although New Zealand has not enacted legislation common in the United States and other countries, implications of such legislation pertain to current New Zealand policy, and might help inform whether such legislation should become enacted in New Zealand.

To reiterate from the Introduction chapter, research from the United States has shown that job loss, housing disruption, social isolation, and stress have been associated with community notification (Levenson & Cotter, 2005b; Levenson et al., 2007). Likewise, residency restrictions have been shown to prevent sex offenders living with supportive family members and increase social isolation (Levenson & Cotter, 2005a). Community notification and residency restrictions therefore impact on the three release planning variables found to best predict recidivism in the present research: accommodation, social support, and employment. Thus, community notification and residency restriction legislations may hinder quality release planning, and increase the same risk they intended to deter. Consistent with this claim, a growing body of research has found virtually no evidence that either legislation contributes to reductions in sexual recidivism (e.g., Levenson et al., 2007; Levenson et al., 2008). Accordingly, findings of the present research do not support the currently enforced 500 metre rule or current attempts to notify the public of the whereabouts of released sex offenders. More importantly, results of the present research provide a contraindication for the future adoption of community notification and residency restriction legislations in New Zealand.

It is important that research findings are widely disseminated so that policy makers are made aware of the potential for various legislations to increase the likelihood of sex offender recidivism, and further that future policy designed to manage sex offender recidivism risk is guided by research findings.

### *Community Implications*

Findings from Study Three highlighted that release planning and the implementation of release plans was dependent on support from multiple community agencies. Supported accommodation providers, namely the Salvation Army, Anglican Action, and the New Zealand Prisoners' Aid and Rehabilitation Society were influential in providing accommodation for a large proportion of participants in Study Three. Finding employment, however, presented a tremendous challenge for the majority of Study Three participants, who had been actively looking for work but had not been successful at securing work at both 1 and 3 months post-release. A commonly cited difficulty securing employment amongst participants was disclosing their prior offending, which was not well received by potential employers. This finding was consistent with prior research that shows sex offenders face greater discrimination by potential employers compared to general offenders (Albright & Denq, 1996). Accordingly, potential employers need to be made aware of the benefits of stable employment for released sex offenders, and the contributions they can make towards reducing sex offender recidivism. Hiring a convicted sex offender might, however, also come at a cost for the employer as there are potential adverse consequences, such as negatively impacting staff morale, and potentially turning away clients or consumers. Accordingly, it is unlikely that many employers would offer to employ convicted child molesters, even if they understood the potential benefits to the offender. Schemes that offer employers some incentives (e.g., government salary

subsidy, or government funded workshops or support services for other employees) might be considered to enhance the likelihood of released sex offenders being employed.

At a broader community level, released sex offenders require co-operation from the general public in order to reintegrate successfully. Vigilante-type responses including public shunning, pickets and vigils, and evictions are not conducive to successful reintegration. Such responses are understandable given the fear evoked by released sex offenders, however their potential to interfere with sex offender reintegration might inadvertently increase recidivism risk. Accordingly, the provision of education to the general public on issues of sexual recidivism risk is warranted. A recent study on public attitudes towards sex offenders in the UK found that the mass media was the dominant medium through which information about released sex offenders was obtained, suggesting that the media were influential in shaping public perceptions about released sex offenders (Brown, Deakin, & Spencer, 2008). Given that, in the main, the media only reports on exceptional cases, the perceived threat posed by sex offenders is understandable. Accordingly, providing representative media portrayals of released sex offenders that incorporate accurate information about their recidivism risk, especially concerning the impact of reintegration variables on recidivism, represents one means through which public education might be achieved. Television documentaries and feature-type newspaper or magazine articles represent other potential means for providing accurate information to the public. Whether the provision of representative and accurate information will change public attitudes towards released sex offenders is questionable however, especially in light of mixed findings from studies investigating attitude change following training workshops for people who work with sex offenders (cf. Craig, 2005; Hogue, 1995). The general

interest appeal of headlines about dangerous released sex offenders likely exceeds that of headlines about low recidivism rates. Also, increased saliency about the risk of recidivism, no matter how small that risk, might negatively impact public attitudes towards released sex offenders. Accordingly, future research investigating the provision of representative and accurate information on the public perception of sex offenders is warranted.

