SELF-REGULATION
AND
VIOLENT OFFENDING

A thesis
Submitted in partial fulfilment
Of the requirements for the Degree
of
Master of Arts in Psychology
in the
University of Canterbury
by
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University of Canterbury
2001
Acknowledgments

I would like to take this opportunity to give my heartfelt thanks to Dr. Steve Hudson for suggesting this research in the first place and his unfailing enthusiasm, support and advice throughout. I must also thank my family for the love and support they have given me – my parents for everything – my children for trying to help by being good and staying off my computer – and my partner for being there.
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Abstract

Recent advances in the sexual offending area have resulted in the development of a metatheoretical framework which in essence 'knits' previously unrelated theoretical work together under a new framework that accounts for aspects of the phenomenon for which individual theories could not account. Ward and Hudson's (1998) self-regulatory model of the offense process of sexual offending is an exercise in such theory knitting. While a reasonable amount is known regarding the broad variables that are thought to be relevant to the etiology of violence, little if anything is known about the actual processes involved in the execution of the violent behavior as it relates to non-sexual, non-domestic interpersonal violence. These descriptive models of the process have considerable utility in identifying treatment needs. The purpose of the present work is to ascertain the applicability of the self-regulatory model to the offense processes of violent offenders. A review of the literature regarding relapse prevention in sexual offending and self-regulation is followed by an overview of the self-regulation model as it applies to sexual offending. Thereafter is a brief review of available literature regarding violent offending. Analysis of the offense chains of 22 incarcerated men who had offended violently showed that the offense processes of such men closely matched those of men who had offended sexually.

Results indicated that while there was considerable overlap between the offense processes described by the men in this study, there were also some points of departure with the self-regulatory model developed to describe these processes in sexual offenders. Further, most participants were insecurely attached and showed significant anger on the STAXI). Suggestions for research and clinical work are briefly described.
Introduction

The treatment and management of violent offenders has long been of interest to various groups and individuals within society, with significant amounts of research being generated. Though still far from being completely understood, both sexual and domestic violence have been the predominant focus of this research. Unfortunately, interpersonal violence between unrelated adults has not enjoyed a similar level of interest and there appears to be a dearth of knowledge in this area. Within what little information is available, it is generally assumed that the theories, models and treatments developed to understand and intervene with respect to domestic and/or sexual violence are able to be generalised across other forms of interpersonal violence.

With further examination it becomes clear that while there are commonalities there are also differences. Therefore models developed for one type of interpersonal violence may well seem to fit other types of interpersonal violence yet ultimately the treatments and interventions generated from these models, while working extremely well within the field that originally developed them, fall down or fail when applied to other fields.

Of critical importance to the development of sound interventions is the development of level III or micro-models (Ward & Hudson, 1998b) that describe what offenders actually do during the execution of their criminal activities. These descriptive models serve as the touchstone to understanding the processes involved and the strategies to interrupt these (Hudson & Ward, 1996). In keeping with this position researchers in the sexual violence field have recently developed a self-regulatory model of the relapse process (Ward & Hudson, 1998, 2000), which extends the previous descriptive model of the offence chain in child molesters (Ward, Louden, Hudson, & Marshall, 1995). The self-regulation model usefully incorporates previously unrelated theoretical work such as Ward, Hudson, and Marshall’s (1995b) theory of cognitive deconstruction, Wegner’s theory of ironic processes (Johnston & Ward, 1996; Wegner, 1994), Attachment theory (Ward, Hudson, & Marshall, 1996), and emotion regulation theory (Cole, Michel, & Teti, 1994).
The object of the present research is to apply Ward and Hudson's (1998, 2000) self-regulatory model for sex offenders to offenders convicted of non-sexual interpersonal violence between unrelated adults in order to identify areas of similarities and differences.
Relapse Prevention and Self-Regulation

Researchers, clinicians, and theorists have long been of the view that effective treatment of sexual offenders ought to be based on a clear and precise understanding of the relapse process (Laws, 1995; Pithers, 1990; Ward & Hudson 1996; Ward, Louden, Hudson, & Marshall, 1995).

Historically, the assumption that relapse constitutes a process of behaviour occurring across time has led to the unconditional adoption of relapse prevention in the sexual offending area (Pithers, 1990). Recent research has, while acknowledging the contribution of relapse prevention to the understanding of sexual offending, demonstrated explanatory deficiencies in the relapse prevention model (Ward, Hudson, & Marshall, 1995; Ward & Hudson, 1996). This has led to the development of a descriptive model of the offense chain in child molesters (Ward, Louden, Hudson, & Marshall, 1995). Which was then refined into a self-regulatory model of the relapse processes in sexual offenders which the authors claim addresses the identified deficits as well as incorporating other theoretical work within the sexual violence field.

Both the self-regulatory model (Ward & Hudson, 1998, 2000) and the offence chain model (Ward, Louden, Hudson, & Marshall, 1995) were built upon relapse prevention models developed in the early 1980’s.

RELAPSE PREVENTION.

Relapse prevention (RP) has its roots in the addictions field and, while arguably distinctive in a number of its features, RP falls broadly within the cognitive-behavioural framework.

The basic premise of RP is essentially straightforward. Researchers and clinicians within the addictions field had long observed that treatments aimed at abstinence could moderate or eliminate certain addictive behaviours such as alcoholism,
smoking, and substance abuse. By treatment end abstinence was highly probable, yet over the 12 months following cessation of treatment, relapse rates would steadily increase to approach 80% with two thirds occurring within 90 days of treatment end (Hunt, Barnett, & Branch, 1971). Marlatt & Gordon (1985) therefore suggested a follow-up treatment specifically aimed at the enhancement of self-management skills in order to maintain the therapeutic gains made during abstinence-oriented treatment. Marlatt et al. (1985) argued that by identifying the greatest threats to abstinence and teaching coping skills to deal with such threats the effects of treatment could be maintained and relapse prevented.

The classical RP model.
The original theoretical framework of RP was formulated by Marlatt in the early 1980’s and although other researchers have since expanded, condensed, and otherwise manipulated this basic framework (Wanigaratne, Wallace, Pullin, Kearney, & Farmer, 1990; Laws, 1995), classical RP remains essentially that conceptualised by Marlatt (1985). As stated Marlatt’s RP is grounded in the addictions field and has proved to be of immense value in this area, particularly the identification of commonalities across addictive disorders and the assumption that relapse occurs in discrete stages over time with a distinction between a lapse i.e. the initial occurrence of a prohibited behaviour and a relapse i.e. the return to problematic levels of addictive behaviour. Laws (1995) divided Marlatt’s RP theory into two separate sections; (a) how people get into high-risk situations (formerly, covert antecedents of relapse) and (b) how people can manage high-risk situations (formerly, determinants of relapse).

Figure 1 shows the antecedents of relapse according to the classical model of RP (George & Marlatt, 1989, p. 19). George & Marlatt (1989) suggest that when things an individual wants to do become overshadowed by things they believe they should do, a lifestyle imbalance is created. This imbalance is believed to be an initiating factor in the relapse process (George & Marlatt, 1989; Ward & Hudson, 1996; Laws, 1999). Marlatt argues that this imbalance creates a desire for indulgence or some form of immediate gratification (e.g. the use of alcohol or drugs).
The urges and cravings produced by the desire in turn encourage positive expectancies regarding the indulgence. Coupled with these urges and cravings are cognitive distortions, maladaptive decisions, and the making of *Seemingly Irrelevant Decisions* (SIDs), which lead the individual closer and closer to a lapse, facilitated by the use of rationalization and denial. The result is that eventually the individual leads him or her self into a high-risk situation.

![Diagram](image)

**Figure 1**: How People Get Into High-Risk Situations; The Covert Antecedents of Relapse; The Classical Model of Relapse Prevention (George & Marlatt, 1989).

Figure 2 illustrates the determinants of relapse (George & Marlatt, 1989, p.8). Successful management of high-risk situations depends upon the availability of effective and adaptive coping responses. Effective use of coping responses increases self-efficacy, that is, the belief that one’s efforts will be successful, and decreases the probability of relapse. Conversely, if no coping response is available or an ineffective coping response is used, this will decrease self-efficacy and increase the probability of a slip or lapse occurring. In some individuals this may produce the *Abstinence*
Violation Effect (AVE) (Marlatt, 1985). The AVE is the recognition that a self-imposed rule has been violated, leading to dissonance within the individual, a likely self-attribution of failure, and a perception of loss of control. In combination, these elements are believed to increase the probability of relapse (Laws, 1999).

The sex offender RP model.

The sex offender RP model, originally formulated by Pithers, Marques, Gibat, & Marlatt in 1983 and changing little over the intervening years (Pithers, 1991), closely follows Marlatt's (1985) concept but being adjusted to fit the nature of sexual
offending (Laws, 1999). The primary difference between the classical RP model and Pithers' sex offender model is the definition of a lapse.

In the classical RP model a *lapse* is defined as a momentary indulgence, such as having a drink or smoking a cigarette, but not a full return to problematic levels of the behaviour, it is therefore a distinction of *degree* rather than of specific actions. Further, within the classical RP model lapses are often seen as inevitable and potentially profitable experiences (Ward & Hudson, 1996). Yet due to the presence of clearly and legally defined victim, there is no way that committing a sexual offence can be viewed as a lapse. Thus in the sex offender model a *lapse* is defined as a variety of offence-precursor activities such as masturbation to deviant fantasies, purchasing pornography, cruising for victims and so forth (Laws, 1999). The actual commission of a sexual offence is regarded as a *relapse*. Due to this distinction, behaviours that may lead to a sexual offence but still fall short of an actual offence (lapses) receive considerably more attention in the sex offender model than do lapses within Marlatt's original conceptualisation.

While both the classical and sex offender RP models show a similar downward spiral from abstinence to relapse, the classical model shows a more linear course to relapse allowing for little individual choice and implying inevitability of relapse upon commencing the downward trend. By contrast, the sex offender model (figure 3) shows several stages where it is possible to avoid relapse and remain abstinent depending on responses made at these junctions.

Immediately following treatment end it is hoped that confidence in continued abstinence will be high, however, eventually a SID may be made (e.g., a momentary deviant fantasy, accidentally walking past a playground etc), though seemingly irrelevant and essentially harmless, these mini-decisions move the individual incrementally closer to relapse. At this point the eventual outcome becomes dependent on the responses made, if the individual realises that an SID has occurred, he may pull back thus maintaining abstinence, increasing self-efficacy and decreasing the probability of relapse. Conversely, if there is no such awareness or the realisation is not acted upon, the individual is likely to place himself in a high-risk situation.
Abstinence
1. Self-efficacy
2. Success expectancy

Seemingly Unimportant decision

High-Risk Factors
1. Negative emotional state
2. Interpersonal conflict

Adaptive Coping Response

Lapse
1. Deviant fantasy
2. Pornographic purchase

Abstinence Violation Effect (AVE)
1. Self-depreciation
2. Failure expectation
3. Problem of immediate gratification
4. Erroneous attribution's
5. Increased probability of relapse

Adaptive Coping Response

Relapse
1. Sexually aggressive act

Continued Abstinence
1. Enhanced self-efficacy
2. Decreased probability of relapse

Continued Abstinence

Relapse
1. Sexually aggressive act

Return to Abstinence

Figure 3: The Cognitive-Behavioural Model of Relapse; The Sex Offender Model of Relapse Prevention (Freeman-Longo & Pithers, 1992).
Once in a high-risk situation it is still possible for the individual to maintain abstinence if an adaptive and effective coping response is utilised. If no coping response is available or a maladaptive coping response if used, then a lapse could occur. At this stage, some individuals will experience the AVE: the recognition of violation of personal pledges of abstinence (Laws, 1999). The strength of the AVE seems to be dependent on the outcome of an attributional search, which in some individuals is triggered by the perception of the AVE (Ward, Hudson, & Marshall, 1995). If the lapse can be attributed to unavoidable external factors then the AVE is likely to be minimal, reducing the likelihood of relapse. If the lapse is attributed to internal avoidable factors, such as lack of willpower, the AVE will increase, as will the likelihood of relapse (Laws, 1999). Yet even at this stage a return to abstinence is still possible if an adaptive coping response can be produced, if not a full relapse to sexual offending is likely.

While classical RP has proved to be a valuable framework for the organisation and delivery of treatment in the addictions field, Ward et al. (1996) have outlined a number of deficits and shortcomings in Marlatt's original conception, which have hence also been inherited by the sex offender RP model. From a clinical perspective one of the most serious shortcomings of both the classical and sex offender RP models is the failure to cover all the possible pathways or processes involved in relapse (Ward & Hudson, 2000). Both Marlatt and Pithers emphasise skill deficits as the major mediators of relapse and fail to cover situations where individuals make conscious and deliberate decisions to abuse substances or engage in deviant sexual behaviour (Ward & Hudson, 2000).

It was partially in response to these deficits coupled with the realisation that a more comprehensive model was needed that led Ward et al., (1998b) to develop the self-regulatory model of relapse prevention.

**THE SELF-REGULATORY MODEL OF RELAPSE PREVENTION**

Ward and Hudson (1998) admit that while empirical evidence for multiple offense pathways (as opposed previous single pathway models) is still to some extent preliminary, recent research (Ward, Louden, et al.,1995; Ward, Fon, Hudson, & McCormack, 1998) suggests the existence of diverse offense pathways. These studies suggest offenders vary in their goals, planning, and emotional experiences throughout the offense process.