### Concluding Comments

The present research represents the first known attempt to show a link between poor release planning and subsequent sex offender recidivism. Improving release planning and the subsequent reintegration of child molesters from prison into our communities should contribute to reductions in child molestation, which is the ultimate aim behind this and other such research on sexual offenders. Improvements to release planning and the reintegration experiences of sex offenders, however, cannot be achieved by Correctional staff alone but require that responses of community members and policy makers to released sex offenders are conducive to successful reintegration.

Accommodation, pro-social support and employment all reflect needs that occupy the lower steps of Maslow's (1943) well-known Hierarchy of Needs. According to Maslow, physiological, safety, and social needs must be secured before higher-order values such as self-esteem, respect of others, and morality can be realised. It seems unrealistic to expect released sex offenders to live as law-abiding, respectful members of society while they struggle to attain basic human needs. Assisting sex offenders to develop effective release plans may help to ensure that their

basic needs are met post-release, and in turn contribute towards a reduction in sex offender recidivism.

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## APPENDICES

## Appendix A: Pairwise Comparisons of Potential Confounding Variables

Variable	Recidivists	Nonrecidivists
Offending-related comparisons		
Offending involved threats	26.9% (7 / 26 cases)	30.4% (7 / 23 cases)
Offending involved weapon	7.7% (2 / 26)	8.3% (2 / 24)
Offending involved violence	23.1% (6 / 26)	29.2% (7 / 24)
Physical injury to victim	11.5% (3 / 26)	12.5% (3 / 24)
Offending involved alcohol or drug use	44% (11 / 25)	41.7% (10 / 24)
Sexual orientation (adult)		
Heterosexual	65.4% (17 / 26)	52.2% (12 / 23)
Heterosexual with homosexual leanings	7.7% (2 / 26)	17.4% (4 / 23)
Homosexual	11.5% (3 / 26)	21.7% (5 / 23)
Bisexual	15.4% (4 / 26)	8.7% (2 / 23)
Uses/has used pornography		
No	20.8% (5 / 24)	12.5% (3 / 24)
Minor	41.7% (10 / 24)	12.5% (3 / 24)
Occasional	16.7% (4 / 24)	37.5% (9 / 24)
Frequent	20.8% (5 / 24)	37.5% (9 / 24)
Prior sex offender treatment	26.9% (7 / 26)	29.2% (7 / 24)
Characteristics of upbringing		
Country of birth		
New Zealand	84.6% (22 / 26)	92% (23 / 25)
England	3.8% (1 / 26)	4% (1 / 25)
Scotland	3.8% (1 / 26)	0% (0 / 25)
Western Samoa	3.8% (1 / 26)	0% (0 / 25)
Other	3.8% (1 / 26)	4% (1 / 25)

Variable	Recidivists	Nonrecidivists
Was adopted	0% (0 / 26)	4% (1 / 25)
Was fostered	30.8% (8 / 26)	20% (5 / 25)
Father's occupation		
Professional/managerial	12.5% (3 / 24)	12% (3 / 25)
Other white collar/farming	12.5% (3 / 24)	16% (4 / 25)
Clerical/sales	0% (0 / 24)	4% (1 / 25)
Trades/skilled labourer	29.2% (7 / 24)	32% (8 / 25)
Labourer/unskilled	20.8% (5 / 24)	24% (6 / 25)
Unemployed/beneficiary	4.2% (1 / 24)	4% (1 / 25)
Not applicable	20.8% (5 / 24)	8% (2 / 25)
Parents separated/divorced when offender still at home	42.3% (11 / 26)	28% (7 / 25)
Family stability		
Normal	32% (8 / 25)	36% (9 / 25)
Moderate difficulties	20% (5 / 25)	28% (7 / 25)
Severe difficulties	48% (12 / 25)	36% (9 / 25)
Parental alcohol problems		
None	54.2% (13 / 24)	62.5% (15 / 24)
Mother	8.3% (2 / 24)	8.3% (2 / 24)
Father	25% (6 / 24)	25% (6 / 24)
Both	12.5% (3 / 24)	4.2% (1 / 24)
Parental psychiatric problems		
None	87% (20 / 23)	91.3% (21 / 23)
Mother	13% (3 / 23)	4.3% (1 / 23)
Father	0% (0 / 23)	4.3% (1 / 23)