Ward and Hudson (1998) argue that a more comprehensive model of the relapse process is called for, one which contains a number of pathways, taking into account differing types of planning, goals (approach or avoidance), and affective states. The model should be able to smoothly integrate cognitive, affective, and behavioural factors as they relate to the offense process, be able to account for the dynamic nature of this process and identify and describe the psychological mechanisms that drive or inhibit the relapse process. It further needs to be able account for the currently identified phases of the offense process including the influence of background and distal vulnerability factors, SIDs, the initial lapse, the offense, and the impact of the offense on future offending. To this end, Ward and Hudson (1998a) proposed a self-regulation model of relapse prevention that they suggest addresses the problems identified in earlier models.

The model is a micro or level III model and as such includes an explicit temporal factor and focuses on proximal causes, the “how” of sexual offending. The model shows the particular offending style exhibited by an individual, the type of planning present, to what degree and at which point in the offence chain it is utilised, whether the offending is situational or ongoing, the degree of violence involved, and whether the severity of the deviant sexual behaviour changes across time. Individual vulnerability factors, social skills deficits and types of self-regulatory failure (under or
overcontrol) can also be identified when this model is applied. Needless to say the self-regulation model offers a number of important clinical implications, it becomes possible to base treatments and interventions on a thorough understanding of the specific deficits and behaviours exhibited by individual offenders rather than assuming that all offenders follow the same pathway when relapsing (Ward & Hudson, 1998, 2000). Information concerning an offender’s offense pattern can enable clinicians to pinpoint specific areas for intervention and treatments can then be modified or even tailor made to suit each individual’s particular requirements, rather than relying on ad hoc treatments based on stereotypical offense patterns. Further, as the self-regulation model draws together a variety of previously unrelated theoretical work, additional factors contributing to reoffending may be identified enabling clinicians to provide more effective and efficient interventions.

**Self-regulation theory**

Ward and Hudson’s (1998) self-regulatory model is, as the name suggests, based on self-regulation theory. Though self-regulatory constructs and models are evident in a variety of disciplines and are generated from numerous different theoretical approaches (Karoly, 1993), the common underlying assumption is that humans are inherently self-constructing, living systems who possess an internal control system that organises and regulates internal and external processes (Ford, 1987). Self-regulation consists of the internal and external processes that not only allow individuals to engage in goal-directed actions over time and in different contexts, but also incorporates the monitoring, evaluation, selection, and modification of behaviour necessary to accomplish the individual’s goals (Karoly, 1993; Ward, Hudson & Keenan, 1998; Ward & Hudson, 1998; 2000). Thus self-regulation is not concerned solely with the inhibition or suppression of behaviour but also with the enhancement, maintenance and elicitation of behaviour. The enhancement of affective states or the initiation of activity are often legitimate goals, as is the maintenance of certain behaviour when it is proved effective in achieving desired goals (Ward, Hudson, & Keenan, 1998; Ward & Hudson, 1998; 2000).

Goals are key constructs in theories of self-regulation and function as a guide to the planning, implementation and evaluation of behaviour. Basically, goals are desired
states or situations that individuals strive to obtain, maintain, or avoid. Goal theories (e.g., Pervin, 1983, 1989; Urdan, 1995) assume the following: 1) behaviour is organised around the pursuit of goals, with goals being objectives that the individual strives to attain or avoid, 2) goals influence ongoing thoughts and emotional reactions as well as behaviour, and 3) goals exist within a hierarchically organised system with superordinate and subordinate goals where functioning in one part of the system has ramifications for other parts of the system (Emmons, 1996). Carver and Scheier (1981, 1990) further conceptualize goals as cognitive structures stored in memory in the form of behavioural scripts or knowledge containing information which enables the individual to interpret the actions of others and also to guide their own actions. Therefore, goals may vary in their degree of abstractness as well as serve different functions. Cochran and Tesser (1996) make a distinction between acquisitional (approach) goals and inhibitory (avoidance) goals.

Acquisitional goals involve approach behaviour as they are concerned with the gaining or increasing a skill or situation. Failure to achieve acquisitional goals tends to be a graded occurrence and often functions to increase the individual’s efforts to succeed. Attention tends to be focused on information indicating success and therefore the experience of positive cognitions, memories and affective states is more likely. On the other hand, inhibitory goals involve avoidance behaviour as the individual seeks to decrease or inhibit a behaviour or situation. Failure in this case is usually construed in an all or nothing fashion and attention is focussed on information signalling failure rather than success. Therefore individuals whose behaviour is guided by inhibitory goals are more likely to experience failure-related cognitions and memories (Ward, Hudson, & Keenan, 1998; Ward & Hudson, 1998; 2000).

Avoidance goals are more difficult to achieve than are approach goals. With approach goals the individual is often able ‘see’ a direct route to the desired outcome and is therefore able to direct cognition and behaviour exclusively toward that outcome (Emmons, 1996). By contrast, avoidance goals require constant monitoring of the environment for all types of potential threats as there are a multitude of ways an individual can fail to prevent something from occurring (Wegner, 1994). From a self-regulatory perspective, such a task is much more difficult with considerable demands
on cognitive resources, thus self-regulation can easily be impaired at times of stress or when experiencing strong emotional states (Emmons, 1996). Evidence (Emmons, 1996) suggests individuals with avoidance goals experience higher levels of psychological distress than do individuals with approach goals.

Bargh and Barndollar (1996) argue some, often well-rehearsed, goals can be directly activated by environmental influences and can result in automatic goal-directed behaviour without the need for conscious decision-making. Once such goals are activated by environmental cues, they exert a direct influence on the processing of information and subsequent generation of behaviour. Bargh and Barndollar (1996) use tennis to illustrate this;

".... The professional tennis player does not consciously decide to run to a certain spot on the court, but moves there “instinctively” on the basis of the relevant cues: the speed of the ball, the angle of the opponent’s racket, and the expectancies of where the return shot will and (based on considerable experience in that same situation...." (pp.460)

Research into the effect of mental simulation on subsequent goal-directed behaviour has shown merely thinking about the processes needed to reach a particular goal enhances the subjective likelihood of a set of events thereby increasing the individuals’ motivation to behave in certain ways and increasing effective self-regulatory strategies (Taylor and Pham, 1996). They suggest mental simulation makes the occurrence of events seem more likely, helps to establish and refine plans, evokes affective responses, and confirms that certain steps are necessary to obtain a desired outcome.

Ward and Hudson (2000) contend that sexually deviant fantasies and aggressive ruminations may increase the chances of offenders ultimately assaulting or abusing victims. They argue that the process of selecting a primary goal such as establishing intimacy, imagining the circumstances in which such a goal might be achieved, and planning what to do and how to do it can result in automatic decision making when an individual encounters the relevant environmental cues (“when I encounter X, I will perform behaviour Y”) (Ward and Hudson, 2000). All that is required is a prior commitment to certain goals; the occurrence of procedural planning in which the when, where, and how of offending behaviour is imagined; and the actual ability to
execute the required actions (Ward & Hudson, 2000). It is argued that this represents a simulation pathway in which the mental representation and planning of a sexual offense can result in the automatic activation of a plan once in a particular environment. Ward and Hudson (2000) suggest that deviant sexual fantasies and ruminations may provide a means through which this type of automatic plan is acquired and refined.

Ward and Hudson (2000) stress that there is no requirement for previous sexually offensive behaviour with this type of automaticity. Once individuals have consciously decided to perform a sexually abusive action (e.g., in a deviant fantasy), then when the relevant internal or external cues are encountered, they are more likely to effortlessly engage in goal-directed behaviour.

Dysfunctional self-regulation

Though there are a number of patterns of dysfunctional self-regulation, three main patterns have been identified (Baumeister & Heatherton, 1996; Carver & Scheier, 1990). Firstly, under-regulation, where individuals fail to control their behaviour or emotions and behave in a disinhibited manner. This is usually due to deficient standards, inadequate monitoring, or a lack of the cognitive resources necessary to achieve desired goals (Ward, Hudson & Keenan, 1998). Secondly, mis-regulation, where the use of ineffective or counterproductive strategies are used in an effort to control behaviour. Paradoxically these strategies backfire and lead to the emergence or re-emergence of the behaviour the individual was attempting to modify (Ward & Hudson, 2000). The third pattern involves the use of effective self-regulation, the individual concerned typically is untroubled by his behaviour, it is society which deems his behaviour unacceptable. The major problem is the choice of goals rather than a breakdown in the components of self-regulation. The reference values or goals around which behaviour is regulated may be false, self-serving, or distorted (Ward, Hudson, Johnston, & Marshall, 1997). Ward and Hudson (2000) use a preferential child molester as an example, the setting of goals and their subsequent planning and implementation may be impeccable, the problem resides in his initial goals and associated values and beliefs, this individual is achieving his goals and does not regard his lifestyle as problematic.
The self-regulatory model of the relapse process.

Ward and Hudson's (1998, 2000) self-regulatory model (figure 4) of the relapse process of sex offenders builds on their ongoing research into sex offender offense processes including their earlier descriptive model of the offense process (Ward, Louden et al., 1995) as well as theoretical and empirical research on self-regulation. The self-regulatory approach is based on the assumption that goal theory can usefully expound the processes associated with sexual offending. It has been demonstrated (Austin & Vancouver, 1996) that higher-level goals can have a powerful influence on human behaviour, Ward and Hudson (1998, 2000) contend that sexually deviant behaviour is likely to be similarly influenced (Ward, Hudson, & Keenan, 1998).

Ward and Hudson (1998, 2000) suggest there are two broad classes of relevant goals, avoidance and approach goals, their model shows two offense pathways (Avoidant-Passive and Avoidant-Active) associated with avoidance goals and a further two pathways (Approach-Automatic and Approach-Explicit) associated with approach goals. The model consists of nine different phases which all four pathways pass through.

At this point it is important to note that a) Ward and Hudson (1998, 2000) consider the relapse process to be fluid and often perceived as seamless by the individual, and b) that an offender may exit the relapse process at any time by implementing appropriate coping strategies, further, individuals may move back and forth between different phases within the model or remain at a specific phase for an extended period before moving on to the next or a previous phase (Ward & Hudson, 1998, 2000). Negative and positive signs (i.e., - or +) are displayed in the bottom right of each of the boxes in figure 4, indicating the primary affective state thought to be experienced at this phase. In instances where some offenders experience negative emotions while others experience positive emotions, both signs are displayed.

In phase 1, distal and proximal background factors are used by the offender to appraise the occurrence of some kind of life event. This event need not necessarily be anything major, it could just as easily be a minor daily hassle. Appraisal of these life
events is hypothesized to be largely automatic and dependent on external circumstances, pre-existing beliefs, and past experiences (Ward & Hudson, 1998, 2000). Ward and Keenan (1999) refer to an individual’s perceptions of themselves, others, and the world as implicit theories, they suggest these implicit theories function similarly to scientific theories and are used to make predictions and interpretations regarding the world and other people’s actions/reactions. A key issue at this stage is whether these goals are avoidance or approach oriented, avoidance goals are associated with the first two pathways, and approach goals are associated with the third and fourth pathways.

The life event and its subsequent appraisal results in the emergence of a desire for offensive sex or maladaptive activities and emotions associated with these desires (Ward & Hudson, 1998, 2000). Sexual and aggressive fantasies often coexist with these desires and it is hypothesized that they function as mental simulation, increasing the potentiality of abusive behaviour occurring. Ward and Hudson (1998, 2000) suggest the offenders inhibitions against indulging in the deviant fantasies may be further lowered through covert rehearsal of the processes necessary to reach the desired goals (i.e. deviant sex).

The desire for deviant sex or activity results in the establishment of an offense-related goal (Ward & Hudson, 1998, 2000). During this phase the offender may consider the acceptability of his deviant desire and what, if anything to do about it. Again, the important point is whether the goals are inhibitory or acquisitionary (Cochran & Tesser, 1996). Inhibitory or avoidance goals are associated with the desire to avoid sexually offending, the goal is not to achieve rather than achieve a particular set of circumstances. The affective state associated with avoidance goals in this phase is likely to be negative, the individual is fearful or anxious about the possibility of unwanted events or actions occurring and will typically experience higher levels of psychological distress than individuals with approach goals (Emmons, 1996). By contrast, approach goals indicate an intention to sexually offend. Either positive or negative affective states are associated with this type of goal depending on the aim of the offender. If the aim is to gratify an appetitive process such as a desire for sexual
gratification then positive emotions are likely, if the aim is to humiliate or intimidate the victim then strong negative emotions may also be involved (Ward & Hudson, 1998, 2000). Thus the common clinical observation that sexual offending is often associated with negative emotional states can be accommodated within a self-regulation framework. It has been found (Hanson & Bussière, 1996) that the critical issue may be the ability to tolerate distress rather than the actual experience of negative affective states. This view is consistent with a self-regulatory perspective as it is regulation that is the issue, not the presence of a particular emotion, that determines the emergence or re-emergence of problematic behaviour.

The perception that goals are not currently being met may lead to subsequent attempts by the offender to rectify the situation. This involves the selection of goal achievement strategies. Ward and Hudson (1998, 2000) stress that this selection may not necessarily be an explicit decision, both goals and their accompanying strategies may be automatically selected through activation of behavioural scripts, Bargh and Barndollar (1996) describe these as action sequences for well learned and habitual behaviours. At this stage either or both implicit and explicit planning may be engaged.

Implicit (covert) planning is associated with both the avoidance-passive and the approach-automatic pathways both of which may be described as under-regulation pathways. The avoidance-passive pathway is characterised by a desire to avoid sexual offending coupled with a failure to actively prevent its occurrence. The covert planning associated with this pathway involves seemingly irrelevant decisions (SID’s), choices that appear superficially reasonable and unrelated to offending but that collectively help set up high-risk situations (Marlatt & Gordon, 1985; Pithers, 1990). Individuals following the avoidance-passive pathway tend to lack effective coping skills that means that while these individuals are anxious not to offend, they have no means of coping when their control over their sexual preferences is threatened. In the approach-automatic pathway there is a narrowing of attention or a movement down to a lower level of behavioural control, resulting in more automatic and “mindless” behaviour reflecting well-rehearsed or habitual sequences of action (Ward, Hudson & Keenan, 1998). Behaviour in this pathway appears to occur out of the blue and often unfolds in a relatively short period of time, it is fairly impulsive and
only rudimentary planning is present. The approach-automatic pathway is very similar to the avoidance-passive route in that behaviour tends to be situationally activated and lacking in attentional control, the major difference is an association with approach goals and appetitive processes in the case of the approach-automatic pathway (Ward & Hudson, 1998, 2000).

![Figure 4: the self-regulation model of the relapse process (Ward & Hudson, 1998, 2000).](Continued)
Avoidant - Passive
Feels out of control

Avoidant - Active
Renewed effort
Ironic effects

Approach - Automatic
Going with the flow

Approach - Explicit
Proximal Planning

Phase 6

Lapse

Avoidant - Passive
Give in
Adopt "approach" goal

Avoidant - Active
Loss of control
Adopt "approach" goal

Approach - Automatic
↑ efficacy

Approach - Explicit
↑ efficacy

Phase 7

Sexual offense

Phase 8

Evaluation

Avoidant - Passive
AVE - shame
Goal failure

Avoidant - Active
AVE - guilt
Goal failure

Approach - Automatic
Goal success
Behaviour enrichment

Approach - Explicit
Goal success
Refine planning

Phase 9

Attitude to future offending

Figure 4: Continued
The *avoidant-active* pathway is similar to the avoidant-passive pathway in that it involves avoidance goals, the major difference is here there is an explicit attempt at controlling deviant desires. The problem lies in the coping strategies selected to deal with threats to control rather than a failure to select any strategies at all. The individual in this case may well have high efficacy expectations and have the ability to plan, monitor, and evaluate their behaviour, but they lack insight concerning the likely effectiveness of their selected coping responses (Ward & Hudson, 1998, 2000), thus inappropriate or ineffective coping strategies are selected which paradoxically increase the likelihood of an offense occurring.

Finally the fourth pathway, *approach-explicit*, involves intact self-regulation, there is conscious, explicit planning present and well-crafted strategies for goal achievement. Here it is not a self-regulation problem as is the case with the other three pathways, rather it is inappropriate, harmful goals. Ward and Hudson (1998, 2000) state that in this pathway higher-level goals have mistakenly become linked to sexually abusive behaviour, possibly due to early learning experiences, with the resultant belief that aggressive or sexually exploitative behaviour is an acceptable means to valued ends. These individuals may have excellent strategic and self-regulation skills but use them for socially malevolent ends (Ward & Hudson, 1998, 2000).

In the next stage contact with the victim comes about as a result of previous implicit or explicit planning (Ward & Hudson, 1998, 2000; Ward, Hudson & Keenan, 1998). Ward and Hudson (1998, 2000) note that some offenders may enter the relapse process at this point as a result of being unexpectedly placed in a high-risk situation, they argue that the type of goal (approach or avoidance) held by the offender will still partially determine the way the high-risk situation is interpreted and responded to. Appraisal processes are thought to occur during this phase due to contact or the possibility of contact with a potential victim. This appraisal reflects the offender’s initial goals, for those attempting to inhibit or control their behaviour, appraisal is likely to signify failure, while those with approach goals perceive the likelihood of success (Ward & Hudson, 1998, 2000).
Offenders following either of the avoidance pathways will be finding it increasingly difficult to control their behaviour. Avoidant-passive offenders will be struggling with conflicting goals as the contact or potential contact with a victim activates goals linked to offending behaviour and, as a result, could be shifting from abstract to more basic levels of goals, effectively disengaging self-evaluative processes and regressing into automatic, 'mindless' behaviour. Avoidant-active individuals will also be experiencing difficulties in behaviour control as the presence of a victim increases the salience of offense-related goals and strategies. Ineffectual coping responses may result in ironic rebound effects and in turn cause an increase in deviant sexual thoughts and feelings (Johnston, Ward & Hudson, 1998; Ward and Hudson 1998,2000; Ward, Hudson, & Keenan, 1998).

Offenders following the approach-automatic pathway will be reacting to situational cues in a rapid and automatic manner, while approach-explicit offenders consciously planning deviant sexual activities will be focussed on proximal planning (Ward & Hudson, 1998, 2000). Efficacy expectations for both approach pathways are likely to be high during this phase though depending on the actual intentions of the offender affect may be either positive or negative.

The next phase of the model, in relapse-prevention terms, is where the offender has lapsed and is planning the details of the actual offense. It is at this point that Ward and Hudson (1998, 2000) suggest that those individuals following avoidant pathways will abandon any attempt to control their behaviour and adopt approach goals. In the case of both pathways this may only be temporary and reflective of the impact of disinhibition and lower levels of regulatory control. Offenders with approach goals will continue to strive toward goal satisfaction, in the case of approach-automatic offenders this may manifest as aggressive behaviour reflecting the impulsive nature of the offense. By contrast, offenders with explicit appetitive strategies (approach-explicit) will display careful planning and management of the situation and any potential obstacles and any aggression will be a function of their explicit goals (Ward & Hudson, 1998, 2000). The affective state associated with all pathways is hypothesized to be positive due to increased sexual arousal and pleasurable anticipation.
Phase seven in the model is the occurrence of the actual offense. Ward, Louden, Hudson and Marshall (1995) found that at the time of the actual offense, three subcategories regarding the offender’s victim perception were distinguishable: self focus, where the needs of the offender are paramount; victim focus, where offending is justified as ‘caring’ for the victim; and mutual focus, where the offense is construed as a ‘relationship’ with a willing partner. Each of these subcategories were related to different clusters of goals and offense styles though it remains unclear as to whether a particular self-regulation pattern is associated with a particular foci. However, due to disinhibition and an absorption with meeting personal needs, it is hypothesize that underregulated and misregulated individuals (avoidance-passive, avoidance-active, and approach-automatic) are likely to be self focused (Ward & Hudson, 1998, 2000). In this case the offense is likely to extremely invasive with greater levels of violence due to the loss of control. Individuals on the approach-explicit pathway, with intact self-regulation but maladaptive goals, may be more concerned with the victim’s responses and interpret the offense as mutually pleasing.

Following the offense, an evaluative process of a sort tends to occur, though this appears more likely where goals are inhibitory. Offenders following either of the avoidance pathways may evaluate themselves negatively and feel guilt or shame over their behaviour. The comparison between current behaviour and the goal of behaviour inhibition reveals a discrepancy and results in the individual’s perception of failure (an AVE). Negative affect is associated with both avoidance pathways in this phase due to the failure to achieve an important goal. Offenders continuing to function at lower levels of behavioural control or who continue cognitively deconstructing situations, may not evaluate their actions until some time later, if at all.

The final phase of the model is concerned with the impact of the sexual offense on the individual’s attitude to future offending. Ward and Hudson (1998, 2000) argue that offenders with inhibitory goals may seek to reassert control or return to the use of inappropriate coping strategies in an attempt to refrain from offending in the future. Some individuals may reevaluate their goals in light of their perception that they are unable to control their behaviour and therefore continue offending, while others might be persuaded that sexual offending is a positive option and adopt acquisitory goals.
The behavioural scripts of those following the approach-automatic pathway are likely to be strengthened due to 'successful' goal achievement, while approach-explicit offenders are expected to continue refining, adjusting, and developing their abuse-related strategies as they 'learn' from their experiences and assimilate this new knowledge into their modus operandi.
Self-Regulation and Violent Offending.

While there is a wealth of information and research regarding sexual offending, with recent advances incorporating previously unrelated theories into more effective metatheoretical models of the offense processes of sexual offenders, research in the interpersonal violence field remains both scarce and fragmented. The exception seems to be the sub-field of domestic violence which has received large amounts of research in the past decade. Any rudimentary perusal of the psychological literature will yield an abundance of published material regarding aggression and violence yet closer inspection shows indexes full of child abuse and molestation, incest, sexual assault, and intimate abuse. Any empirical investigation of interpersonal violence other than sexual or domestic is noticeably absent. For this reason much of what follows has been gleaned from what little information is available explicitly regarding non-sexual non-domestic interpersonal violence as well as related fields which seemed relevant.

The principal aim of the present study was to ascertain whether or not the self-regulatory model, as developed by Ward and Hudson (1998, 2000), could be applied to the offense processes of non-domestically abusive violent offenders. It was hoped that the model would be able to accommodate the available theoretical works concerning violent offending if it proved applicable. It was further hoped that the present study would function as a basis for further investigation and research into this neglected area.

Defining aggression and violence.
The terms aggression and violence are frequently used loosely and interchangeably by people, but the meanings and connotations associated with these terms in everyday usage are typically too broad to be of use. Interpersonal aggression is usually defined as any behaviour involving an intention to harm another person. This definition includes components of harm and intention but is still too broad for the present purpose as people are able to harm each other in a variety of ways, not all of which are suitable in the present context. For an action to be identified as aggression the perpetrator must have intended to produce harm, whether or not harm was actually inflicted is irrelevant. For example, a sniper who shoots and misses is engaged in an act of aggression even if no one is harmed. If harm has been done it must have been
done intentionally for it to be aggression; it cannot be accidental, a drunk driver who kills someone has engaged in an act of recklessness, not aggression, because there was no intent to harm. When parents, teachers, and judges punish offenders they intentionally harm the offender in order to deter abhorrent behaviour and encourage future compliance, in this case there is both harm and the intention to inflict harm yet the aggression is sanctioned by society and therefore should be excluded from the present research.

In the study of interpersonal aggression and violence the commonly accepted definition of aggression reads: “a behaviour that is intended to injure another person” which includes both physical and psychological injury (Felson, 2000). This definition includes both behaviour motivated primarily by a desire for tangible rewards as well as behaviour motivated primarily by hostility. However it does not include many commonplace meanings of aggression, including assertive behaviours (e.g., an aggressive salesperson) or socially accepted punishment behaviours. Even so there are still a number of murky areas in which the classification of actions as aggressive or non-aggressive is problematic such as contact or blood sports and war. For areas such as these the key distinction may be whether the behaviour is restricted to the context of a game, enacted under specific rules and regulations, and/or sanctioned by society. For example, most individual acts of killing during war derive from prosocial rather than antisocial motives and as such should not be included by this definition.

The term violence usually refers to actions that either involve physical means or produce physical harm or injury. In the present context the same definition applies with the added parameter of illegality, as it is interpersonal violence censured by society that is of interest here. To this end the definition used in the present study will be “a criminally coercive behaviour that is intended to injure another individual”

Links between anger and aggression
It has been widely assumed that anger occurs as a result of a perceived threat, frustration, or the belief of some intentional mistreatment (Oatley & Jenkins, 1996; Berkowitz, 1990; Averill, 1978, 1982). Yet the psychological literature contains mounting evidence which suggests a wide range of aversive events are also capable of

Many researchers have proposed that environmental stressors such as frustration over the blocking/thwarting of a desired goal (Meltzer, 1933; Dollard, Doob, Miller, Mowrer, & Sears, 1939; Geen, 1968; Worche1 1974), a perceived threat (McKellar, 1950), or violation of personal or social norms (Averill, 1978) can evoke anger and emotional aggression. Novaco (1986) goes so far as to say ‘....Anger can be understood as an affective stress reaction....’ (p.57). Berkowitz (1990) argues that it is not the external stressor in itself that produces anger but rather the negative affect aroused by the stressor (1993). Negative affect of any kind, that is any type of unpleasant feeling, is seen to be the basis to anger. These negative feelings are part of the associative network and thus activate the rest of the network. Anger will be experienced more intensely when the associative network is already primed by the negative affect generated by the aversive conditions.

Research has shown that a broad range of aversive stimuli are capable of eliciting anger and aggression, For example, Anderson (1989) noted that violent crime and spousal abuse tended to increase when the temperature was unpleasantly high. Based on these observations Berkowitz (1990) put forward a Cognitive-Neoassociationistic model of anger and angry aggression which proposes the existence of an associative network linking negative affect with particular thoughts, feelings, memories, expressive-motor responses and physiological reactions. This network is organized in such a way that activation of any one component within the network tends to spread, activating the other components with which it is linked. Seen from Berkowitz’s viewpoint, negative affect are part of the associative network and thus activate the rest of the network. Anger will be experienced more intensely when the associative network is already primed by the negative affect generated by the aversive conditions. However, aggression and violence do not routinely occur whenever the network is activated. Whether or not physical aggression or violence arises appears to be dependent on the subsequent application of higher-order cognitions (thoughts, attributions, and memories etc.) (Berkowitz, 1990,1993; Dodge, 1980; Huesmann, 1988).
Learning aggression

Several different learning theories of aggression were proposed in the 1960's and 1970's by Bandura (1973), Berkowitz (1962), Buss (1961), Eron, Walder, and Lefkowitz (1971), Patterson (1986) and others. More recently, researchers have presented learning models based on current reasoning in cognitive psychology (Berkowitz, 1990; Dodge, 1980; Huesmann, 1988). The various different learning theories differ in terms of what exactly is learned - be it specific behaviours, response biases, beliefs, cue-behaviour connections, or scripts, yet all hypothesize learning to occur both as a result of our own behaviours and as a result of viewing other's behaviour. These recent theoretical approaches have the common theme that cognitions play a key role in maintaining the stability or in changing the developmental trajectory of aggressive behaviour over time and across situations.