Variable	Recidivists	Nonrecidivists
Greater difficulty in relationship with		
Neither parent	44% (11 / 25)	31.8% (7 / 22)
Mother	20% (5 / 25)	13.6% (3 / 22)
Father	36% (9 / 25)	54.5% (12 / 22)
Number of children in family	$M = 4.84,$ $SD = 2.66$	$M = 5.00,$ $SD = 3.12$
Birth order	$M = 2.88,$ $SD = 1.33$	$M = 3.46,$ $SD = 3.09$
Major illness/injury as child	15.4% (4 / 26)	25% (6 / 24)
Psychiatric problems	11.5% (3 / 26)	20.8% (5 / 24)
Death of parent/caregiver during childhood	15.4% (4 / 26)	8% (2 / 25)
Sexually abused as child	69.2% (18 / 26)	72% (18 / 25)
If yes, single incident	50% (8 / 16)	42.9% (6 / 14)
If yes, chronic	50% (8 / 16)	57.1% (8 / 14)
Physically abused as child	46.2% (12 / 26)	48% (12 / 25)
Emotionally abused as child	65.4% (17 / 26)	66.7% (16 / 24)
Was teased unduly by peers		
No	48% (12 / 25)	36% (9 / 25)
Moderate	40% (10 / 25)	32% (8 / 25)
Severe	12% (3 / 25)	32% (8 / 25)
Adult social history		
Marital status		
Never married	53.8% (14 / 26)	45.8% (11 / 24)
Married, first time	23.1% (6 / 26)	25% (6 / 24)
Remarried	3.8% (1 / 26)	8.3% (2 / 24)
Separated	0% (0 / 26)	8.3% (2 / 24)
Divorced	11.5% (3 / 26)	4.2% (1 / 24)
Defacto relationship	7.7% (2 / 26)	8.3% (2 / 24)

Variable	Recidivists	Nonrecidivists
Living with partner before present arrest	30.8%	52%
If yes, intends resuming relationship upon release	(8 / 26)	(13 / 25)
Yes	50%	36.4%
	(4 / 8)	(4 / 11)
No	12.5%	54.5%
	(1 / 8)	(6 / 11)
Unsure	37.5%	9.1%
	(3 / 8)	(1 / 11)
Number of marriage-like relationships	$M = 1.78,$ $SD = 1.40$	$M = 1.61,$ $SD = 1.29$
Duration (years) of most important relationship	$M = 12.12,$ $SD = 10.71$	$M = 10.27,$ $SD = 9.16$
Degree of satisfaction with most important relationship		
High	17.6%	11.8%
	(3 / 17)	(2 / 17)
Moderate	52.9%	41.2%
	(9 / 17)	(7 / 17)
Low	29.4%	47.1%
	(5 / 17)	(8 / 17)
Number of children in this relationship	$M = 1.39,$ $SD = 1.42$	$M = 1.75,$ $SD = 1.95$
Living with children before arrest	30.4%	50%
	(7 / 23)	(11 / 22)
Sexual dysfunction		
None	95.7%	79.2%
	(22 / 23)	(19 / 24)
Premature ejaculation	0%	4.2%
	(0 / 23)	(1 / 24)
Retarded ejaculation	0%	12.5%
	(0 / 23)	(3 / 24)
Impotence	0%	4.2%
	(0 / 23)	(1 / 24)
Other	4.3%	0%
	(1 / 23)	(0 / 24)
Home ownership	28%	16.7%
	(7 / 25)	(4 / 24)
Main source of income pre-imprisonment		
Wage/salary/self-employed	47.8%	50%
	(11 / 23)	(12 / 24)
Benefit	43.5%	50%
	(10 / 23)	(12 / 24)
None/living on another's income	8.7%	0%
	(2 / 23)	(0 / 24)

Variable	Recidivists	Nonrecidivists
Occupational level		
Professional/managerial	8.3% (2 / 24)	5% (1 / 20)
Other white collar/farming	4.2% (1 / 24)	5% (1 / 20)
Clerical/sales	0% (0 / 24)	5% (1 / 20)
Trades/skilled labourer	33.3% (8 / 24)	30% (6 / 20)
Labourer/unskilled	29.2% (7 / 24)	20% (4 / 20)
Unemployed	16.7% (4 / 24)	20% (4 / 20)
Beneficiary	8.3% (2 / 24)	15% (3 / 20)
Income bracket		
< \$20,000	44% (11 / 25)	47.8% (11 / 23)
\$20,000 - \$30,000	36% (9 / 25)	43.5% (10 / 23)
\$31,000 - \$40,000	20% (5 / 25)	0% (0 / 23)
> \$40,000	0% (0 / 25)	8.7% (2 / 23)
Stability of work history		
Good	38.5% (10 / 26)	48% (12 / 25)
Adequate	15.4% (4 / 26)	16% (4 / 25)
Marginal	26.9% (7 / 26)	16% (4 / 25)
Poor	19.2% (5 / 26)	20% (5 / 25)
Literacy problems present		
None	57.7% (15 / 26)	70.8% (17 / 24)
Mild	23.1% (6 / 26)	16.7% (4 / 24)
Moderate	7.7% (2 / 26)	8.3% (2 / 24)
Severe	11.5% (3 / 26)	4.2% (1 / 24)
Physical abnormality present	36% (9 / 25)	8% (2 / 25)
Psychiatric illness	24% (6 / 25)	12.5% (3 / 24)