It has been demonstrated that social behaviour is controlled to a large degree by attributional biases, world schemas, scripts, and normative beliefs regarding the acceptability of behaviour that are established in early development (Huesmann, 1988). Attributional biases direct the interpretation of social cues to which determine the intent of others (Dodge, 1980). These attributions are thought to be influenced by a 'world schema', that is a general view of the world held by the individual i.e. "the world owes me a favour" or "people are basically good". These attributions in turn influence emotions and the type of script an individual will retrieve to deal with a give social situation. Scripts are cognitive programmes stored in memory that function to guide behaviour and social problem solving (Abelson, 1981; Bargh & Barndollar, 1996; Lord & Kernan, 1987). It is at this point that some form of evaluation is thought to take place, in light of internalised social norms, as to the appropriateness of the script and the consequence of its enactment (Huesmann & Guerra, 1997). It must be noted however, that there are great individual differences in the extent of this evaluation or even its occurrence at all due to differences in cognitive capacities, reinforcement histories and perceptions of social norms.

Eron (2000) states that there are four distinct cognitive processes relevant to the control of aggression. First, the attributional biases of the individual interact with emotional reactivity and situational influences to affect anger. Second, the specific repertoire of scripts for social behaviour that the individual has observed, rehearsed
and encoded will effect the likelihood of aggression occurring. Third, the more the individual rehearses or ruminates (fantasizes) about aggressive scripts, the more accessible they become. And fourth, internalized normative beliefs regarding the appropriateness of aggression can inhibit or exacerbate the use of aggression.

**Attachment difficulties in violent offenders**

The basic principal of attachment theory is that early attachment relationships with caregivers provide the prototype for later social relations. Originally conceptualised by Bowlby (1969, 1973, 1977) and expanded by Ainsworth, Blehar, Waters, & Wall (1978) attachment research focused primarily on infants and children but both Bowlby (1969, 1973, 1977) and Ainsworth (1989) hold that attachment is not limited to childhood, it mediates adult social and emotional adaptation and parents, peers, siblings, and romantic partners may all operate as attachment figures over the course of the lifespan.

The quality of early attachment is argued to be rooted in the history of interactions between infants and their caretakers, and the degree to which infants learn to rely on their attachment figures as a source of security (Ainsworth et al., 1978). Based on infants’ responses to separation and reunion in ‘Strange Situation’ experiments, Ainsworth and her colleagues (1978) identified three distinct patterns of attachment – secure, anxious-resistant, and avoidant. Formed in infancy these attachment patterns are relatively stable across time and tend to influence social interaction behaviours throughout childhood. Bowlby (1980) identifies an adult pattern of ‘compulsive self-reliance’ where the attachment systems of individuals become ‘deactivated’. These individuals are emotionally detached and tend to downplay or defensively deny their need or desire for greater social contact. Bartholomew’s (1990) adult attachment model further expanded Bowlby and Ainsworth’s work by identifying adult attachment patterns based on combinations of negative and positive working models of the self and others. The Bartholomew (1990) approach conceptualizes adult attachment in terms of four quadrants made up of the two dimensions, working models of self (positive or negative) and working models of others (positive or negative) thus the four styles are characterized as Secure (positive self and others); Preoccupied (negative self, positive others); Fearful (negative self and others); and Dismissing (positive self, negative others).
Bartholomew’s (1990) attachment categories correspond to childhood attachment styles with a further distinction between fearful and dismissing/detached in the avoidant pattern. Bartholomew (1990) therefore identifies four adult attachment styles; secure, that is, individuals who are comfortable with both intimacy and autonomy; preoccupied, an overly dependent style (corresponding to the childhood anxious-resistant style) characterized by an relentless desire to gain the approval of others and a deep-seated feeling of unworthiness; fearful, individuals who actively avoid social situations and close relationships due to fear of rejection; and dismissing, where attachment needs are denied or deactivated as a defense against rejection. Bartholomew (1990) argues that the strategies used to defend against the awareness of attachment needs become so engrained over time as to operate automatically and largely outside of conscious awareness. Individuals with this attachment style passively avoid close relationships preferring to remain autonomous by denying the importance or need of such relationships. A dismissing attachment style is associated with a negative view of others and a tendency to blame other people for the individual’s interpersonal problems (Bartholomew, 1990; Bartholomew & Horowitz, 1991; Ward, Hudson, & Marshall, 1995,1997).

While these theoretical positions are helpful in the broad sense they do not tells us anything much about what people actually do, that is the thoughts, behaviours, and emotions that people experience during an offense episode. At present there is a distinct absence within the interpersonal violence field of offense process models or descriptive models of how aggression unfolds. The present research seeks to begin to remedy this situation.
Method

Hudson (1998) has begun the validation process of Ward and Hudson's (1998) self-regulatory model and found that different individuals working independently were able to reliably classify a new sample using the four pathways articulated by the model. The aim of this study was to obtain offence descriptions from 10-20 incarcerated offenders with a history of non-sexual violence and ascertain whether or not these are able to be fitted into the pathways of the self-regulatory model.

Procedure

After receiving all necessary clearances and approvals (appendix 3) appointments were set up with the unit managers of Totora and Rimu Units of Rolleston Prison to discuss the aims of the study and to set up access to the potential participants and their files.

Ward and Hudson (2000a) recommend a thorough review of any collateral information such as police reports, victim statements and impact reports, previous psychological and/or medical reports and any other documentation regarding prior interviews or treatments, before interviewing the participant. This is done to provide as clear a picture as possible of what actually happened. During the present research it was decided that conducting a file review would also be the most effective way of initially building a list of suitable potential participants. In this way it was possible to ascertain the criminal history of potential participants and a judgement could be made as to their suitability.

As this study was to concentrate on men who had offended violently as opposed to sexually, so men incarcerated for sexual offenses were excluded. Due to the copious amounts of research directed at domestic violence and the perception of fundamental differences between domestic and non-domestic violence (see Dolieslager, 1999; Drummond, 1999), it was decided that those with domestically related offending would also be excluded.

The file review yielded a preliminary list of 25 potential participants who would be asked to participate in the research. The remaining 22 participants therefore
compromised the entire population of men with non-sexual/domestic violent offenses of the facility.

Every morning one of the potential participants was called to a private interview room, introduced to the researcher and asked if they would be willing to participate in the study. All participants were informed of the nature of the research and what would be involved and confidentiality was assured. An information sheet (Appendix I) about the research was given as well as a verbal explanation. Participants were then required to sign a written consent form (Appendix 1).

The offence chains of the participants were collected using a modification of the procedure used by Ward et al., (1995), most recently used by Dolieslager (1999), Drummond (1999) and Polaschek, Hudson, Ward, and Siegert (1999), that is, participants were interviewed and asked to describe a detailed description of their most recent or typical offence. These descriptions were entered into a portable computer with the participant's assistance. The description of this offense process was structured only broadly, that was information was prompted, if initially absent, in terms of four sections compromising background issues and triggers to distal planning; high-risk situations where a potential victim is present; behaviour preceding the offence which reflects an intent to offend; and the first instance of offending behaviour, though in most cases consequences, both personal and societal, associated with the offense were also described by the participants. These specific terms were not used when prompting.

It was hypothesised that participants would be more relaxed and forthcoming about their behaviour thoughts and emotions if the interview was conducted in a reasonably informal manner rather than a strictly structured way. Participants were asked to sit next to the researcher so they were able to see the screen of the computer and were then asked to correct or elaborate what the researcher wrote. This seemed to have the effect of making the subject feel part of the process as well as reassuring them that what they were describing was being entered verbatim. The importance of allowing the participant to dictate the pace of the interview must be emphasised as it may be a traumatic experience for some to relive and describe in detail an episode that has the potential to generate intense feelings of guilt, shame or even anger. In addition the
aim was to obtain a description of the offending process in their terms rather than impose, other than an absence of any description of events, any pre-conceived structure. In other words the description needed to reflect their reality not that of the researchers.

On completion of the offence description participants were asked to complete a combined form of the Relationship Questionnaire (RQ) and the Relationship Scales Questionnaire (RSQ), as well as the STAXI (State-Trait Anger Expression Inventory).

Measures
Spielberger's (1988) State-Trait Anger Expression Inventory (STAXI) provides concise measures of the experience and expression of anger. The STAXI is a threepart measure consisting of 44 questions answered on 4-point scales ranging from 1 (not at all/never) to 4 (Very much so/ almost always). The STAXI measures five aspects of anger: State Anger, the degree to which the respondent feels angry at the particular point in time that the questionnaire was administered; Trait Anger, the propensity of the individual to become angry; Anger In, the degree to which the individual internalizes or suppresses their anger; Anger Out, the degree to which the respondent expresses anger toward other people or objects; Anger Control, the frequency with which anger is controlled; and Anger Expression, a general index of the frequency that anger is expressed, regardless of the direction of expression. Both the state and trait scales have been shown to have high internal consistency (alphas= .93 and .86 respectively [Spielberger, 1988]).

The Anger Suppression and Anger Expression subscales (Anger In, Anger Out, and Anger Expression) have also been shown to be valid with respect to both New Zealand (Knight, Chisholm, Paulin, & Waal-Manning, 1988) and American (Spielberger, 1988) samples. Good levels of divergence and convergent validity have been demonstrated for the Anger Suppression and Anger Expression subscales (Spielberger, 1988). Initial investigation has demonstrated the validity of the more recently developed Anger Control subscale (Spielberger, 1988).
The Relationship Questionnaire (RQ) (Griffin & Bartholomew, 1994) consists of two parts, both of which involve four short paragraphs describing prototypical attachment patterns as they apply to close relationships in general. For example, the Secure prototype reads: "it is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me." The Fearful prototype reads in part "I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust." The Preoccupied prototype reads in part "I want to be completely emotionally intimate with others, but often I find others reluctant to get as close as I would like." Finally, the Dismissing prototype reads "I am comfortable without close relationships. It is important for me to feel independent and self-sufficient, and I prefer not to depend on others or have them depend on me." In the first task respondents are asked to select which of the four prototypical relationship style descriptions best describes them, and the second task asks them to rate, on a 7-point scale (1 [not at all like me] to 7 [very much like me]) the extent to which each of the four descriptions corresponds to their general adult romantic style. These tasks are called Prototypical Choice and Prototypical Rating respectively.

The Relationship Scales Questionnaire (RSQ) (Griffin & Bartholomew, 1994) is a 30-item self-report questionnaire which asks respondents to rate themselves on a 5-point scale from 1 (not at all like me) to (very much like me) in response to a series of questions regarding their close relationships (e.g., "I find it easy to get emotionally close to others", "I find it difficult to trust others completely"). The RSQ provides scores on four subscales: Secure, Fearful, Preoccupied, and Dismissing types (the latter three being insecurely attached subtypes). The Preoccupied and Fearful subtypes are comprised of four items each, whereas the other two contain five items. The internal consistencies of the scales are variable (alphas ranging from .41 for the Secure pattern to .70 for the Dismissing pattern) due to the two orthogonal dimensions (self-model and other-model) being combined to create each pattern. Despite this conceptual complexity, convergent validity has been demonstrated across the Relationship Questionnaire, RSQ, and interview ratings (Griffin & Bartholomew, 1994).
Analysis of the transcripts generated by this procedure were systematically compared to the hypothesised steps as per the self-regulation model proposed by Ward and Hudson (1998, 2000). In the first instance each transcript was reviewed in comparison to each step in the self-regulation model, with similarities (fit) and points of discontinuity being noted. Second the overall pattern of progression through the offense episode was compared to the four proposed pathways in the self-regulation model, and again judged for fit or otherwise.

Analysis of the questionnaire data were in terms over overall scores compared to normative data, and secondly relationships between attachment style and STAXI scores were examined.
Results and Discussion

Participants
Twenty-two male offenders currently incarcerated in Rolleston Prison were involved in this study. Participants were recruited in May 2000. All were held in general prison population and none were involved in any other research, treatment or therapy. All participants were at the time of the study incarcerated for a violent crime (other than domestic or sexual violence) and/or had one or more convictions for Murder, Manslaughter, Assault, Common Assault, Male Assaults Female, Aggravated Robbery, Aggravated Assault, Robbery by Assault, Assault Police, Assault with intent to injure, Grievous Bodily Harm, Wounds with intent to cause GBH, Stupefying, Disabling Manually, Threatening Behaviour and Intimidation.

Participant ages ranged from 20 years to 56 years with a mean of 31.96 and a standard deviation of 8.85. Mean length of sentence was 95.5 months ($SD = 59.34$, range = 12-180) including 5 life sentences calculated at 15 years, and mean number of previous convictions was 39.27 ($SD = 46.99$, range = 0-191) All other participant demographic information was representative, with all ethnic, cultural and socioeconomic groups represented in similar percentages as found in the broader social demography of New Zealand.

Results
As hypothesized, the majority (82%) of violent offenders in this study tended to have approach goals, of these 78% showed evidence of changing their pathway within the same offense episode, that is initially approach explicit changing to approach-automatic within the same offense. The remaining 22% of violent offenders following approach pathways, either automatic or explicit, remained consistently on their pathway throughout the offense episode.

Pathway changes tended to occur in the later phases of the model, most noticeably in phases 6 and 7, the lapse and the actual offense respectively. Of the 78% showing pathway changes, all adopted the approach-automatic pathway. Of the remaining 18% showing avoidance pathways, all adopted the approach-automatic pathway during phase seven. This shows that all offenders, in this sample, displayed approach goals
during the actual offense and 96% of offenders in this sample displayed underregulated 'automatic' behaviour at the time of the offense, regardless of which pathway predominated the lead-up.

Results of the Relationship Scales Questionnaire (RSQ) showed 14 participants as having insecure attachment styles with 10 participants having a predominantly dismissing attachment style (for raw data see Appendix 2).