Variable	Recidivists	Nonrecidivists
Alcohol problem		
At any time	60% (15 / 25)	56% (14 / 25)
In year before arrest	45.8% (11 / 24)	28.6% (6 / 21)
Drug problem	38.5% (10 / 26)	24% (6 / 25)
Religious denomination		
Protestant	27.3% (6 / 22)	23.8% (5 / 21)
Roman Catholic	9.1% (2 / 22)	4.8% (1 / 21)
Mormon	0% (0 / 22)	9.5% (2 / 21)
Jehovahs Witness	0% (0 / 22)	9.5% (2 / 21)
Ratana/Ringatu	0% (0 / 22)	4.8% (1 / 21)
None	50% (11 / 22)	19% (4 / 21)
Other	13.6% (3 / 22)	28.6% (6 / 21)
Practicing religion prior to arrest	24% (6 / 25)	39.1% (9 / 23)
Religious conversion since arrest	23.1% (6 / 26)	17.4% (4 / 23)

*Note.* Numerator and denominator for percentage calculations in parentheses to account for missing data.

## Appendix B: Mean Pre-Treatment Psychometric Ratings for Recidivists and Nonrecidivists

Psychometric test	Recidivists	Nonrecidivists
Abel-Becker Cognitions Scale	121.03 (15.07)	125.11 (11.96)
Hostility Towards Women scale	14.68 (10.38)	11.13 (6.15)
Rape Myth Acceptance Scale	39.29 (15.67)	47.85 (20.09)
WSFQ <sup>a</sup> intimate themes	25.46 (8.56)	27.40 (11.45)
WSFQ exploratory themes	13.83 (7.46)	9.76 (7.77)
WSFQ impersonal themes	13.92 (7.08)	11.85 (6.75)
WSFQ sado-masochistic themes	8.08 (7.24)	4.00 (4.75)
BDI <sup>b</sup>	21.38 (17.55)	11.32 (8.40)
STAI <sup>c</sup> state anxiety	43.25 (13.89)	37.81 (15.46)
STAI trait anxiety	45.50 (14.40)	41.43 (13.56)
STAXI <sup>d</sup> state anger	16.35 (8.41)	12.68 (4.85)
STAXI trait anger	22.50 (7.08)	18.48 (6.49)
STAXI anger expression	17.23 (5.63)	15.64 (4.35)
STAXI anger suppression	17.92 (5.77)	17.58 (4.74)
STAXI anger control	21.25 (5.16)	22.22 (6.16)
Social Self-Esteem Inventory	112.82 (26.53)	120.47 (31.08)
The Assertion Inventory Response	106.09 (20.53)	114.50 (18.33)

*Note.* Standard deviations in parentheses.

<sup>a</sup>Wilson Sex Fantasy Questionnaire. <sup>b</sup>Beck Depression Inventory – 2<sup>nd</sup> Edition used for participants who commenced treatment after 1997. <sup>c</sup>State – Trait Anxiety Inventory. <sup>d</sup>State – Trait Anger Expression Inventory

## Appendix C: Mean Post-Treatment Psychometric Ratings for Recidivists and Nonrecidivists

Psychometric test	Recidivists	Nonrecidivists
Abel-Becker Cognitions Scale	132.71 (11.33)	137.40 (6.50)
Hostility Towards Women scale	10.00 (5.73)	9.00 (6.36)
Rape Myth Acceptance Scale	44.63 (21.84)	39.30 (15.08)
WSFQ <sup>a</sup> intimate themes	27.68 (11.18)	29.30 (10.74)
WSFQ exploratory themes	10.27 (7.34)	10.85 (8.09)
WSFQ impersonal themes	12.55 (9.88)	10.80 (5.82)
WSFQ sado-masochistic themes	4.67 (6.95)	4.37 (7.38)
BDI <sup>b</sup>	12.53 (11.84)	13.00 (15.98)
STAI <sup>c</sup> state anxiety	36.10 (13.26)	27.95 (9.18)
STAI trait anxiety	42.25 (11.41)	37.10 (12.42)
STAXI <sup>d</sup> state anger	13.77 (7.38)	11.76 (3.33)
STAXI trait anger	20.58 (7.28)	19.16 (6.19)
STAXI anger expression	17.27 (4.34)	17.12 (5.01)
STAXI anger suppression	16.81 (5.50)	18.13 (5.10)
STAXI anger control	20.42 (4.90)	27.74 (33.13)
Social Self-Esteem Inventory	121.05 (21.68)	113.68 (34.59)
The Assertion Inventory Response Probability	103.95 (27.14)	113.72 (23.50)

*Note.* Standard deviations in parentheses.

<sup>a</sup>Wilson Sex Fantasy Questionnaire. <sup>b</sup>Beck Depression Inventory – 2<sup>nd</sup> Edition used for participants who commenced treatment after 1997. <sup>c</sup>State – Trait Anxiety Inventory. <sup>d</sup>State – Trait Anger Expression Inventory

## Appendix D: One Month Post-Release Interview Template

Good morning/afternoon, is *participant name* there please.

I'm Gwenda Willis from the University of Canterbury, calling about the reintegration study you consented to participate in. The first interview will take around 30 minutes. Is now a good time to talk? *If no*, When is a good time for me to call back?

Great. Just so you know, I'm not tape-recording this interview but I will take a few notes so there may be occasional pauses as I do this. Once we're done I'll ask you for your postal address to send the grocery vouchers to. Do you have any questions before we start? OK, the interview is divided into two parts. The first part asks about your experiences of reintegration into the community and the second part asks about your values and goals.

## PART 1

The first few questions are about accommodation.

1. So to start off with, what type of accommodation were you living in immediately following your release?

*If participant lived with anyone in their support group, tick the 'With support people' box even if other people not in your support group also lived there.*

- |  |  |
|--|--|
| <input type="checkbox"/> With support people             | <input type="checkbox"/> With people not in my support group |
| <input type="checkbox"/> Hostel                          | <input type="checkbox"/> Residential treatment programme     |
| <input type="checkbox"/> By myself (circle answer below) | <input type="checkbox"/> Other (describe below)              |
| - at a caravan park                                      | _____  |
| - in my own house  | _____  |
| - in a rented house                                      | _____  |

2. Do you still live in the place identified in Q1?

- Yes (go to Q4)  No (go to Q3)

3. How long did you live at the place identified in Q1? \_\_\_\_\_

How many different places have you lived at since your release? \_\_\_\_\_

Where do you currently live?

- |  |  |
|--|--|
| <input type="checkbox"/> With support people             | <input type="checkbox"/> With people not in my support group |
| <input type="checkbox"/> Hostel                          | <input type="checkbox"/> Residential treatment programme     |
| <input type="checkbox"/> By myself (circle answer below) | <input type="checkbox"/> Other (describe below)              |
| - at a caravan park                                      | _____  |
| - in my own house  | _____  |
| - in a rented house                                      | _____  |

The next few questions are about support available to you in the community.

4. Firstly, except for your Probation Officer, did you have any support people in the community immediately following your release? Support people include friends, family, and volunteers from church groups or PARs.

Yes (go to Q5)  No (go to Q6)

5. What was the relationship of these support people to you (e.g. mum and two friends). *Include all support people*

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6. Do you have support people in the community other than your Probation Officer now?

Yes (go to Q7)  No (go to Q10)

7. Are these the same people who supported you immediately following your release? *If no*, What is the relationship of these support people to you?

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8. On a scale of 0 – 4, with 0 being not at all helpful, 2 being OK, and 4 being very helpful, how helpful have your support people have been?

Not at all helpful		OK		Very helpful
0	1	2	3	4

9. *If 0 – 3 response for Q9*, how could support people better support you?

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The next few questions are about work which includes voluntary work, and other activities. Some may apply to you and others may not.

10. Do you currently have a job?

- Yes (go to Q11)  No

*If no, ask* Have you had a job since you were released?