The higher prevalence of insecure attachment styles in violent offenders in this sample lends some support to Ward et al.'s (1997) assertion that insecure attachment may be better considered as a vulnerability or predisposing factor to general criminal tendencies rather than specific to sexual offending. Marshall (1989, 1993) argues that sex offenders fail to develop secure attachment bonds in childhood and this results in inadequate learning of the interpersonal skills and self-confidence necessary to achieve intimacy with others in later life. The present research shows that this may also be true of violent offenders though possibly to a lesser extent, Hudson and Ward (1997) found 79% of their sample as insecurely attached whereas the present research found 64%. Hudson and Ward's (1997) sample was made up of four groups, child molesters, sexual offenders with adult victims, violent non-sex offenders, and non-sex nonviolent offenders, unfortunately no analysis of attachment style by offender group was reported, therefore violent and nonviolent offenders were included in calculations of secure Vs. insecure attachment. However, Hudson (2000) states higher percentages of insecure attachment are typically found in samples composed entirely of sexual offenders. Ward, Hudson, and Marshall (1997) reported 97% of their violent nonsexual offender group reported insecure attachment on the RQ. This discrepancy between the present study and previous research could be due to a number of factors, for example, the exclusion of domestically violent offenders in the present research whereas the Ward et al. Violent Offender group included domestic nonsexual violet offenders. Further, RSQ scores were used to determine attachment style in the present study as it was felt that these provided a more accurate indication of actual attachment than did the self-reported prototypical choice or ratings on the RQ which may have been prone respondent bias. However use of RQ responses to determine attachment style only raises the percentage reporting insecure attachment to 68.18% in the present research suggesting sampling variation.
Analysis of attachment style and anger experience and expression showed no significant differences (see Tables 2&3 below). Though this is most likely to be an issue of power – we would have needed to have expected large effects sizes for a sample of this N to have showed significance. Approximately 30 subjects would have been needed in each group for a medium size effect in effect size terms—an unrealistic number in terms of the primary methodology of the present research. As the focus of this study was primarily concerned with comparing the offense process descriptions of violent offenders to the self-regulation model the sample size was a function of the amount of time needed to collect and transcribe the descriptions. Further the statements and questions on both the RS and the RSQ are fairly transparent thus there is a possibility of respondent bias due participant’s perceiving some choices to be more socially acceptable than others.

Table 1

*STAXI percentile subscale scores across attachment style grouped according to secure versus insecure.*

<table>
<thead>
<tr>
<th>Scale</th>
<th>Secure</th>
<th>Insecure</th>
<th>TOTAL</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-Ang</td>
<td>69.0 (0)</td>
<td>71.9 (7.4)</td>
<td>70.8 (6.0)</td>
<td>NS</td>
</tr>
<tr>
<td>T-Ang</td>
<td>47.3 (32.9)</td>
<td>57.9 (35.8)</td>
<td>54.0 (34.4)</td>
<td>NS</td>
</tr>
<tr>
<td>T-Ang/T</td>
<td>58.1 (28.7)</td>
<td>60.7 (28.1)</td>
<td>59.8 (27.7)</td>
<td>NS</td>
</tr>
<tr>
<td>T-Ang/R</td>
<td>30.4 (23.6)</td>
<td>47.2 (33.5)</td>
<td>41.1 (30.8)</td>
<td>NS</td>
</tr>
<tr>
<td>AX/IN</td>
<td>53.6 (35.2)</td>
<td>66.4 (31.5)</td>
<td>61.8 (32.7)</td>
<td>NS</td>
</tr>
<tr>
<td>AX/OUT</td>
<td>74.4 (31.3)</td>
<td>77.9 (24.7)</td>
<td>76.6 (26.6)</td>
<td>NS</td>
</tr>
<tr>
<td>AX/CON</td>
<td>24.6 (33.3)</td>
<td>29.6 (31.6)</td>
<td>27.8 (31.5)</td>
<td>NS</td>
</tr>
<tr>
<td>AX/EX</td>
<td>76.9 (30.5)</td>
<td>79.1 (32.1)</td>
<td>78.3 (30.8)</td>
<td>NS</td>
</tr>
</tbody>
</table>
Table 2

*STAXI* percentile subscale scores across attachment style grouped according to model of other.

<table>
<thead>
<tr>
<th>Scale</th>
<th>S+P</th>
<th>D+F</th>
<th>SIG</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-Ang</td>
<td>69.0 (0)</td>
<td>72.3 (8.0)</td>
<td>NS</td>
</tr>
<tr>
<td>T-Ang</td>
<td>51.3 (33.4)</td>
<td>56.3 (26.6)</td>
<td>NS</td>
</tr>
<tr>
<td>T-Ang/T</td>
<td>56.3 (27.3)</td>
<td>62.7 (28.8)</td>
<td>NS</td>
</tr>
<tr>
<td>T-Ang/R</td>
<td>38.0 (29.9)</td>
<td>43.7 (32.5)</td>
<td>NS</td>
</tr>
<tr>
<td>AX/IN</td>
<td>60.8 (34.8)</td>
<td>62.6 (32.3)</td>
<td>NS</td>
</tr>
<tr>
<td>AX/OUT</td>
<td>73.1 (30.1)</td>
<td>79.5 (24.2)</td>
<td>NS</td>
</tr>
<tr>
<td>AX/CON</td>
<td>23.1 (30.4)</td>
<td>31.7 (33.6)</td>
<td>NS</td>
</tr>
<tr>
<td>AX/EX</td>
<td>80.9 (28.2)</td>
<td>76.1 (33.9)</td>
<td>NS</td>
</tr>
</tbody>
</table>

Results of the State-Trait Anger Expression Inventory (STAXI) administered as part of this research showed that while violent offenders showed no significant difference ($p>.01$, one-tailed test) in state anger in comparison with a normative sample (Spielberger, 1988) of adult males, all other measures of anger were significantly elevated ($p<.01$, one-tailed test) with the exception of anger control which was notably ($p<.01$, one-tailed test) lower (for raw data and percentiles see Appendix 2). The violent offender data from this study was further compared to normative data from male prison inmates (Spielberger, 1988) which showed that the violent offenders in this sample showed significantly ($p<.01$, one tailed test) higher levels of anger expression in either direction (anger in vs. anger out) as well as significantly ($p<.01$, one tailed test) lower levels of anger control in comparison to inmates in general.
Table 3

*STAXI Scale Means and Standard Deviations for Normative Adult Males, Normative Male Prison Inmates and Research Sample.*

<table>
<thead>
<tr>
<th>Scales</th>
<th>Normative Adult Males</th>
<th>Normative Male Prison Inmates</th>
<th>Research Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$M$</td>
<td>$SD$</td>
<td>$N$</td>
</tr>
<tr>
<td>S-Anger</td>
<td>11.29</td>
<td>3.17</td>
<td>2880</td>
</tr>
<tr>
<td></td>
<td>15.06</td>
<td>6.55</td>
<td>563</td>
</tr>
<tr>
<td></td>
<td>10.32</td>
<td>1.10</td>
<td>22</td>
</tr>
<tr>
<td>T-Anger</td>
<td>18.65</td>
<td>4.81</td>
<td>2880</td>
</tr>
<tr>
<td></td>
<td>21.66</td>
<td>6.71</td>
<td>563</td>
</tr>
<tr>
<td></td>
<td>19.36</td>
<td>6.53</td>
<td>22</td>
</tr>
<tr>
<td>T-Anger/T</td>
<td>6.24</td>
<td>2.47</td>
<td>2880</td>
</tr>
<tr>
<td></td>
<td>7.25</td>
<td>3.27</td>
<td>563</td>
</tr>
<tr>
<td></td>
<td>6.82</td>
<td>2.87</td>
<td>22</td>
</tr>
<tr>
<td>T-Anger/R</td>
<td>9.34</td>
<td>2.59</td>
<td>2880</td>
</tr>
<tr>
<td></td>
<td>9.59</td>
<td>3.02</td>
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<tr>
<td></td>
<td>8.41</td>
<td>2.99</td>
<td>22</td>
</tr>
<tr>
<td>AX/In</td>
<td>15.36</td>
<td>3.92</td>
<td>1640</td>
</tr>
<tr>
<td></td>
<td>18.06</td>
<td>4.61</td>
<td>564</td>
</tr>
<tr>
<td></td>
<td>17.23</td>
<td>5.83</td>
<td>22</td>
</tr>
<tr>
<td>AX/Out</td>
<td>14.41</td>
<td>3.33</td>
<td>1640</td>
</tr>
<tr>
<td></td>
<td>16.52</td>
<td>4.96</td>
<td>565</td>
</tr>
<tr>
<td></td>
<td>18.64</td>
<td>5.06</td>
<td>22</td>
</tr>
<tr>
<td>AX/Con</td>
<td>26.20</td>
<td>4.26</td>
<td>364</td>
</tr>
<tr>
<td></td>
<td>24.79</td>
<td>4.98</td>
<td>201</td>
</tr>
<tr>
<td></td>
<td>20.91</td>
<td>6.35</td>
<td>22</td>
</tr>
<tr>
<td>AX/EX</td>
<td>19.35</td>
<td>7.36</td>
<td>364</td>
</tr>
<tr>
<td></td>
<td>30.96</td>
<td>12.11</td>
<td>22</td>
</tr>
</tbody>
</table>

*Note:* * indicates significantly (<.01) higher (lower in the case of AX/Con) levels in comparison to normative data for Adult Males.

** indicates significantly (<.01) higher (lower in the case of AX/Con) levels in comparison to normative data for both Adult Males and Male Prison Inmates.

Normative data for Adult Males and Male Prison Inmates from Spielberger (1988)
Discussion
As stated earlier, prodigious amounts of research has been directed at the classification, management and treatment of violent offenders. The bulk of this research has been aimed specifically at sexual and or domestic violence with the assumption that the theories, models and treatment interventions developed within these fields are able to be generalized across other forms of interpersonal violence. This assumption may or may not be correct as there is, as yet, insufficient empirical validation. It is hoped that the present research will begin to rectify this situation.

Researchers in the sexual violence field have recently developed a self-regulation model of the relapse process in sexual offenders that provides a clearer description of the phenomena of relapse or re-offense. It incorporates and integrates previously unrelated theoretical work within the sexual violence field and is formulated entirely in self-regulation constructs. It was the intention of the present study to investigate the applicability of this model with respect to the offense processes of non-sexual and non-domestic violent offenders (for convenience, perpetrators of non-sexual, non-domestic interpersonal violence will hereafter be referred to as violent offenders).

It was hypothesized that the self-regulation model of the relapse process in men who have offended sexually would also largely describe the offense processes of violent offenders, though it was probable that there would be some slight inconsistencies, due to differences in offense types, and underlying superordinate goals. To discover what these inconsistencies are, where they occur, their relative importance, and their impact upon the individual’s attitude to future offending was the main objective of the present project. It was further hypothesized that violent offenders would have predominantly approach goals as anger and aggression are primarily associated with acquisitional pathways (Hudson, 2000).

As the principal aim of the present study was to systematically compare the descriptions of offending processes from the participants with the self-regulatory model developed for men who had offended sexually, it was decided to combine the results and discussion sections of the thesis.
Pathway switching

The offense chains generated from participant interviews were analyzed as to goodness-of-fit against Ward and Hudson's (1998) self-regulatory model. Results showed that while there are a large number of similarities, especially in the thought processes, regulation styles, and planning strategies, these tend to occur in the first five phases, it is during the sixth and seventh phases that violent offender offense processes differ in a significant manner. It is not a case of incompatibility with the model, rather it is a difference in the way offenders move through the model.

Results showed that while sex offenders, for whom the model was developed, followed one distinct pathway in a linear fashion within a single offense episode, this was not so of violent offenders. With sexual offenders, the perpetration of a single offense follows one of the four pathways, other separate offenses committed by the same perpetrator may follow a different pathway, therefore reoffending may follow a different pathway from earlier offenses due to a change in the perpetrators goals and/or thought processes. Any change in goals has the potential to expose previously unseen regulatory and/or skill deficits (Ward & Hudson, 2000). Therefore a different relapse pathway may be followed for a subsequent offense as whatever offenders learn in a particular offense episode is assimilated into existing knowledge. In the present study this did not occur, it was found that violent offenders did not strictly follow a sole offense pathway within a single offense episode. The majority of participants (96%) in the present study were recidivist offenders, a number provided detailed descriptions of previous offenses. Analysis of the offense chains generated by these incidents of prior violence as well as collateral information such as police reports, victim impact reports, and psychological evaluations associated with prior offending indicated that there did not seem to be any evidence of notable superordinate (i.e. approach to avoidance goals) goal change between earlier and subsequent offense episodes as a result of incidental learning or thought processes reflecting a change in attitude to violence. In this sample any change in superordinate goals, that is, earlier approach goals to subsequent avoidance goals, was indicative of either a change in attitude to other problematic factors within the individual’s environment, i.e. drug or alcohol addiction, or a more general aversion to the sanctions imposed on offending of any sort rather, than a shift in perceptions regarding violence. For example, an offender might conclude that he does not like
being incarcerated and strives to avoid this by getting a job, paying his taxes, abstaining from drug use, and not committing further burglaries to support his drug habit, but he continues to view violence as a legitimate anger response unrelated to his criminal activities. Similarly, the 18% of participants in this study who followed avoidance pathways were actually striving to avoid other negative aspects of their lives rather than attempting to avoid or control their aggression.

The violent offenders of this study tended to follow one pathway for a time then swap to another within the same offense episode. A number of offense chains showed a distinct oscillation between two pathways for example, an offender might decide to rob a stranger at knife-point (*systematic planning - as part of an approach-explicit pathway*), upon encountering a potential victim the offender decides that disabling the victim will aid his escape (*proximal planning - approach-explicit*) but then ‘automatic’ entrenched scripted behaviour seems to take over (*approach-automatic*);

"... I just started to like stab him, an’ I thought I’d just stab him once and that would be enough – but I don’t know what happened, I just kept going...."