- Yes (fill in Qs below for that job)  No

*If no, ask* Have you been looking for work?

- Yes (go to Q14)  No (go to Q16)

11. Are you working full time or part time?

- Full time  Part time

12. What sort of work are you doing?

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13. Have you had any other jobs since your release? How many? \_\_\_\_\_

14. Have you faced any challenges finding a job?

- Yes (go to Q15)  No (go to Q16)

15. Describe the challenges you have faced looking for a job.

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16. Are you involved in any education or study (e.g., at polytechnic, university, trade training etc)?

- Yes (go to Q17)  No (go to Q18)

17. Please describe your education or study activities. Indicate if you attend classes, or if the education or study is through correspondence.

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18. Are you involved with any community groups (e.g., sports teams, church, cultural groups etc)?

- Yes (go to Q19)  No (go to Q20)

19. Please describe what type of group(s) you are involved with, and how often you have contact with them in a typical week (e.g., church – once per week, touch rugby – once per week).

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You're providing very helpful information. There's a couple more questions left for the first part of the interview.

20. Excluding the Kia Marama and Te Piriti support groups, are you receiving any therapy or counselling? This includes seeing a Department of Corrections Psychologist, receiving ACC counselling, attending a drugs and alcohol programme etc.

- Yes  No

21. Have you faced any difficulties applying the skills you learnt at Kia Marama or Te Piriti in the community?

- Yes (go to Q22)  No (go to Q23)

22. What skills were difficult to apply in the community? Please describe the difficulties you faced applying these skills in the community.

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4. The next value is independence, including setting your own goals, making your own decisions, and feeling in control of your life. Is this of high, moderate, or low importance to you?

Low   Moderate   High

5. Next is achieving inner-peace. Inner peace refers to being able to manage emotions and achieve psychological stability. It includes being aware of your own emotions, managing difficult emotions, identifying emotions in others, and relating to others with empathy. Is this of high, moderate, or low importance to you?

Low   Moderate   High

6. The next value is having relationships with others, ranging from friendships and family relationships through to intimate, romantic relationships. Are relationships with others of high, moderate, or low importance to you?

Low   Moderate   High

7. Next is the value of belonging and feeling connected to social or cultural groups that share your interests, concerns, and values. Is this of high, moderate, or low importance to you?

Low   Moderate   High

8. Spirituality is the next value. This refers to the desire to attain a sense of meaning and purpose in life. It may include participation in organized religious activities, or a connection to a higher being. You may have other meanings for spirituality that can also be included here. Is spirituality of high, moderate, or low importance to you?

Low   Moderate   High

9. Next is happiness, or the value of being satisfied with your life. Is this of high, moderate, or low importance to you?

Low   Moderate   High

10. The final value is creativity, which refers to being artistic or innovative. Is this of high, moderate, or low importance to you?

Low   Moderate   High

Can you think of any other important values I haven't asked about?

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I'm now going to ask more questions about the values that are of moderate and high importance to you (*ask these for each value*):

I'll start with.....

How does this relate to your current day-to-day life? / what do you do to fulfill this value? *Give examples of secondary goods if necessary.*

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How does this relate to your goals for the future?

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Is there anything that gets in the way of you fulfilling (*value*)?

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*If yes to previous question, ask* Do you feel that you could overcome these obstacles? How? / Why not?

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Primary good rating (*circle*): 0      1      2

Finally, I'm wondering how these values fit together in your day to day life? Some people find they focus too much on particular values at the expense of others, or that some values conflict with other values. How do your values fit together in your day to day life?

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That's the end of the interview. What postal address shall I send the grocery vouchers to?

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Do you have any questions you'd like to ask before I phone you again in two months time?

Thank you very much for your time.

Appendix E: Three Months Post-Release Interview Template

Good morning/afternoon, is *participant name* there please.

It's Gwenda Willis calling from the University of Canterbury. I'm ringing about the second interview for the reintegration study which will take around 30 minutes - is now a good time to talk? *If no*, When is a good time for me to call back?

OK, first of all I'll ask about your experiences of reintegration since I last spoke with you, and like last time, in the second half of the interview I'll ask some questions about your values and goals. Once we're done I'll ask you for your postal address to send the grocery vouchers to. Do you have any questions before we start?

PART 1

The first few questions are about accommodation.

25. Last time we spoke you were living *describe prior accommodation*.

Do you still live there?