"...I then hit him again a couple of times in the back of the head, kept saying again ‘where’s the money?’ ‘where’s the money?’ I picked up a knife and threatened him with it but I didn’t use it and I put it back....started to get angry at that stage....started hitting him...after that I lost control and kept hitting him. Can’t remember how many times I hit him...."

This illustrates a common occurrence within this sample: an offender follows the approach-explicit pathway then, during the latter phases experiences a pathway shift to the approach-automatic route.

Theoretically, according to Hudson (2000) this should not occur and the model fails to allow for this. It may be possible to view the phases of the model as junctions wherein it is possible to move onto a different pathway. Further, Ward and Hudson’s (1998,2000) model shows that during phase 6, the lapse, those offenders following either of the two avoidance pathways may lose control or give in and adopt approach goals as a result of a lapse. Initially, it would seem that if it is possible for the
avoidance pathways to change goals and thus relapse routes it would also be possible that a similar phenomena could occur with approach pathways. However, further investigation shows that the self-regulation model, as it applies to men who have offended sexually indicates a degree of consistency in the progression through a specific pathway, that is, there is little explicit planning in the approach-automatic pathway. Where it becomes interesting is where an approach-explicit man has purposely set up a set of circumstances where automatic processes can flourish, for example a preferential child molester with a garden playground consistently full of children — he has set up the garden but within that his offending is automatic. These sorts of situations are set up to enable the perpetrator to dissociate blame or guilt from the offense — “it’s not my fault the temptation was too great’ and function to maintain self-esteem and avoid negative affect by shifting the responsibility for a negative personal outcome to external sources (Ward et al, 1997). It is therefore important to obtain enough information regarding the offense and its antecedents in order to identify such occurrences. In the present study there was no evidence of intentional creation of triggering situations, that is the deliberate setting up of a situation designed to induce ‘automatic’ violent responses. In the group of participants showing a shift from explicit to automatic approach goals, the explicit and proximal planning associated with an approach-explicit pathway was not related to violence. Rather, it was associated with other negative activities, such as robbery, aspects of which inadvertently cued the scripted nature of the offender’s aggression which then took over. This is not to say that deliberately planned violence did not occur, participants following the approach-explicit pathway throughout their offense episode actively planned their violence in much the same way as described by the self-regulation model.

“....Over the next week or so we looked for him, found him.... took him back to the house and everybody there gave him a bit of a hiding- just enough to make him hurt a bit and teach him a lesson....”

The difference is that pathway switchers did not deliberately induce their violent responses whereas the explicit offenders consciously planned their violence.
Unfortunately, the self-regulatory model does not specify which approach process is adopted in the final stages of an avoidant pathway, just that it is the case. Data generated by the present research suggests the model be refined as to the possibility that the adoption of an approach goal later in an avoidant process might be either scripted (automatic) or explicit, depending on underlying regulatory style or core schema.

The finding that 96% of offenders display 'underregulated' automatic behaviour at the time of the actual offense suggests that violent offenders may hold an overarching view of violence and aggressive behaviour as an acceptable response to feelings of anger, frustration, fear etc. and supports the hypothesis that violent offenders would display predominantly approach goals. These findings are further supported by high levels of anger expression combined with low anger control as demonstrated by the STAXI results. This suggests that men who offend violently may accentuated aggressive dispositions as evidenced by their elevated levels of trait anger.

**The development of aggressive dispositions**

Eron (2000), offering a psychological perspective on the nature of violent and aggressive behaviour, emphasizes that, although violent behaviour is always the product of a number of interacting factors - genetic, physiological, social, and economic - ultimately it is learned. Thus, in order to understand the development of aggression and violent behaviour, it is essential to understand how such behaviour is learned in the presence of these interacting factors. Due to the malleability of behaviour in very young children and the relative intractability of aggressive and violent dispositions once developed, recent theorizing has focused on aggression and antisocial behaviour in preadolescent children. One of the major issues of interest is how individual differences in the propensity for aggression and violence develop as a consequence of children's interaction with their environment. In recent years a number of theories have been offered (see for example Berkowitz, 1988; Dodge 1980; Huesmann, 1988, and Eron, 2000) all of which implicate cognitions in the learning and maintenance of aggressive habits. Growing out of Bandura's (1986) formulation of social learning theory and drawing on more recent theorizing in cognitive psychology, these models primarily emphasise the cognitive processes and the steps through which an individual must proceed to react appropriately and competently to a
social situation or stimulus. All these approaches have the common theme that cognitions play a key role in maintaining the stability of aggressive and violent behaviour over time and situations. The various predisposing and precipitating factors - genetic, physiological, social, and economic, can influence behaviour over time by affecting these cognitions. In turn, the direct effect of any predisposing factor may well be moderated or exacerbated by cognitions the individual has developed.

Relatedly, attention must also be paid to the attributions the developing individual makes about the motives and behaviour of others, feelings about self-efficacy, attitudes, and normative beliefs about the extent and appropriateness of aggressive behaviour within society. Also important are the scripts for behaviour, which the individual learns by observing the behaviour of others and by the rewards and punishments obtained for specific behaviours. Thus if, for example, an unintended violent action inadvertently leads to goal achievement, the violent act could become reinforced through it's association with goal success. In this way what is referred to as a 'macho' personality could be developed. The macho personality constellation, referred to as hypermasculinity by authors such as Malamuth (1998,1998b) in the context of sexual aggression, consists of the view of violence as manly, the view of danger as exciting, callous sexuality toward women, and 'toughness' as self-control (Zaitchit & Mosher, 1993).

Within the macho personality constellation “Violence as manly” identifies the attitude that aggression, either verbal or physical, is an acceptable expression of dominance over others; “Danger as exciting” reflects the attitude that survival in dangerous situations is a display of dominance over the environment; “Callous sexuality toward women” is equated with sexual dominance over women, establishing both male dominance and the submission of women; and “Toughness as self-control” reflects the belief that true masculinity can only be achieved through the self-inhibition of the ‘inferior’ affects of fear, distress, shame, and empathy/compassion (Mosher & Sirkin, 1984). Mosher and Sirkin (1984) also reported positive correlations between hypermasculinity and such traditionally masculine traits as aggression and dominance but negative relationships with traits typically considered feminine such as nurturance and understanding. Accordingly, hypermasculine men inhibit the expression of feminine characteristics because they are considered weak and inappropriate for “real
men." One consequence of this tendency is the inability to express empathy. Gold, Fultz, Burke, Prisco, and Willett, 1992 have demonstrated that hypermasculine men respond with more anger and less empathy to a distressing stimulus such as a crying baby and to negative feedback from a woman in a sexual situation (Vass & Gold, 1995). Thus, hypermasculine men's lack of empathy for a potential victim may in part account for their increased likelihood of being aggressive and violent.

Zaitchik & Mosher, (1993) state that men dedicated to the macho ideology tend to seek out dangerous environments and situations, resolve conflict physically and violently and enter into dominating and interpersonally callous relationships. Additionally they are more likely to abuse alcohol and other drugs (particularly stimulants) and to act out violently while under the influence of these substances. Research into the macho personality constellation and the identification of a macho ideology (see Mosher & Tomkins, 1988;Mosher, 1991) tends to support the contention that violent offenders may hold an overarching view of violence and aggressive behaviour as an acceptable response to feelings of anger, frustration, or fear.

Violent offenders and the experience of anger

The experience of anger, as measured by the STAXI, is conceptualized as having two major components, state and trait anger. State anger is defined as the actual physical experience of the emotional state of anger and can vary in intensity from mild annoyance to intense fury and rage and is accompanied by the arousal of the autonomic nervous system. Trait anger is the disposition to perceive situations as annoying or frustrating and the tendency to respond to such situations with more frequent elevations in state anger. Individuals high in trait anger experience state anger more often and with greater intensity than do individuals low in trait anger (Spielberger, 1988). Anger expression is conceptualized, in the STAXI, as made up of three components. Anger-out involves the expression of anger toward other people or object in the environment; anger-in which is inward directed anger - the holding in or suppression of angry feelings; and anger-control that is the extent to which an individual attempts to control their expression of anger.
The present research suggest that while offenders experienced normal levels of angry feelings during the interview and test (state anger) their general propensity to experience and express anger, with or without provocation (trait anger), was significantly higher than the normative sample. Further, while violent offenders experienced and expressed more angry feelings (anger expression) regardless of the direction of expression, in or out, they exercised little or no control over their angry feelings (anger-control).

The 'auto-motive' model (Bargh, 1990) holds that the environment, that is, the situation an offender finds himself in, can directly activate a goal, and this goal can then become operative and guide cognition, behavioural processes, and action sequences within that environment, without any need or role for conscious decision-making. The auto-motive model posits that goals and motives can become automatically associated with mental representations of environmental features through frequent and consistent co-activation (Bargh & Barndollar, 1996). Thus, if an individual frequently and consistently chooses the same goal or response mechanism within a given situation, that goal or response will eventually come to be activated by the features of that situation and will serve to guide behaviour, without the individual's consciously intending, choosing, or even being aware of the operation of that goal or response within that or similar situations. It is important to note that there is no requirement for actual previous responses to a given situation, ruminations, fantasies, and cognitions regarding certain situations function as rehearsals for action (Ward & Hudson, 2000; Taylor & Pham, 1996) and serve to substantially increase the likelihood of actions consistent with the mental simulations occurring (Taylor & Pham, 1996).

The STAXI results indicate that violent offenders tend to hold in or suppress greater levels of higher intensity angry feelings than do normative adult males, in effect bottling-up their angry feelings and brooding over them. Ruminations over angry feelings, their perceived causes, and fantasies regarding responses are common within this group, and probably function as rehearsals for action in much the same way as described by Ward and Hudson (2000); Taylor and Pham (1996); Bargh (1990); and Bargh and Barndollar (1996). That is, consistent and repeated angry ruminations and mental simulations of violent anger responses, coupled with an overarching view of
aggression as an acceptable coping mechanism, would serve to develop a violent behavioural script. When the relevant environmental cues (some kind of anger engendering situation) are then encountered, disinhibition occurs and the scripted behaviour 'automatically' begins to guide the actions of the offender. Thus the internalisation of angry feelings functions to exacerbate the propensity for violence in individuals with already elevated angry dispositions.

Bargh and Barndollar (1996) argue that unconscious goals and responses are reasonably stable as they reflect the regularities and frequency of past choices in a given situation i.e. the habitual response to that situation.

**Multiple pathways**

Further, results showed that in some cases it seems to be possible for violent offenders to follow different pathways for different aspects of the same offense for example an offender, along with several others, decides to rob a local pawnshop known to keep large amounts of cash on the premises overnight with only a single elderly guard (goals regarding offending), they plan to knock the guard out when he answers the door so that the guard will not be able to identify them later (systematic planning – approach-explicit). While the offender is outside keeping watch, one of the others involved proceeds to batter the guard to death, the offender is aware that the beating is occurring and, though he does not approve of the unfolding events he convinces himself that it is totally unrelated to him as he is not involved and it was not part of the original plan (avoidant-passive). Throughout the offense the offender follows the approach-explicit pathway for the robbery, during the robbery a split occurs and he adopts an avoidant pathway for the murder aspect of the offense while remaining on the approach-explicit pathway for the robbery aspect. Again, theoretically the self-regulatory model does not allow for this eventuality (Hudson, 2000) though it may be argued that if the offender perceives the situation as being composed of two separate unrelated events (i.e. separate offenses within the same episode) then it becomes possible for him to follow different offense pathways for each separate aspect of the offense.
The problem of phase two and the lapse

The description of the offending process provided by the men who had behaved violently and participated in this study suggested that for the for phase two, the desire for offensive activities that in this case is perceived as being a desire for violence, is practically non-existent. Violent offenders do not seem to desire violence, though in some cases it could be argued that instrumental violence, the conscious, intentional decision to commit a violent act upon another individual for a specific purpose could represent phase two. For example a drug dealer with a customer who owes a large amount of money and who has repeatedly been unable to clear the debt, may decide that an act of violence upon the customer is necessary as retribution or in order to 'teach him/her a lesson'. It is therefore possible for this to be construed as a desire for violence, though this is only present in offenders who follow the approach-explicit pathway throughout the entire offense episode. A significant number of offenders with approach-explicit goals, while showing extensive planning in regards to the commission of some crime or another, show little or no planning with regards to violence within that crime. Once the actual offense is progress some aspect of the offense environment triggers a preexisting violent behavioural script which is able to be enacted without any conscious intention to do so and with minimal awareness of the overall goal (Ward & Hudson, 2000). Within the other three pathways phase two consists of a general 'drift' toward some type of deviant activity such as theft or robbery with no apparent thoughts regarding violence at all. If we reword phase two to read "inclination for deviant activity" without reference to whether or not a desire for violence itself is present, and keeping intact the basic assumptions associated with this phase i.e. the individual's appraisal of life events and his reaction to this appraisal, the model would then better describe violent offender offense processes.

Similarly, a lapse in the case of violent offenders doesn't assume nearly the levels of importance a lapse in the case of sex offenders does. Violent offenders do not 'cruise for victims' nor do they masturbate to violent fantasies. It is therefore difficult to deduce what, in the case of violent offenders, constitutes a lapse. Possibly a lapse with violent offenders is similar to a lapse in terms the classical RP model developed for addictions with a lesser importance attached to it. In the classical RP model a lapse is defined as a momentary indulgence, such as having a drink or smoking a cigarette, but not a full return to problematic levels of the behaviour. With violent offenders it is
then possible that a lapse constitutes something like becoming angry or punching the wall in a moment of anger *in the absence of a victim* or the first indication of escalating angry feelings. Within the classical RP model lapses are often seen as inevitable and potentially profitable experiences (Ward & Hudson, 1996), if a lapse is defined as some sort of angry or aggressive thought/act which is not directed toward another person in any way, then this could also be true of violent offenders. If the individual is aware of the escalating nature of his feelings and this induces him to implement effective coping strategies then lapses of this nature take on a beneficial aspect in that repeated pairings of angry affect with effective coping strategies will result in enhanced self-regulation.