Yes (go to Q3)

No (go to Q2)

26. How long did you live at the place identified in Q1? \_\_\_\_\_

How many different places have you lived at since your release? \_\_\_\_\_

Where do you currently live?

With support people

With people not in my support group

Hostel

Residential treatment programme

By myself (circle answer below)

Other (describe below)

- at a caravan park

\_\_\_\_\_

- in my own house

\_\_\_\_\_

- in a rented house

\_\_\_\_\_

The next few questions are about support available to you in the community. Last time we spoke you *describe previous support network*.

27. Do you have support people in the community other than your Probation Officer now?

Yes (go to Q4)

No (go to Q7)

28. Are these the same people who supported you immediately following your release? *If no*, What is the relationship of these support people to you?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

29. On a scale of 0 – 4, with 0 being not at all helpful, 2 being OK, and 4 being very helpful, how helpful have your support people have been?

Not at all helpful		OK		Very helpful
0	1	2	3	4

30. *If 0 – 3 response for Q5, how could support people better support you?*

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The next few questions are about work which includes voluntary work, and other activities. Some may apply to you and others may not.

31. Do you currently have a job?

- Yes (go to Q8)  No

*If no, ask* Have you had a job since you were released?

- Yes (fill in Qs below for that job)  No

*If no, ask* Have you been looking for work?

- Yes (go to Q11)  No (go to Q13)

32. Are you working full time or part time?

- Full time  Part time

33. What sort of work are you doing?

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34. Have you had any other jobs since your release? How many? \_\_\_\_\_

35. Have you faced any challenges finding a job?

- Yes (go to Q12)  No (go to Q13)

36. Describe the challenges you have faced looking for a job.

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37. Are you involved in any education or study (e.g., at polytechnic, university, trade training etc)?

Yes (go to Q14)

No (go to Q15)

38. Please describe your education or study activities. Indicate if you attend classes, or if the education or study is through correspondence.

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39. Are you involved with any community groups (e.g., sports teams, church, cultural groups etc)?

Yes (go to Q16)

No (go to Q17)

40. Please describe what type of group(s) you are involved with, and how often you have contact with them in a typical week (e.g., church – once per week, touch rugby – once per week).

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PART 2

The next section of questions are about your life values and goals. Last time we spoke you identified what values were important to you. I'm interested in how Kia Marama and Te Piriti graduates are able to fulfil their life values after their release from prison and any challenges they may have in doing so. I'll ask some questions about each of the values you identified were important, then ask if you have other important values now that we haven't spoken about.

*Ask for each value rated moderate or high 1 month post-release*

I'll start with.....

How does this relate to your current day-to-day life? / what do you do to fulfill this value? *Give examples of secondary goods if necessary.*

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How does this relate to your goals for the future?

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Is there anything that gets in the way of you fulfilling (*value*)?

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*If yes to previous question, ask* Do you feel that you could overcome these obstacles? How? / Why not?

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Primary good rating (*circle*): 0      1      2

Can you think of any other important values we haven't spoken about?

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*Ask the previous questions relating to secondary goods for any additional values.*

That's the end of the interview. What postal address shall I send the grocery vouchers to?

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Do you have any questions about your participation in this study?

Thank you very much for your time.

Appendix F: Study Three Information Sheet

Department of Psychology  
University of Canterbury  
Private Bag 4800  
Christchurch

Dear Kia Marama/Te Piriti graduate

**Subject: Information Sheet for Reintegration study**

You are invited to participate in a research study being undertaken by Gwenda Willis, a PhD candidate at the University of Canterbury, investigating the challenges that graduates of the Kia Marama and Te Piriti programmes have faced when released into the community. This study aims to better understand what challenges graduates of these programmes face in order to help future graduates with the transition to living in the community.

Your participation would involve two phone interviews: the first at 1 month following your release, and the second at 3 months following your release. It is anticipated each interview will take approximately 30 minutes. The interviews include questions about your experiences following release from prison (e.g., access to accommodation, employment, and community based treatment) and your goals in life (e.g., what you value how you are able to fulfil these values). All information you share during these phone interviews will remain confidential, unless there is a risk of harm to yourself or someone else. This means that if you reported a plan to harm yourself or someone else during an interview, I would be obliged to report this to the appropriate agency (e.g. Department of Corrections, Psychiatric Emergency Services or Police) in consultation with a senior colleague. Should you agree to participate in this study, in appreciation of your participation you will receive a koha of \$30 worth of grocery vouchers (a \$15 voucher will be posted to you following each interview).

The results of this study may be published in an academic publication, but you may be assured of the complete confidentiality of data gathered. This means that the information you provide during this study will not be shared with any other person or agency (except if there is a risk of harm to yourself or someone else, as mentioned above). Information provided by Kia Marama and Te Piriti graduates will be pooled together and only collective results published (e.g., group averages). Therefore, the identity of participants will not be made public. The signed consent form (with your name on it) will be stored separately from information collected during the phone interviews, and all study materials will be stored in a locked filing cabinet. You may be contacted at a later date and invited to participate in another study, however this would be entirely voluntary. All study materials (consent forms and information collected during the phone interviews) will be destroyed 5 years following the completion of the study.

This study is being carried out as part of a PhD by Gwenda Willis, under the supervision of Associate Professor Randolph Grace. There is no foreseeable risk to

participating in this study, however, some questions may lead you to think more about the challenges of reintegrating into the community, especially if this process is particularly distressing. You are welcome to discuss any concerns about participation in this study with the investigators at any time. Contact details for Gwenda Willis and Randolph Grace are provided below. Further, you have the right to withdraw from this study at any time (up until 31 January 2009 before results are published), including withdrawal of any information provided. This study has been reviewed and approved by the University of Canterbury Human Ethics Committee and the Department of Corrections.

Finally, if you agree to participate in this study please fill in and sign the attached consent form and return this to the Kia Marama/Te Piriti Executive Officer. The Executive Officer will inform me of your local Community Probation Service, and I will contact them to obtain an up-to-date telephone number for you and call you 1 month following your release for the first interview. Your assistance will be greatly appreciated.

Gwenda Willis  
Department of Psychology  
University of Canterbury  
Private Bag 4800  
Christchurch  
Gwenda.Willis@pg.canterbury.ac.nz  
Ph. 03 3642987 extn. 7190

Randolph Grace  
Department of Psychology  
University of Canterbury  
Private Bag 4800  
Christchurch  
Randolph.Grace@canterbury.ac.nz  
Ph. 03 3642987 extn. 7996

Appendix G: Study Three Consent Form

Gwenda Willis  
Department of Psychology, University of Canterbury  
Private Bag 4800  
Christchurch

May 2008

**CONSENT FORM**

*Reintegration study*

I have read and understood the attached information sheet inviting me to participate in the above-named study and I am happy with the protections set out. All my questions have been answered to my satisfaction, and I understand I am free to request further information at any stage. On this basis I agree to participate and my participation is entirely voluntary. I consent to publication of the results of this study in an academic publication with the understanding that no information that identifies me will be published. I would / would not (please circle one) like to receive a summary of the results of this study.

My signature on this form means I understand that:

- I may withdraw at any time from this study (up until 31 January 2009 before results are published), including withdrawal of any information I have provided.
- This consent form will be stored in a locked filing cabinet in the primary researcher's office, and will not be attached to any of my responses.
- At the conclusion of this study, all information collected including my consent form, information collected during the phone interviews, and computer files containing my responses will be retained in secure storage for 5 years after which time they will be destroyed.
- Taking part in this research will have no effect on my parole, classification status and / or prison record.
- Confidentiality is assured. The only exception is if I report a plan to harm myself or someone else, as detailed in the information sheet.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Appendix H: Study Three Debriefing Sheet

Department of Psychology  
University of Canterbury  
Private Bag 4800  
Christchurch

**REINTEGRATION STUDY DEBRIEFING SHEET**

Thank you for your participation in this study! You have contributed towards important research that will further advance our understanding of the challenges Kia Marama and Te Piriti graduates face upon release. Results of this study will be used to guide release planning for future graduates of Kia Marama and Te Piriti.

Given the nature of the study, it is possible that some issues will have been raised for you. If so, please feel free to talk to either the researcher Gwenda Willis, who can be contacted on (03) 364-2987 ext. 7190 or Associate Professor Randolph Grace, who can be contacted on (03) 364-2987 ext. 7996. Alternatively, we encourage you to utilize support from the services listed below.

Once again, thank you for your participation in this study.

Support services:

Prisoners' Aid and Rehabilitation Society (PARS): 0800 724 754 or [www.pars.org.nz](http://www.pars.org.nz)

Lifeline (for general emotional problems): 0800 111 777