**Attachment difficulties in violent offenders**

The finding that violent offenders tend to exhibit a higher prevalence of dismissive attachment patterns (72% of insecurely attached participants) is in accord with Ward et al.'s (1997) findings of increased tendencies toward forcible rape by sexual offenders with a dismissive attachment style as opposed to the covert grooming behaviours or indifference exhibited by perpetrators with preoccupied or fearful-avoidant attachment patterns. This finding is reflective of an association between dismissing attachment styles and increased hostility. This hostility is thought to arise the desire to maintain a distance and aloofness from others (Bartholomew, 1990; Hazan & Shaver, 1994). Dutton (1998,1996,1994) suggests that fearfully attached men tend to be more violent in domestic abuse situations. This finding is consistent with Bartholomew's (1990) working models of the self and others – fearfully attached men greatly fear rejection due to their negative self-image. At the same time they hold a negative view of others which allows them to be unempathic. It therefore makes sense that fearfully attached men be more prone to violence in intimate situations. Conversely, dismissively attached men hold a positive self-image coupled with a negative view of others which suggests these sorts of men would be more prone to violence in general.

Ainsworth et al. (1978) found that while avoidance in infants is negatively correlated with expressions of anger in the Strange Situation, it is highly positively correlated with expression of anger and hostility in a home setting. At later ages avoidantly attached children displayed disturbed social relations which included unprovoked
aggression (George & Main, 1979). Kobak and Sceery (1988) found that peers rated dismissing/detached individuals high on hostility in comparison to others this was interpreted as displacement of anger arising from frustrated attachment needs. Recently, some interesting research by O'Connell Corcoran and Mallinckrodt (2000) found that conflict style, that is an individual's habitual or preferred manner of conflict resolution, is influenced by attachment style, with dismissive attachment being associated with a dominating conflict style which emphasizes meeting one's own needs above others. Similarly, adults who expect attachment figures to be consistently unresponsive, i.e. negative working model of others, tend to exhibit dysfunctional anger in their problem-solving interactions (Kobak, Cole, Ferenz-Gillies, & Fleming, 1993). Ward, Hudson, Marshall and Siegert (1995) contend that the relationships and social contacts of dismissively attached sex offenders are likely to be characterized by a degree of hostility.

Implications
A number of clinical and research implications follow from this attempt to fit violent offending to a self-regulatory model of the offense process. Ward, Hudson, and their colleagues (1995; 1998; 2000) point out that the self-regulation model provides a coherent conceptual basis for the self-management focus of cognitive-behavioural therapy. Though the self-regulatory model was developed for sexual offenders, self-regulation deficits are by no means exclusive to sex offenders. The present research shows that violent offenders tend to have the same self-regulatory dysfunctions in the context of violent rather than sexual offending. Thus, the application of the self-regulatory model to violent offender populations would allow clinicians in this field access to the advances it has made possible in the sex offender field.

Of particular use would be the identification of the particular self-regulatory deficits of a given offender which would allow clinicians to implement treatments targeted at the specific needs of each individual offender rather than applying ad hoc treatments to all offenders. The treatment needs of under-regulated or mis-regulated offenders are markedly different from those with intact self-regulation skills. For example, issues of impulse control and mood management are likely to be common in offenders with self-regulation deficiencies, but these issues are unlikely to be the central foci of interventions for a classic "hitman" with entrenched beliefs regarding the
acceptability of violence who supplies calculated violence in the context of competent self-regulatory processes. Recognition of harm, victim empathy, and related cognitive distortions are much more likely to be the foci of the interventions with offenders showing this pattern, that is, issues related to core schema.

The lack of evidence for avoidance goals in violent offenders is, as stated earlier, due to violence and aggression being primarily associated with approach goals (Hudson, 2000). However, this could also be reflective of the dearth of empirical research and treatment interventions in relation to violent offending. As more becomes known, more effective treatment interventions may well lead greater numbers of violent offenders to adopt avoidance goals in regard to violence than what is currently seen. Due to the limited empirical information, treatment interventions for violent offenders at present suffer the same conceptual, methodological and empirical problems as previously plagued sex offender research and treatment. That is, the assumption that commonly observed antecedents or risk factors (i.e., negative affect, empathy deficits, social skills deficits) are directly linked to re-offending; the implication of a causal relationship between these variables and violent offending; and the assumption that all offenders follow the same route to relapse. In the case of violent offenders, this has led to the indiscriminate referral of violent offenders to anger management programs, which to date, are the most commonly (possibly only) available intervention for violent offenders.

While abundant research supports the efficacy of cognitive-behavioural programs with tertiary students volunteering for anger management treatment (Deffenbacher, Demm, & Brandon, 1986; Deffenbacher, McNamara, Stark, & Sabadell, 1990; Deffenbacher, Thwaites, Wallace, & Oetting, 1994; Moon & Eisler, 1983; Novaco, 1975) these findings may not generalize to offender populations who have more serious violent behaviour problems. Offender populations are often coerced into treatment and do not necessarily perceive themselves as having anger problems (Valliant, Jensen, & Raven-Brook, 1995). Novaco (1997) claims that such individuals tend to have long histories of anger and violent behaviour which has been functional for dealing with aversive situations, at least in the short term. Several of the participants in the present study did not see themselves as violent or overly angry yet they were incarcerated for violent crimes, their STAXI result showed extremely high
trait anger, and their files revealed a number of previous violent offenses. Furthermore, anger management is unlikely to be effective for offenders whose violent behaviour is unrelated to anger arousal (Howells, 1989) i.e., those following the approach-explicit pathway. In fact, recent research (Watt & Howell, 1999; Loza & Loza-Fanous, 1999) recommends caution in implementing anger management programs for violent offenders. The self-regulation model would allow clinicians to identify which offenders would benefit from such programs and which would be better served with other types of treatment. Theoretically, this would increase the efficacy of treatments.

However, it is important to note that while the model generally fits violent offender populations, with similar treatment implications, the actual interventions must necessarily be developed specifically for men who offend violently rather that sexually.

Results of the present research indicate ‘automatic’ entrenched behaviour to be the most common basis for violence, this finding highlights the need for further investigation into the scripting of violent behaviour, the development of anti social attitudes or schema supporting violence as acceptable and effective coping mechanisms, and the role and the role of attachment.
Conclusions

The self-regulation model as developed by Ward and Hudson (1998, 2000) has several theoretical advantages over earlier models and incorporates previously unrelated theoretically relevant work. Ward and Hudson (2000) argue that the model allows for the integration of new theoretical developments as they occur. The present research sought to ascertain whether or not the self-regulation model was applicable to non-sexual non-domestic violence both in terms of the offense processes of men who had offended violently and any theoretical work relevant to the field.

As hypothesized, men who had offended violently tended to have predominantly approach goals. Results showed that while the offense processes of violent offenders tended to follow the four pathways of the model, progression through the model was not always in a linear fashion as is hypothesized by Ward and Hudson (1998, 2000) to be the case for men who offend sexually. The majority of men, in this study, who had offended violently regressed into automatic scripted behaviour regulated by lower level goals and associated habitual responses at the time of the actual offense. In the vast majority of these cases the aquisitional nature of their initial goal was associated with other negative behaviour unrelated to violence which tended to occur as an unintentional by-product of the situation. This is not to say that all violent behaviour is the result of automatic enactment of entrenched behavioural scripts. Analysis of the offense processes of men who had offended violently revealed that violent behaviour is also often explicitly planned in much the same manner as described by the approach-explicit pathway of the self-regulation model.

Results of the RQ and RSQ, while not statistically significant, indicated a predominance of dismissive attachment reflective of an association between dismissing attachment styles and increased hostility. STAXI results show that men who offend violently tend to experience and express significantly higher levels of anger and generally have lower levels of control over their anger. These findings are hypothesized to be indicative of an overarching view of
anger and violence as an acceptable and effective coping response. This view tends to be supported by the literature regarding the development of aggression, attributional biases, world schema's, and hypermasculinity.
References.


Appendix 1.

Research Project.

Participant consent form.

I have read, or had read to me, the information sheet about this research. I have been able to ask any questions I had about it and I am satisfied with the answers.

My signature at the bottom of this form means that I agree to be a participant in this research project on offending processes. I understand that I am agreeing to be interviewed by Brenda Zegerman about my offending and other aspects of my life and that the interview or interviews will be audiotaped. I am also agreeing to allow Brenda Zegerman to see my prison file, including official information about my current offense(s).

I understand that great care will be taken to make sure that my privacy will be protected and that the material I provide will be treated confidentially. My identity will not be attached to any tapes or notes, and will be stored separately. The tapes and notes will be stored securely and destroyed at the end of the project. No one other than Brenda Zegerman will listen to my tapes. Dr. Steve Hudson and Dr Greg Newbold, as supervisors will have access to the anonymous transcripts.

I understand that I can withdraw from the research at any time during my interview(s). If I decide to withdraw, my tapes and notes will be destroyed immediately and I will no longer be part of the research.

Signed---------------------------------------------(Participant)

Signed---------------------------------------------(Researcher)

Date--------/-------/2000.
The violent offending process research project.

Information sheet.

You are invited to participate in a research project that aims to identify and describe the processes involved in offending for offenders of violent crimes. It is hoped that this research will provide the places for other researchers to build on, so that we may be able to understand the processes of violent offending. Importantly, the description of violent offending may aid in identifying important areas that should be included in treatment and intervention, and in prevention strategies.

Consent to take part in the study will mean a commitment of approximately 90 to 120 minutes of your time in total, which will be spent in an interview. In this interview you will be asked to describe either the offense for which you are now imprisoned, or a typical offense. The interview will be taped but no identifying information will be asked for. I will be the only one to listen to the tape and it will be destroyed once it is transcribed. You will be asked to describe this offense in terms of the behaviours, the thoughts, and the emotions you experienced, both immediately before, during, and immediately after the offense. You will be asked to provide a detailed description of either the offense that resulted in you coming to prison or one that is most typical for you.

The project will also involve a file review and use of any relevant collateral information. Participation in this research is entirely voluntary, and you are also free to withdraw your participation at any time. The information that you provide, and that is obtained from file reviews, will be kept confidential and will only be used for the purposes of this research.

By consenting to take part in the project you do, however, consent to publication of the results of the study, with the understanding that your anonymity will be preserved and you will not be identified in any way.

An important point to note is that should you find yourself emotionally distressed by your participation in the study, the researcher will ensure that this is dealt with, at your request, either by her or for more long-term issues, that it is bought to the attention of your unit manager and a referral made to Psychological Service.
## Appendix 2

### STAXI Raw Scores and Percentiles for Research Participants

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Appendix 3

Thesis Research

The Department of Corrections supports research of issues pertinent to its areas of responsibility. The Department allows researchers access to its institutions and to offenders to facilitate such research. Because of the Department's custodial responsibilities, and its duty to provide safe and humane containment of inmates, such research can only be carried out within agreed guidelines, as outlined in this document.

This document sets out an agreement between [name] of [university or research institute], and the Department of Corrections to allow [name], hereafter called the researcher, to conduct thesis research within Department of Corrections facilities.

The research is entitled [title].

Permission to undertake this research is granted on the following conditions:

1. That the researcher's research has been endorsed by the University Head of Department and/or the researcher's thesis supervisor.

2. That the researcher has read the New Zealand Psychological Society's Code of Ethics and agrees to behave according to the provisions of that code throughout the course of this research.

3. That the researcher will obtain informed consent from all research participants (subjects) and keep a record of that consent. Informed consent means agreement to participate in the research and includes:
   a) the subjects being informed of the purpose, nature and procedures of the research;
   b) the subjects being informed of any research procedures that might have harmful effects on them;
   c) the subjects being informed of the right to withdraw from the research at any stage;
   d) the subjects being informed they have the right to know how the data might be used and of the outcome of the study. (New Zealand Psychological Society, Code of Ethics (6-1))

4. That during the course of the research, the researcher will at all times respect the working environment in which the research is undertaken. The researcher will meet the Department's requirements relating to access to any institution and to the inmates.

5. That the researcher will take all possible steps to protect the subjects from discomfort of any kind. Their welfare and dignity will take precedence over the requirements of the research at all times.
6 That the names and addresses of subjects, and any other information which could lead to their identification will not appear in any form (verbal, visual or written information) in the thesis document, any publication, teaching, or public presentations.

7 That the researcher will not photocopy or remove any departmental records consulted in the course of the research.

8 Where information is disclosed to the researcher which has a significant potential impact on the safety or welfare of subjects or other persons, these concerns shall be brought to the attention of the Principal Psychologist.

9 Other than information being gathered for the research, and other than information disclosed as per Paragraph 8 above, the researcher agrees to keep confidential all information about the Department of Corrections and its operations to which it is exposed, and not to use it in any way without the written permission of the Department.

10 Information obtained for the research will only be disclosed in the manner agreed with the Department of Corrections, as outlined in paragraphs 11 to 14 below.

11 That the researcher understands and agrees that:
   - the Department may wish to make alterations to the content of the report to correct factual inaccuracies;
   - any content changes would be fully discussed with the researcher beforehand;
   - the Department may ask for the document to carry a disclaimer stating that the thesis does not represent the views of the Department of Corrections.

12 That the Department of Corrections agrees that, after the completion of the process outlined in paragraph 11, the completed thesis will be lodged in the library of University, or (name of research institution) to allow the researcher to fulfill the requirements for the conferment of his or her degree. The researcher will keep the Department fully informed of the publication of the completed thesis. (Publication includes lodging the completed thesis in any library, or any other dissemination of the completed thesis or its contents).

13 Should there be media interest or any other communications issues arising out of the publication of the completed thesis, the Department will manage the media activity or the communications issues, on either a reactive or proactive basis, in consultation with the researcher. The Department may wish to provide additional material to the media or the public to give context to the thesis.

14 Neither party shall make any public comment or presentation about the completed thesis without agreement from the other party and for an agreed period following the first publication of the thesis.

Signed

For the researcher

Name: Brenda Zegerman
Designation: Student

For the Department of Corrections

Name: C. Rash
Designation: OAPS
UNIVERSITY OF CANTERBURY - HUMAN ETHICS COMMITTEE

APPLICATION FOR REVIEW AND APPROVAL

NOTE:- This copy of the application form is intended for use by applicants who do not have access to, or who prefer not to use, a word processor. If there is insufficient space for your response to any of the questions, please attach a separate page or pages with your response.

A separate electronic copy is available as a template for use by applicants who have access to a word processor. The electronic copy may be obtained from the website of the Research Office:
website: http://www.research.canterbury.ac.nz
email: research.office@canterbury.ac.nz

This form should be completed in the light of the Principles and Guidelines issued by the Human Ethics Committee. Students must read those before filling out the application form. The most recent version is also to be found on the above website.

Please send 8 typed or computer printed copies of the completed form and associated documents to the Committee, c/o Isobel Phillips, Secretary, Human Ethics Committee, Registry.

1. PROJECT NAME: Self-regulation and violent offending.

2. NAME OF APPLICANT: Brenda Zegerman. Contact Telephone No: 03 3182 798
UNIVERSITY DEPARTMENT (or other contact address): Psychology
email address (if available): bze10.student.psych
STATUS OF PROJECT (e.g., EDUC XYZ class project, M.A., M.Ed., M.Sc., Ph.D., Staff research study) M.A.

SUPERVISOR: Dr. S. Hudson, Dr. G. Newbold

OTHER INVESTIGATORS:

SIGNED BY: Applicant: ________________________________ Date:

HOD/Supervisor: ________________________________ Date:

A check page at the end of this application must also be signed by the applicant and, if the applicant is a student, by the applicant's supervisor.
3 (a) **WILL THE PROJECT REQUIRE ETHICAL APPROVAL FROM OTHER BODIES?**
   No
   e.g. Regional Health Authority Ethics Committee
   If Yes please explain how this approval has been or will be obtained, enclosing copies of relevant correspondence.

   (b) **WILL THE PROJECT REQUIRE APPROVAL FOR ACCESS TO THE PARTICIPANTS FROM OTHER INDIVIDUALS OR BODIES?**
   Yes
   (e.g., parents, guardians, school principals, teachers, boards, responsible authorities, etc.)
   If Yes please explain how this approval has been or will be obtained, enclosing copies of relevant correspondence

   The research protocol will be provided to the Department of Corrections subsequent to ethics approval being obtained. Their approval is required prior to beginning this project.

4 (a) **IS THE PROJECT BEING EXTERNALLY FUNDED?**
   No
   If Yes, please identify the source of funds.

   (b) **IS THE PROJECT COMMISSIONED BY, OR CARRIED OUT ON BEHALF OF AN EXTERNAL BODY?**
   No
   If Yes, please identify the body.

A. **DESCRIPTION OF THE PROJECT**

Answer the following questions in language which is, as far as possible, comprehensible to lay people.

5 **AIM**

   (a) What is the objective of the project?

   To ascertain whether or not the offense process for non-sexual violent offenders (with respect to unrelated adults) is the same as that of sex offenders. It is intended to compare the four pathways contained within the self-regulatory model of the offense process, developed for sexual offenders, with descriptions of offending processes derived from interviews with men incarcerated for violent offenses.

   (b) Describe the type of information sought.

   Clear and detailed descriptions of the offenders most recent or typical offense. Some background demographic details such as age, sentence length, number of previous convictions, and elapsed time since first conviction.
(c) Give the specific hypothesis, if any, to be tested.

That the offense processes of perpetrators of non-sexual interpersonal violence between unrelated adults (non-domestic) are the same as the offense processes of sex offenders.

6  PROCEDURE
Describe in practical terms how the participants will be treated, what tasks they will be asked to perform, etc. Indicate how much time is likely to be involved in carrying out the various tasks.

Participants will be asked to write a clear and detailed description of their most recent or typical offense. Participants will then be asked to record these descriptions on audio-tape using the present tense. Participants will be asked to imagine themselves back in the situation when the offense occurred while listening to the audio-tape they made previously. At four points during the tape participants will be asked to describe the thoughts and feelings they experienced during the previous segment of the tape at the time of the event.

7  DOES THE PROJECT INVOLVE A QUESTIONNAIRE?
If Yes, please attach a copy, if possible.
[Note:- The HEC does not normally approve a project which involves a questionnaire without seeing the questionnaire, although it may preview applications in some cases where the production of the questionnaire is delayed for good reason.]

STAXI and Relationship Questionnaire - Attached.

8  (a) DOES THE PROJECT INVOLVE A STRUCTURED INTERVIEW?
If Yes, please attach a list of the topics to be covered and the questions to be used.

(b) DOES THE PROJECT INVOLVE AN UNSTRUCTURED INTERVIEW?
If Yes, please list the range of topics likely to be discussed.

The most recent or typical offense.

(c) IF THE PROJECT INVOLVES AN INTERVIEW OF EITHER TYPE, WILL IT BE RECORDED BY: AUDIO-TAPE Yes OR VIDEO-TAPE? No

(d) WILL THE PARTICIPANTS BE OFFERED THE OPPORTUNITY TO CHECK THE TRANSCRIPT OF THE INTERVIEW? Yes
B. PARTICIPANTS

9  (a) WHO ARE THE PARTICIPANTS?
incarcerated offenders convicted of non-sexual interpersonal violence against unrelated adults (non-domestic).

(b) HOW ARE THEY TO BE RECRUITED?
If recruitment is by advertisement or letter or notice, please attach a copy.

(c) WILL ANY FORM OF INDUCEMENT BE OFFERED?
If Yes, please give details and a brief justification.
No

(d) IF A SELECTION FROM A GROUP IS NECESSARY, HOW WILL IT BE MADE?
(e.g., randomly, by age, gender, ethnic origin, other - please give details.)
Random.

(e) HOW MANY PARTICIPANTS (OF EACH CATEGORY, WHERE RELEVANT) DO YOU INTEND RECRUITING?
10-20

10 WHAT INFORMATION IS BEING GIVEN TO PROSPECTIVE PARTICIPANTS?
Please attach a copy of the Information Sheet (or sheets if there are different categories of participant or if responsible persons, other than participants, need to be informed).

[NOTE:- Projects which involve only an anonymous questionnaire may not necessarily require a separate information sheet, provided that the rubric of the questionnaire includes your name and contact number as well as the other points contained in the model shown in the GUIDELINES. In general, however, the HEC recommends that participants be given an information sheet, which they may retain, unless there are good reasons against such a procedure.]
Attached.
11 ARE THE PARTICIPANTS COMPETENT TO GIVE INFORMED CONSENT ON THEIR OWN BEHALF? Yes
If No, please explain:
(a) Why they are not competent to give informed consent on their own behalf.

(b) How consent will be obtained.

By written consent form

12 WILL CONSENT BE OBTAINED IN WRITING? Yes
If Yes, please attach a copy of the Consent Form which will be used.

Attached

[Note:- Separate consent forms may be required if there are different categories of consent is needed from responsible persons, other than participants.]

If No, give reasons for this.

13 HOW WILL THE ANONYMITY OF THE PARTICIPANTS BE ASSURED?
(a) If any identifying information about the participants is obtained at any stage of the project, how and where will such information be securely stored?

Only code numbers will be recorded on any document. Master code sheet will be kept in a locked filing cabinet at a separate location. Data recording sheets, and transcripts will also be kept in a locked filing cabinet inside a locked room. Audio-tapes will be wiped once transcribed.

(b) Who will have authorised access to such information?

Brenda Zagerman
Dr. S. Hudson.
Dr. G. Newbold.

(c) What will be done to ensure that the identities of the participants cannot be known by unauthorised persons?

Master code sheet will be kept secure and separate to all data. Any identifying features in written material will be deleted and such information on audio tapes will be edited out during transcription.
C. OTHER PROJECT DETAILS

14 WHERE WILL THE PROJECT BE CONDUCTED?

Within Christchurch prisons.

15 FORESEEABLE RISKS TO THE PARTICIPANTS

(a) Is there any risk to physical well-being? No
(b) Could participation involve mental stress or emotional distress? Yes
(c) Is there a possibility of giving moral or cultural offence? No

If the answer to any of those questions is "Yes", please indicate briefly the nature of the risk and what actions you could take, or support mechanisms you could rely on, if a participant should become injured, distressed or offended while taking part in this project.

Participants could become distressed through having to relive a highly emotional situation and having to closely examine the thoughts and feelings associated with and experienced during the situation. It is proposed that participants be given as much time as they need to respond to questions asked of them and that following the final task participants be debriefed and support offered to those distressed by the questioning.

If distress persists beyond this point a referral will be made to Psychological Services, Department of Corrections.

16 IS DECEPTION INVOLVED AT ANY STAGE OF THE PROJECT? No

[NOTE: The use in the information sheet or consent form or questionnaire of a title which differs from the project title given in this application form, in order not to reveal the real aim of the project, is considered to be a form of deception - however mild.]

If Yes, please

(a) Explain how and why it is to be used and how the participants will be 'debriefed' following their participation in the project.

(b) Attach a copy of the debriefing sheet prepared for use by the researcher or for distribution to the participants after their participation in the project or after the completion of the project.
17 WILL INFORMATION ABOUT THE SUBJECTS BE OBTAINED FROM THIRD PARTIES? Yes
If Yes, please state:
(a) The identity of the third party or parties.

Corrections department files of participants.

(b) Why such information is needed.
To obtain as complete a history of offending as possible.

(c) Whether appropriate consents for access to such information have been or will be obtained.
From Department of Corrections and the man himself.

(d) Whether the use of such data in your research project needs the consent of the participants.

[NOTE: It may happen that by virtue of your job, you have right of access to information concerning the participants. Such information may have been given by the participants for a particular purpose or collated by yourself or colleagues in the normal course of your job. The use of such information for a quite different purpose (i.e., a research project culminating in some form of report) may well require that potential participants at least be informed that their agreement to participate may involve such use. The Information Privacy Principles should be consulted for guidance in this area.]
D. DATA

18 HOW WILL CONFIDENTIALITY OF THE DATA BE ASSURED?
   (a) Where will the data be securely stored?

Locked filing cabinet.

   (b) Who will have authorised access to the data?

Brenda Zegerman
Dr. S. Hudson.
Dr. G. Newbold.

   (c) What will be done to ensure that unauthorised persons do not have access to the data?

Locked filing cabinet and locked room.

   (d) What will happen to the raw data at the end of the project

Archived but anonymous.

19 ARE THERE PLANS FOR FUTURE USE OF THE DATA BEYOND THOSE ALREADY DESCRIBED? Yes
   If Yes, please describe the future use.

The offense process descriptions may be used in future projects for cross-validation of violent offense process models, but these activities remain within the clear spirit of the current project.

[NOTE: It may be the case that such future use should properly involve the production at an appropriate later date of additional information sheets and/or consent forms prior to such use. In that case, copies of those additional documents should be sent to the Human Ethics Committee, along with a covering letter referring to the present project, for HEC approval.]

Isobel Phillips, Secretary, Human Ethics Committee
CHECK LIST

Please check the following items before sending the completed form to the Committee. Circle N.A. i.e., Not Applicable, where appropriate.

All the necessary signatures on page 1 have been obtained. [ ]
All the necessary approvals under Q 3 have been obtained or are the subject of correspondence of which copies are attached. [ ] or N.A.
A copy of any questionnaire, with an appropriate rubric at the beginning or accompanied by an appropriate covering page, is attached. [ ] or N.A.
A list of interview topics and, for a structured interview, a reasonably detailed list of questions, is attached. [ ] or N.A.
A copy of any advertisement, or notice, or informative letter asking for volunteers is attached. [ ] or N.A.
A copy of each information sheet required is attached. [ ] or N.A.
A copy of each consent form required is attached. [ ] or N.A.
A copy of the required debriefing sheet is attached. [ ] or N.A.

Attention to the preceding check list is intended to ensure that the application and its documentation have been thoroughly reviewed by the applicant and (where applicable) by the supervisor and that the preparation of the project is up to the standard expected of and by the University of Canterbury.

The signature of the applicant will be understood to imply that the applicant has designed the project and prepared the application with due regard to the principles and guidelines of the HEC, that all the questions in the application form have been duly answered and that the necessary documentation has been properly formulated and checked.

APPLICANT'S NAME:­

and SIGNATURE:­

The signature of the supervisor will be understood to imply in addition that, in the judgement of the supervisor, the design and documentation are of a standard appropriate for a research project carried out in the name of the University of Canterbury or for training in such research.

SUPERVISOR'S NAME:­

and SIGNATURE:­

For HEC use.

Comments.

Recommended action
(1) Approve
(2) Approve subject to some action (SPECIFY)
(3) Defer approval until applicant and/or supervisor have responded to points raised.
(4) Withhold approval and return the application for redrafting and resubmission.
(5) Reject the application and return it to the applicant with reasons given.
(6) Refer the applicant to another authority, e.g., National HEC or Regional Health Authority Ethics Cttee.

Isobel Phillips, Secretary, Human Ethics Committee